

In Brief

Editor's Note: Due to limited space in *The Voice*, the T·II CANN Editorial Committee is often faced with the daunting task of deciding which important information to include with each issue. Since this information is often important to our readers, T·II CANN has created the "In Brief" column to provide this information in a summary format and direct you to the source of the information.

- ◆ Recently Pfizer agreed to provide its antifungal drug, Diflucan (fluconazole), free to patients in the South Africa public health system for two years. The partnership will help AIDS patients with cryptococcal meningitis or esophageal candidiasis and is worth about \$50 million. Previously the South African government had rejected offers of reduced-price or free AIDS drugs. ("Pfizer in AIDS Drug Deal With South Africa," *Reuters*—www.reuters.com, 12/01/00: Swindells, Steven.)
- ◆ The World Health Organization (WHO) reported that the number of HIV infections in the former Soviet Union will rise 60 percent this year. Also, the WHO and UNAIDS estimate that there will be 5.3 million new HIV infections worldwide along with 3 million deaths from the disease this year. Also, by the end of 2000, approximately 1.5 million people will be living with HIV in the industrialized countries of North America, Western Europe, and the Pacific. ("Ex-Soviet Bloc Has 60 Percent Climb in Cases of HIV," *Wall Street Journal*—www.wsj.com, 11/27/00 P. B14.)
- ◆ The first human trials of an HIV vaccine have been approved by Australia. The year long study will involve 36 HIV-infected individuals. It was noted, that while laboratory tests on animals were promising, researchers will not know whether the vaccine is effective on humans for approximately another five years. ("First Human HIV Vaccine Trials Begin in Australia," *Australian Broadcasting Corp. News*—www.abc.net.au, 11/28/00.)
- ◆ French researchers discussed a recent study that found interrupted drug therapy has benefits for HIV patients. Evidence indicates that giving HAART within three days of HIV diagnosis and stopping it after

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ADAP FY2001 Federal Appropriation Falls Short of Need

The final budget negotiations of 2000 shaved an additional \$15 million off an earlier Ryan White funding agreement in an effort at compromise between Congress and The White House. ADAP, for example, lost \$5 million. With the reauthorized CARE act triggering an "ADAP Severe need" set aside of 3 percent and other possible charges, only about \$43 million in new funding will be available for normal ADAP distribution. The ADAP Working Group, an advocacy coalition in Washington, DC, had requested an increase of \$130 million based upon their organization's historically accurate economic forecasting model. A chart showing estimates

of the individual ADAP program distributions and the size of anticipated shortfalls appears here. With demand increasing from eligible HIV+ Americans, ADAP services may confront a crisis in the coming months. The ADAP Working group, and others are already talking about the need for an emergency supplemental appropriation to forestall ADAP program caps, waiting lists, and other treatment access limitations as many state ADAPs struggle to stay solvent. ADAP funding may become a national AIDS advocacy issue for assuring treatment access for all who need it. A more detailed story will appear in the next issue of *The Voice*. ■

Estimated FY 2001 ADAP Budget, By State,
Compared With Projected ADAP Need

ADAP Working Group Washington, DC January 12, 2001

States/Title II ADAP Grantees	Estimated Living AIDS Cases	% of Nation's Cases	FY 2000 ADAP Allocation	FY 2001 Federal ADAP Allocation Minus ADAP Set Aside (+\$43.3 M)*	ADAP Working Group FY 2001 Budget Request Minus ADAP Set Aside (+\$110.3 M)*	Difference Between ADAP Working Group and Current Projected ADAP Allocation
Alabama	2,408	0.93%	\$4,893,329	\$5,294,898	\$5,915,183	-\$620,285
Alaska	164	0.06%	\$333,267	\$360,616	\$402,861	-\$42,245
Arizona	2,840	1.09%	\$5,771,202	\$6,244,813	\$6,976,378	-\$731,565
Arkansas	1,064	0.41%	\$2,162,169	\$2,339,606	\$2,613,685	-\$274,079
California	34,545	13.30%	\$70,199,363	\$75,960,231	\$84,858,798	-\$8,898,567
Colorado	2,048	0.79%	\$4,161,769	\$4,503,302	\$5,030,853	-\$527,551
Connecticut	4,204	1.62%	\$8,543,005	\$9,244,082	\$10,327,005	-\$1,082,923
Delaware	992	0.38%	\$2,015,857	\$2,181,287	\$2,436,819	-\$255,533
District of Columbia	4,560	1.76%	\$9,266,438	\$9,266,438	\$10,201,509	-\$1,174,626
Florida	28,308	10.89%	\$57,525,070	\$62,245,830	\$69,537,787	-\$7,291,956
Georgia	7,988	3.07%	\$16,232,523	\$17,564,635	\$19,622,292	-\$2,057,657
Hawaii	751	0.29%	\$1,526,117	\$1,651,357	\$1,844,810	-\$193,453
Idaho	174	0.07%	\$353,588	\$382,605	\$427,426	-\$44,821
Illinois	8,667	3.34%	\$17,612,328	\$19,057,673	\$21,290,236	-\$2,232,563
Indiana	2,160	0.83%	\$4,389,365	\$4,749,576	\$5,305,978	-\$556,402
Iowa	451	0.17%	\$916,483	\$991,694	\$1,107,869	-\$116,175
Kansas	821	0.32%	\$1,668,365	\$1,805,279	\$2,016,763	-\$211,484
Kentucky	1,354	0.52%	\$2,751,482	\$2,977,280	\$3,326,062	-\$348,782
Louisiana	4,603	1.77%	\$9,353,819	\$10,121,434	\$11,307,137	-\$1,185,703
Maine	302	0.12%	\$613,698	\$664,061	\$741,854	-\$77,793
Maryland	8,291	3.19%	\$16,848,253	\$18,230,895	\$20,366,603	-\$2,135,708
Massachusetts	5,620	2.16%	\$11,420,478	\$12,357,693	\$13,805,368	-\$1,447,675

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Ticket to Work and Self-Sufficiency Program

The Social Security Administration (SSA) recently announced the launch of the Ticket to Work and Self-Sufficiency Program, which was created under the Ticket to Work and Work Incentive Improvements Act of 1999. The Program expands the options to Social Security and Supplemental Security Income beneficiaries with disabilities who are seeking employment services, vocational rehabilitation services, and other support services to assist them in obtaining, regaining, and maintaining self-supporting employment. Under the Program the SSA will distribute Tickets to these beneficiaries, who have the option of taking the Ticket to service providers of their choice called Employment Networks (ENs). ENs will also be able to choose who they serve under the program.

Beginning in 2001 the SSA will distribute Tickets in phases with full implementation of the program nationwide by 2004. During the first phase Tickets will be distributed in the following states: Arizona, Colorado, Delaware, Florida, Illinois, Iowa, Massachusetts, New York, Oklahoma, Oregon, South Carolina, Vermont, and Wisconsin.

AIDS Service Organizations (ASOs) and other state, local, and nonprofit AIDS agencies in these states can and should apply at once to become ENs to fund return-to-work counseling efforts, which will help underwrite their ongoing case management programs. These EN-funded efforts can include social work, medical counseling, and benefits counseling which address return-to-work and benefits main-

tenance. Technical activities such as job aptitude screening, job training, education, assistance with job search, and actual placements, can (and sometimes should) be sub-contracted out to other agencies with specialized skills in these activities. Moreover, clients may still be able to avail themselves of benefits from state vocational rehabilitation programs such as college education and technical training. We will supplement this information as it becomes available.

Further information on the Ticket to Work and Self-Sufficiency Program is available at *The Work Site*. SSA's website dedicated to employment information and support at <http://www.ssa.gov/work/> or by calling the national EN contractor, Maximus, Inc. At 1-866-968-7842. ■

Estimated FY 2001 ADAP Budget • Continued from page 1

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Title II Community AIDS

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Michigan	3,763	1.45%	\$7,646,843	\$8,274,377	\$9,243,701	-\$969,324
Minnesota	1,144	0.44%	\$2,324,738	\$2,515,516	\$2,810,203	-\$294,687
Mississippi	1,818	0.70%	\$3,694,382	\$3,997,560	\$4,465,865	-\$468,305
Missouri	2,807	1.08%	\$5,704,143	\$6,172,250	\$6,895,315	-\$723,065
Montana	121	0.05%	\$245,886	\$266,064	\$297,233	-\$31,169
Nebraska	376	0.14%	\$764,075	\$826,778	\$923,633	-\$96,855
Nevada	1,695	0.65%	\$3,444,432	\$3,727,098	\$4,163,719	-\$436,621
New Hampshire	289	0.11%	\$587,281	\$635,476	\$709,920	-\$74,445
New Jersey	13,401	5.16%	\$27,232,354	\$29,467,160	\$32,919,171	-\$3,452,010
New Mexico	760	0.29%	\$1,544,406	\$1,671,147	\$1,866,918	-\$195,771
New York	46,781	18.00%	\$95,064,304	\$102,865,699	\$114,916,179	-\$12,050,481
North Carolina	3,849	1.48%	\$7,821,605	\$8,463,480	\$9,454,958	-\$991,477
North Dakota	40	0.02%	\$81,285	\$87,955	\$98,259	-\$10,304
Ohio	3,785	1.46%	\$7,691,550	\$8,322,752	\$9,297,744	-\$974,991
Oklahoma	1,200	0.46%	\$2,438,536	\$2,638,653	\$2,947,765	-\$309,112
Oregon	1,473	0.57%	\$2,993,303	\$3,238,947	\$3,618,382	-\$379,435
Pennsylvania	8,932	3.44%	\$18,150,838	\$19,640,376	\$21,941,201	-\$2,300,825
Puerto Rico	8,260	3.18%	\$16,785,258	\$18,162,730	\$20,290,452	-\$2,127,722
Rhode Island	689	0.27%	\$1,400,126	\$1,515,027	\$1,692,509	-\$177,482
South Carolina	3,908	1.50%	\$7,941,500	\$8,593,214	\$9,599,889	-\$1,006,675
South Dakota	63	0.02%	\$128,023	\$138,529	\$154,758	-\$16,228
Tennessee	3,442	1.32%	\$6,994,535	\$7,568,537	\$8,455,174	-\$886,637
Texas	18,453	7.10%	\$37,498,591	\$40,575,891	\$45,329,263	-\$4,753,373
Utah	704	0.27%	\$1,430,608	\$1,548,010	\$1,729,356	-\$181,346
Vermont	130	0.05%	\$264,175	\$285,854	\$319,341	-\$33,487
Virginia	4,928	1.90%	\$10,014,256	\$10,836,069	\$12,105,490	-\$1,269,421
Washington	2,854	1.10%	\$5,799,652	\$6,275,597	\$7,010,769	-\$735,172
West Virginia	426	0.16%	\$865,680	\$936,722	\$1,046,457	-\$109,735
Wisconsin	1,132	0.44%	\$2,300,353	\$2,489,130	\$2,780,725	-\$291,596
Wyoming	59	0.02%	\$119,895	\$129,734	\$144,932	-\$15,198
Guam	27	0.01%	\$54,867	\$59,370	\$66,325	-\$6,955
Virgin Islands	204	0.08%	\$414,551	\$448,571	\$501,120	-\$52,549
Total	259,828	100.00%	\$528,000,000	\$571,330,000	\$638,260,000	-\$66,930,000

*Estimated increases include the deduction of the new 3% ADAP set aside from the total national ADAP allocation. The ADAP Working Group has identified the need for an FY 2001 ADAP increase of \$130 M.

Former AIDS Czar Looks Ahead

Editor's Note: *The following article is based on a conversation with Sandra Thurman, former Director of the Office of National AIDS Policy at the White House, who was interviewed in December 2000 by Herbert W. Perry, LPA/EA, Chair and CFO of T•II CANN and Public Affairs Director for two Infinity-owned radio stations in Nevada.*

The Clinton Administration's former AIDS Czar expects the new Congress to provide ample funding for the nation's AIDS Drug Assistance Programs (ADAPs) and to seriously consider expanding Medicaid eligibility to the pre-disabled with HIV disease.

"I think we will have continued support and expanded support for ADAPs," said Sandra L. Thurman, the Clinton Administration's former National AIDS Policy Director in an exclusive interview with *The Voice*. "I also think there will be continued conversations in Congress about expanding Medicaid to provide access to care and treatment to people living with HIV before they have an AIDS diagnosis."

The two measures in tandem - increased ADAP funding and access to Medicaid services by the pre-disabled will greatly improve access to care and treatment by people with HIV and AIDS, making it possible for the majority of people with HIV disease to obtain medical services without "falling through the cracks," Thurman stressed.

Thurman referred to President George W. Bush as someone who "cares a lot about health care and the need for Americans to access health care."

"I hope that the AIDS community and the health care community will have an opportunity to work with him to ensure that he is up to speed about the need for people to get these drugs as well," said Thurman, the former Executive Director of AID Atlanta.



Sandra L. Thurman, former Director of the Office of National AIDS Policy

"We have enjoyed a lot of access since I have been the director and it is my hope that will continue," commented Thurman, who led the National AIDS Policy Office since 1997.

Thurman always had the "ability to talk with President Clinton about these issues."

"He has been abreast of what has been going on in the epidemic," Thurman said of Clinton. "He is a very quick study and I don't have to prompt him a lot. That is always nice when you have a boss that you don't have to give too much information to because he gets it on his own. So we have enjoyed an incredible amount of support not only from the president but from all of his senior advisors as well."

Thurman spent much of her time on Capitol Hill when Congress was in session, lobbying both the House and Senate about the importance of increased AIDS funding and the need to improve access to care and treatment for people with HIV disease. She also traveled around the United States and abroad, speaking to various groups and constituencies about HIV/AIDS issues.

"I spent a lot of time working with Congress," she said. "One of the interesting things is we have really enjoyed bi-partisan support for care and treatment for people liv-

ing with HIV in this country and around the world. That has been a real joy for me personally."

United Response



Federal officials created the National AIDS Policy Office eight years ago to coordinate the federal government's response to the epidemic. In April of 1997, President Clinton appointed Thurman as Director of the Office of National AIDS Policy at the White House, making her the third person to hold the position since its inception.

During the past eight years, the office has played a vital role in the U.S. response to AIDS by raising awareness about HIV/AIDS issues and by bringing various programs and disparate factions together on the federal, state, and local levels to campaign for more prevention and treatment dollars. Not surprisingly, Thurman is adamant about the need for the National AIDS Policy Office within the new Bush Administration.

"One of the big myths in this country is that all people living with AIDS have access to these new life saving therapies," she said. "The fact of the matter is, they don't. We have a lot of people falling through the cracks and that is a huge challenge for us - number one, to identify people who are infected with HIV and, number two, when we identify them to make sure we can get them into systems of care or clinics or programs so they can access treatment."

Even though the number of AIDS cases and AIDS-related deaths has declined in recent years because of Highly Active Anti-Retroviral Therapy (HAART), HIV infection rates continue to increase, creating a greater need for access to drug therapies and other services.

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ADAPs Embrace Reformulated Version of Videx; Rebates Keep Drug Price Reasonable

Nearly all of the nation's AIDS Drug Assistance Programs (ADAPs) have been able to add the reformulated version of Videx to their formularies after convincing the drug's manufacturer to provide a rebate for the drug that makes it affordable to ADAPs and accurately reflects its improved reformulated status.

ADAP directors and members of the Fair Pricing Coalition, a group of AIDS advocates from across the country, corresponded and met with the drug's manufacturer, Bristol Myers Squibb (BMS) on numerous occasions, eventually convincing BMS to provide an enhanced rebate for the reformulated version of the drug, Videx EC, which means the drug's overall price increase will not exceed 10 percent. With the rebate, ADAPs can now afford to pay for the medication, according to several analysts.

"There was major concern that a large price increase for Videx EC could put unreasonable pressure on ADAP resources which are already stretched to the limit," said William Arnold, Chief Executive Officer and Vice Chair of T•II CANN. "BMS responded to those concerns and the final negotiations made the drug affordable and available to the drug assistance programs."

Michael Montgomery, head of California's ADAP program, said the price of the medication with the rebate is "acceptable," adding that Videx EC is "an improved product."

"It is still among the lowest costing antiretrovirals," said Montgomery, whose program added the drug in late January 2001.

Videx EC or ddl, used in combination with other antiretrovirals and protease inhibitors, constitutes a major component of highly active antiretroviral therapy or HAART therapy. This version, unlike the previous medication, does not contain antacid buffer, a difference that should make it easier to take, thus increasing the drug's utilization rates.

"It is a pretty popular drug," commented Lanny Cross, New York's ADAP Director, which added the drug on January 9, 2001. "If it does, in fact, have reduced side effects, it will increase the popularity of the drug."

The New York ADAP, which spends about \$145 million on drugs annually, spent \$3.5 million on Videx during the last fiscal year. ■

Housing Assistance: Beyond HOPWA

By Thomas P. McCormack

About the Author: Thomas McCormack, has done benefits eligibility policy for several non-profit and government agencies and wrote the AIDS Benefits Handbook (Yale University Press). He now works with T•II CANN and writes often about public benefits for disabled persons. Email him at tomxix@ix.netcom.com.



When problems of paying the rent arise, or securing affordable housing, people with AIDS and those who work with them think of "HOPWA." Unfortunately, we often think only of HOPWA, the Housing Opportunities for Persons With AIDS program funded by the federal Department of Housing and Urban Development (HUD) through local

bodies like public housing agencies, Ryan White Act affiliates, and non-profit AIDS Service Organizations (ASOs).

People with AIDS (PWAs) who need housing assistance can generally locate the local agency (the housing department, a Ryan White-affil-

iated agency, or a local ASO) which administers, takes applications for, and determines eligibility and priority for HOPWA housing aid. But HOPWA programs are overburdened, and waiting lists are growing everywhere.

The fact is that PWAs, and, in some cases, even persons who are only HIV-positive, can qualify for the many other HUD-funded housing aid programs that exist in most communities. But they are little known to PWAs and their advocates.

Non-HOPWA Housing Aid Programs

There are four kinds of housing aid programs financed by HUD:

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"We have more than 40,000 new HIV infections in this country every single year," Thurman pointed out. "That has not gone down in a decade so we have a lot of work to do. I think Bush understands that."

As the former governor of Texas, President Bush is aware that the AIDS epidemic has hit Houston, Dallas, and other communities within the state particularly hard, Thurman said. "My sense is the [White House Office of National AIDS Policy] will stay in business," she added.

Nevertheless, Thurman acknowledges that as a nation, "we have not done a very good job of keeping HIV/AIDS on the front burner."

"We have sort of let up in our general education campaigns and when Americans read the good news they tend to think the epidemic is over and that they are not at risk," she says. "So we have to start with some general information campaigns. We have to target specific groups who are more at risk in America than others."

This includes people 25 and younger, people of color, women, and young gay men. "In many areas like San Francisco, we see some disturbing evidence that infections among young gay men are going up," Thurman said. "And that is scaring all of us."

Thurman also called for "re-examining how we educate young people," by "making sure that we are talking with teenagers and preadolescents about HIV and AIDS."

"Every community is different in how they want to deal with that," she said. "But it is very important that parents and teachers understand that these young people, as they go into their teenage years and approach 25, are very, very much at risk."

Thurman acknowledged that some areas of the country and some

school districts are very conservative, making it difficult to even broach the subject of sex and HIV/AIDS. But as Thurman notes, HIV/AIDS does not discriminate, meaning HIV infections are "happening in schools all around the country."

"I understand that people are squeamish about wanting to talk about these issues," she said. "But it is more important that we save one kid and squirm a little bit than not deal with this at all. To lose one life is just not worth it. That responsibility is on all of us as adults and parents."

Restricted Access



As a disease, HIV has consistently underscored the inadequacies and shortcomings of the nation's health care system - not just for HIV but for other diseases as well. In many cases, a person with HIV cannot access Medicaid until he or she becomes sick and disabled even though earlier access to drugs and other therapies would probably slow disease progression, perhaps preventing the onset of illness.

"We have a Medicaid system that does not provide HIV and AIDS drugs to people who have HIV infection, they have to wait until they get a full blown AIDS diagnoses in order to access treatment," lamented Thurman. "That just doesn't make any sense when the federal government is saying we ought to get treatment to these people at an earlier stage in their disease."

The same type of catch-22 situation applies to other diseases - many people with diabetes, heart disease, or cancer, for example, cannot access Medicaid services until they are sick and disabled even though earlier access to treatment might preclude disability. And like HIV, people suffering from other afflictions have trouble obtaining medications in many instances.

"We have worked very closely with those who are looking at getting prescription drugs to all people who need them," said Thurman. "It is certainly an issue for the elderly but it is something we have to work on for all Americans and that is true for all of the diseases we are talking about."

With the new Congress, health care advocates have a "great opportunity to engage [lawmakers] for increased funding and support for all kinds of health issues both on the research side and the care and treatment side," she said.

"Republicans and Democrats may disagree about a lot things but caring about the people they love, they can agree on," Thurman commented.

A Virtual Lifeline



Like others involved in HIV/AIDS work, Thurman describes ADAPs as a "life line to hundreds of thousands of Americans with HIV around the country" that has been "very effective in helping states pay for the drugs their citizens need."

"Since President Clinton took office, we have seen more than a 1,000 percent increase in funding for the AIDS Drug Assistance Program," Thurman said. "But we still need to do more."

The Office of National AIDS Policy has "worked very closely with pharmaceutical companies in their negotiations with states to help provide these drugs to people," Thurman stressed. One of the overriding goals is to "make sure that Americans with HIV have access to treatment," she said.

"It is outrageous that we live in the richest country in the world and we can't get drugs to people who need them," Thurman asserted. ■



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- Publicly-owned or -managed buildings for the disabled, the elderly and disabled, or for low-income families run by city, county, or (in a few areas) state housing agencies. The buildings for low-income families are often substandard, dangerous complexes. However, elderly and disabled persons are usually housed in separate buildings and complexes.
- Privately-owned or -managed buildings and complexes for the elderly, disabled, or both offering HUD-financed rent subsidies to their occupants. These are often referred to as “fixed” Section 8, HUD-assisted, Section 202, Section 236, Section 811, or “fixed” voucher complexes. Some state housing finance agencies, through financing and tax breaks, also indirectly subsidize rents in private buildings. Within HUD guidelines, the private managements do priority, admission, and rental computation eligibility. The local public housing agency can provide lists of these projects, but does not supervise their operations. If the local agencies don’t have lists of state financed-buildings, get a list from the state agency.
- Portable Section 8 certificates and HUD vouchers that assist with the rent and that are awarded by the public housing agency under its eligibility, priority, and rental computation rules. The applicant then presents these to any willing and qualified private landlord.
- Shelter Plus Care emergency, temporary, and even permanent housing aid, on a group/home or individual-unit basis, for homeless persons, or those at risk of homelessness. This HUD-granted program now operates almost everywhere and is run by what are called “Continuum of Care” agencies, public housing agencies, public/private partnerships, or private non-profits in a given area. They, or their subgrantees, do admission, priority, eligibility, and rental determinations.

Housing staff at large ASOs and public housing agencies can direct one to the local Shelter Plus Care/ “Continuum of Care” agency.

Eligibility

One must live in, or at least be homeless in, the local jurisdiction. For housing subsidies targeted to the elderly or disabled, one must be over age 60, or have been declared fully disabled by Social Security, SSI, the VA, welfare, or Medicaid. In the absence of such public program determinations of disability, a doctor’s certification must be submitted. One must have income below 80 percent (in some areas, 50 percent) of the area’s mean income.

For priority on waiting lists in many localities one must be homeless; living in overcrowded or substandard housing; have been displaced by urban redevelopment; or be spending over 50 percent of one’s income on housing. For the Shelter Plus Care program one must always be homeless, formerly homeless, or at risk of homelessness. For the family programs, and waiting lists, one need not be over 60 or have been found disabled. Rent to be paid by the applicant is set under all these programs at 30 percent of adjusted gross income, including total, gross Social Security (before the Medicare deduction), SSI, welfare, pensions, wages (before taxes and payroll deductions), VA benefits, retirement checks, actually received child support, and other income. Additional rental or utility costs are paid by the housing program, either directly or through various subsidies.

Determining Rent Amounts

Rent is set at 30 percent of one’s adjusted gross income. In determining adjusted gross income, the following amounts are deducted from gross, total income to arrive at the actually countable income:

- \$33.33 monthly for each disabled or elderly person
- \$40 monthly for any other

- dependents in the family
- Medical expenses for disabled persons (including insurance and Medicare premiums, deductibles and copayments, and transportation to medical care) which costs more than 3 percent of one’s gross income
- Child care and baby-sitting expenses for someone who works, goes to school, training, or medical care
- Any income of children under age 18
- Earnings of anyone over age 18 who is a full time student
- Training, scholarship, student loan, or stipend allowances of a job trainee, student, welfare-to-work participant, or vocational rehabilitation client
- Income or assets being set aside under a Plan for Self Support authorized by the Social Security Administration for a disabled person’s education or employment

Public housing agencies have the right, and many have done so, to disregard part of the earnings for those living in public housing buildings (but not for private housing). Those who live in public aged /disabled buildings who have, or plan to have, a job should ask whether the agency has such extra earned income disregards. In 2000 HUD proposed regulations that, if finalized, would disregard 100 percent of earnings in the first year back at work, and 50 percent in the second year, for those on TANF, SSDI, or SSI who begin work for all kinds of buildings.

Some Section 202 and state housing agency-financed private buildings for the aged and disabled do consider income and give rental discounts. However, they may charge more than the 30 percent level.

Setting of Priorities and Waiting Lists

- Privately Managed Buildings with “Fixed” Subsidized Units
- First of all, applications, and therefore waiting lists and prior-

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ities, aren't even handled by public housing authorities for the "fixed" Section 8, HUD voucher, and other subsidized units in privately managed buildings. The private management does that, supposedly using HUD guidelines, but actually exercising its own discretion. Lists of these buildings can be picked up at the offices of the public housing authority.

To apply to these buildings, and there's likely to be many dozens in the typical metropolitan area, one must call or visit each rental office, exercising one's best diplomacy with the world-wise people who typically operate these buildings. They rarely have formal "waiting lists," vacant units often are given to those who strike the manager's fancy, or even, in an unknown number of cases, who reward him/her. Although disabling diagnoses aren't part of the process, they often are asked about. Mentioning HIV, mental health problems, or a history of substance abuse can doom one's application, even if discrimination is never proved.

- **HOPWA and Shelter Plus Care/Continuum of Care**

These programs are not managed by the locality's public housing agency but are operated by ASOs, Ryan White-affiliated groups, or other non-profit private agencies. Check with a major ASO, or with the professional staff at the local public housing agency, to locate these programs.

Here, documentation that one is disabled already is likely to work in your favor, as is written proof that you are homeless. Except for those applying literally off the streets for emergency placement in Shelter Plus Care, it's important to provide documentation of one's income, health, residency, and other factors.

Remember that, while it's no longer required by HUD, many local programs still give priority

to those who are homeless; at risk of homelessness; doubled up with friends or relatives; paying over 50 percent of their income on shelter already; or who have been, or shortly will be, evicted through no fault of their own.

Some HOPWA and even Shelter Plus Care placements/units may be in group homes or whole buildings or complexes devoted to the program; some may be in "fixed," subsidized units within regular buildings; and, in some cases, it's even possible that these programs may issue eligible applicants "portable" vouchers or certificates, which they then take to willing landlords of their own choice.

- **Aged/Disabled Buildings Run by Public Housing Agencies and "Portable" Certificates and Vouchers Issued by Public Housing Agencies For Use With Private Landlords**

Here is where a thoughtful strategy is a must for getting to the top of the waiting list or lists which these agencies almost always have. You may have heard news reports about incredibly long, or even closed, waiting lists for public housing in your community. Ignore them, the news media almost always is referring to the lists for families. Aged and disabled vacancies happen often enough that their waiting list times are much shorter than for the family lists. There are usually separate lists for the aged/disabled and families. Some agencies even have additional lists to give the disabled the extra units Congress pledged to them during the 1990s.

Many agencies during the late 1990s received a number of "new" or "extra" certificates and vouchers for use by disabled applicants. Ask whether these have a separate waiting list of their own, or whether they're awarded from the regular waiting list. Find out how many lists there are, and get on all you can.

Many local agencies can set their own priorities, ask what they are, and then be sure to indicate which categories of the local priorities cover your situation so that you can move up the list as quickly as possible.

Negotiating the Housing Aid System

Remember that, under federal law, you need not disclose the nature of your disability, and you shouldn't if you can help it. Of course, HOPWA does require that you document that you're HIV-positive, but that's only because it's a program especially designed for PWAs. If you can't provide an award letter from a public agency certifying that you are disabled and you must provide one from your doctor, his statement need not disclose your particular diagnosis. Disclosure only invites discrimination.

Unfortunately, some of the individuals who usually run the private, fixed subsidy elderly, and disabled buildings are trickier to deal with. They may want to know what's wrong with you, law or no law. Refusing to answer may mean no apartment, so standing dramatically on your rights here will be counterproductive.

Instead of disclosing your diagnoses, mention other conditions you really have and tie them to your disability status. Kaposi's sarcoma (KS), for instance, can be characterized vaguely as a persistent cancer; digestive problems common to PWAs can be described as disabling ulcerative colitis. If you're homosexual, the vague mention of an ex-spouse, and maybe even children of yours living with that ex, might immunize you from the "suspicion" of being homosexual.

All housing programs' waiting lists can last years. This is why it is important to give an address and telephone number (perhaps one of a trusted, highly stable friend) to be sure that when, and if, your name does get to the top of the waiting list, they can contact you.

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There is one other feature of housing agency waiting lists which is important for persons with HIV. Most housing agencies don't demand full documentation of one's income or disability to be added to the bottom of a waiting list. The full eligibility work-up, including proof of disability, is only done for those who actually reach the top of the list. Thus, it is possible for someone who is now "only" HIV-positive to add his name to the housing agency's waiting list just in case his disease progresses to full-blown, disabling AIDS by the time he reaches the top. This is particularly important if he anticipates that his finances will be severely limited once work becomes impossible.

Payment of Mortgages and Home Improvement Loans

During 2000, HUD changed the Section 8 and HOPWA regulations and manuals to allow housing vouchers and certificates issued by local public housing agencies (PHAs) and HOPWA agencies to be used to help pay mortgages and even home improvement loans to bring substandard housing up to par. Waiting lists, eligibility, and priorities are handled just as they are for regular PHA Section 8 and HOPWA cases in the local area. As with rents, clients pay 30 percent of their adjusted income toward

their shelter costs, with Section 8 or HOPWA paying the rest up to "reasonable" local housing cost thresholds. For example, someone with a mortgage, taxes, insurance, and utilities of \$800 monthly might have an adjusted income of \$1,000. He or she would then pay \$300 toward the mortgage or loan, taxes, insurance, and utility costs, with Section 8 or HOPWA then paying the rest.

Since this is a new program, lower-level housing staff may not yet have been trained in the new rules; if you encounter this situation, insist they get briefings and updated rules from HUD.

Disabled persons, who might have trouble qualifying for a mortgage or home improvement loan because of low-income, poor credit, or no credit, can get government-sponsored, subsidized mortgages, and home improvement loans under HUD and other hous-

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one to two years can control the virus over a long period. ("Boosting Immunity to HIV—Can the Virus Help?," *Science*—www.sciencemag.org, 11/3/00, Vol. 290, No. 5493, P. 946; Autran, Brigitte; Carcelain, Guislaine.)

- ◆ New ultraviolet light technology will be used to protect inmates in the Shelby County jail from airborne bacteria, such as tuberculosis (TB). The Ultraviolet Germicidal Irradiation System, manufactured by Commercial Lighting Design Inc. of Memphis, recycles the indoor air flow through several ultraviolet lights that kill TB-causing bacteria. ("UV Light to Lock TB Out of Jail; Shelby First County to Get System That Kills Bacteria in Air," *Memphis Commercial Appeal*—www.memphis.com, 11/21/00, P. B1: Charlier, Tom.) ■

ing and finance agencies' programs designed for just this purpose. Details are available at <http://alliance.unh.edu>.

To receive a list of documents you will need to apply for any of the housing assistance discussed in this article, contact the editor by fax (972) 579-3622 or email PotoInc@aol.com. ■

Visit T·II CANN's website at
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