NEW YORK STATE OF OPPORTUNITY. Department of Health

Medicaid Long-Term Care Services and Support Programs for People Living with HIV/AIDS in New York State

July 23, 2018

Presentation Outline

- "Ending the Epidemic"
- Living Longer with HIV: New York State Epi Data
- NYSDOH AIDS Institute Medicaid Initiatives
  - Designated AIDS Centers
  - HIV Special Needs Plans
  - Adult Day Health Care Program
  - Medicaid Health Homes
- Conclusion

NEW YORK STATE OF OPPORTUNITY. Department of Health



NEW YORK STATE OF OPPORTUNITY. Department of Health

Ending the AIDS Epidemic

Goal: Reduce new HIV infections to 750 annually by the end of 2020.



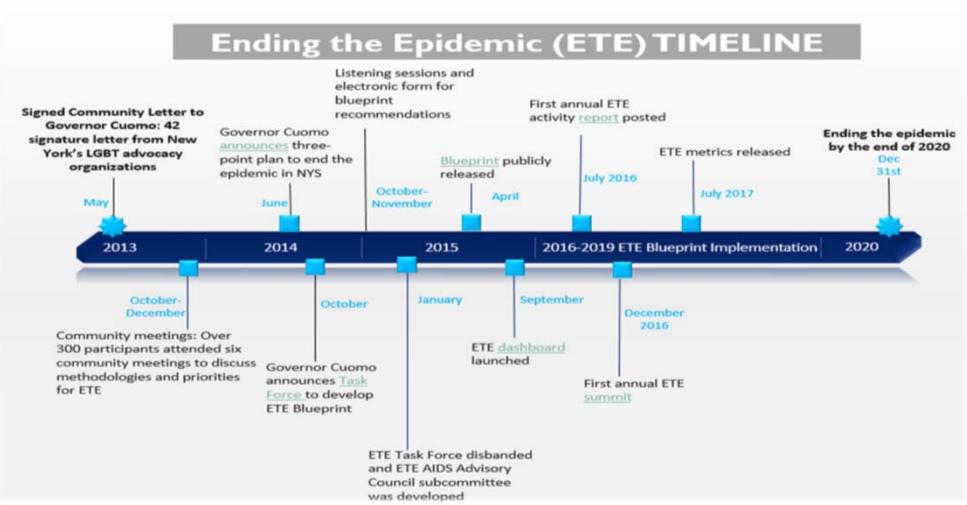
Governor Andrew Cuomo announcing his new initiative to combat the AIDS epidemic before the 2014 NYC Gay Pride Parade.

Credit: Michael Appleton for The New York Times

Three Point Plan

1. **Identify all persons with HIV who remain undiagnosed and link them to health care.**
2. **Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.**
3. **Provide Pre-Exposure Prophylaxis for persons who engage in high risk behaviors to keep them HIV negative.**

NEW YORK STATE OF OPPORTUNITY. Department of Health

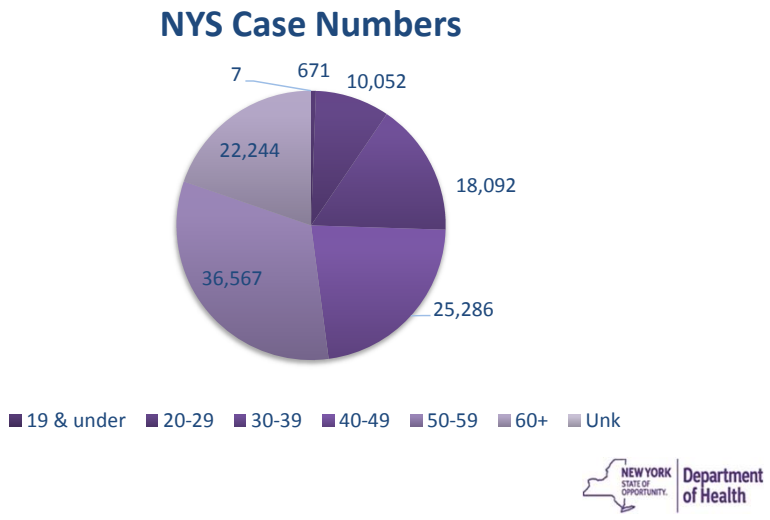


Epi Data: An Aging Epidemic

"The examination of PLWDHI by current age shows that HIV infection should no longer be thought of as a young persons' disease. While most new HIV diagnoses (64%) occur before age 40, 75% of persons living with diagnosed HIV infection are at least 40 years of age and 52% are age 50 years or older."

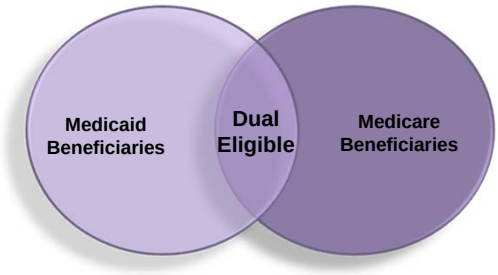
--New York State HIV/AIDS Annual Surveillance Report for Cases Diagnosed through December of 2016, BHAE, NYSDOH AIDS Institute.

Persons Living with Diagnosed HIV (non-AIDS and AIDS) as of Dec. 2016 by Age



Persons Living with HIV and AIDS (PLWHA's) in the Medicaid Program

- NYS PLWHA's Medicaid Population: 65,120
- Dual Medicaid/Medicare Recipients: 16,582 (25%)
- Medicaid Spending on PLWHA's: $2.26 Billion



Source: NYS AI MDW FFY2017

NEW YORK STATE OF OPPORTUNITY. Department of Health

Medicaid Initiatives for PLWHA in New York State

NEW YORK STATE OF OPPORTUNITY. Department of Health

Continuum of HIV Care

AIDS Institute Program Initiatives:

Clinical risk adjusted reimbursement models have replaced HIV specific rates.

1986 Designated AIDS Centers

1988 AIDS Nursing Facilities

1989 Pediatric Maternal AIDS Centers

1989 AIDS Home Care Programs

1990 Community Follow-up Program
(HIV COBRA Targeted Case Management)

1990 HIV Primary Care Medicaid Program

1991 Enhanced Fees for Physicians Program

1993 AIDS Adult Day Health Care Program

2003 HIV Special Needs Plans

NEW YORK STATE OF OPPORTUNITY. Department of Health

Designated AIDS Centers (DACs)

NEW YORK STATE OF OPPORTUNITY. Department of Health

Why Designated AIDS Centers?

- Rapid increase of AIDS in NYC in early 80's
- Lack of specialized services
- High costs of care
- Reluctance of some staff and facilities to serve persons with HIV

1986—Spellman Center (St. Clare's Hospital) in NYC first DAC

DAC Program

- State-certified, hospital-based programs
- Provide state-of-the-art, multi-disciplinary inpatient and outpatient care
- DAC programs with pediatric and obstetrical departments also provide specialized HIV care to infants, children, and pregnant women
- Developed and remains a patient-centered program model
- Provide a primary care home for the person with HIV
- Patient outcomes improve when care is seamless, coordinated by a care manager utilizing multi-agency, multi-disciplinary health care teams

DAC Program (2)

- HIV-specific care standards developed for DACs are intended to ensure uniformly high quality care for persons with HIV
- Enhance coordination with their community-based partners to identify patients at risk, help patients access and remain in care, and understand and adhere to their complicated regimens

HIV Special Needs Plans (SNPs)

Background

- HIV Special Needs Plans (SNP's) are a comprehensive managed care option in New York City designed to meet the health care needs of persons living with HIV/AIDS and other identified populations at high risk for HIV transmission
- As widespread transition to managed care expanded, DOH continued to work with SNP to support enrollee outreach and the provision of evidence based quality primary care and social services
- Currently there are three operational SNPs serving the five boroughs of New York City.

NEW YORK STATE OF OPPORTUNITY. Department of Health

Eligibility

- SNP eligibility expansion
  - Homeless and transgender individuals regardless of HIV status
- HIV SNP enrollment is voluntary.
- 12 month "lock-in" exemption

NEW YORK STATE OF OPPORTUNITY. Department of Health

SNP Features

- HIV SNP Case Management
- Coordinated Care
- Networks that include HIV program models of care
- Primary Care Provider Ratios
- Treatment Adherence Services

Features (2)

- Access standards appropriate to persons with HIV
- HIV prevention and risk-reduction education
- Established standards of care
- Monitor clinical quality based on a QI model
- SNP-specific QARRs

Adult Day Health Care Programs

Adult Day Health Care Program Summary

- Adult Day Health Care Programs (ADHCP) provide a comprehensive range of services in a community-based, non-institutional setting.
- General medical care.
- The intent of the ADHCPs is to complement or enhance the existing continuum of medical services.
- Programs are designed to provide a comprehensive and integrated model of service delivery.

ADHC Program Summary (2)

- Recently amended regulations (effective September 2017) enable programs to expand the population served to include high need, high risk HIV-negative individuals.
  - High need, high risk associated with
    - Unstable mental health condition
    - Active substance use disorder
    - Condomless sex
  - Significant portion of high risk population also have health care service needs which require assistance with monitoring/developing self-management skills for other chronic conditions (e.g. diabetes, hypertension, asthma, hepatitis C, etc.).
- 10 programs in operation
  - 9 programs in NYC
  - 1 program in Rochester

NEW YORK STATE OF OPPORTUNITY. Department of Health

Health Homes

NEW YORK STATE OF OPPORTUNITY. Department of Health

Health Homes

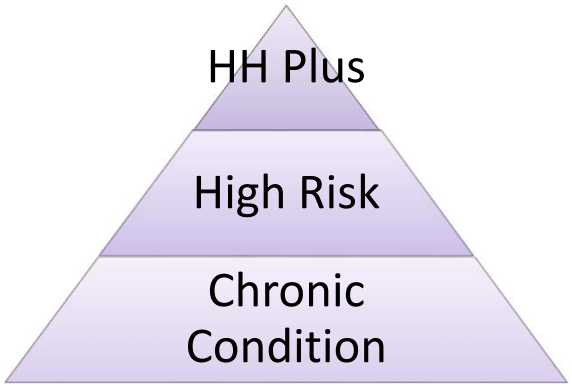
- The goal of Health Homes is to manage the utilization of health care services by Medicaid beneficiaries who have complex, chronic, high-cost conditions.
- Health Home member eligibility:
  - Two or more chronic conditions (e.g., Substance Use Disorder, Asthma, Diabetes, etc.) OR
  - One single qualifying chronic condition:
    - HIV/AIDS or
    - Serious Mental Illness (SMI) (Adults) or
    - Serious Emotional Disturbance (SED) or
    - Complex Trauma (Children)

Health Homes (2)

- Health Home "lead agencies" establish contractual relationships with other organizations (Care Management Agencies) to provide care management services to members.
- Health Home CMA services include comprehensive care coordination, care management, health promotion, transitional care, including appropriate follow-up from inpatient to other settings, patient and family support, referral to community and social support services, and the use of health information technology (HIT) to link services.
- Require strong ties to social service providers in the community to address the social barriers to health care that Medicaid enrollees may encounter.
- Transition to Managed Care, July 1, 2018

Health Homes (3)

- May 1, 2018: Health Home rate restructuring for care management services providing the highest payment rate to CMA's for services provided to members with the most intensive needs.



NEW YORK STATE OF OPPORTUNITY. Department of Health

Importance of Health Homes

- Critical to the State's effort to reduce emergency room and inpatient visits.
- 59% of hospital readmissions in NYS are related to chronic medical conditions in persons with a Substance Use Disorder (SUD) or Severe Mental Illness (SMI).
  - High rate of members with co-morbid HIV, SMI, and/or SUD
- Health Homes provide care management services to the high-utilizing, chronically ill population of Medicaid members who are driving more than 50% of avoidable costs.

NEW YORK STATE OF OPPORTUNITY. Department of Health

Conclusions



Contact info:

Joseph Kerwin
Office of Medicaid Policy & Healthcare Financing
NYSDOH AIDS Institute
518-486-1383
joseph.kerwin@health.ny.gov

NEW YORK STATE OF OPPORTUNITY. Department of Health