



2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Core Medical Services Waivers: The New York EMA's Experience

Amber Casey, MPH

Deputy Director, Care & Treatment Program

Bureau of HIV/AIDS Prevention & Control, NYC Department of Health & Mental Hygiene

Need for Core Services Waiver

- Expanded access to Medicaid and other insurance programs that ensure the availability of core medical services to PLWH in the NY EMA
- A combination of federal (including other Ryan White parts), state, and local funding sources available for Core Medical Services
- Flexibility of allocations to address identified need and service utilization trends
- The following was identified as a significant need:
 - Assistance needed navigating a new system of care and accessing benefits
 - Assistance with accessing critical support services, including housing, food and nutrition services, and emergency financial assistance

Approach to Waiver Submission

- Waiver has been successfully submitted/approved annually since 2013
- Request is responsive to the provisions of the Affordable Care Act (ACA) and changes in the NYS Medicaid program
 - Changes made aimed to meet the core medical service needs of the population
- Based on the result of the Priority Setting and Resource Allocation (PSRA) funding allocation and community planning process
 - Systematic, evidence-driven, representative, and inclusive community planning process to prioritize services and allocate resources
 - Scoring tool to apply budget cuts or increases to service categories as part of scenario and resource allocation

Benefits and Outcomes

- Ground prioritization and allocation process in need and utilization
- Catalyst to reexamine historical allocations to core services
 - Supported decision-making to add and remove service categories
 - Reallocate based on service utilization without needing to consider core v. non-core service
- Services are delivered in accordance with service utilization trends
- Increase commitment to highly needed support services such as housing, food and nutrition, and emergency financial assistance

PSRA Process Changes

Prior Priority Setting Tool: Scoring System

- **Payer of Last Resort**
 - Are there any other funding sources that provide the same or an equivalent service to Ryan White eligible PLWHA?
- **Access/Maintenance in Care**
 - Does the category promote access to OR maintenance in primary medical care?
- **Specific Gaps/Emerging Needs**
 - To what extent does Part A funded service address a specific service gap or service need? Does this service address a newly identified or projected future need?
- **Consumer Priority**
 - Has the category been specifically identified as a priority by PLWH through needs assessment data and/or other data as important and/or in need of additional funding?
- **Score either 1, 3, 5, 8**
 - Zero only used for Core/Non-Core designation

PSRA Process Changes

CURRENT Priority Setting Tool: Scoring System

- **Payer of Last Resort**
 - Are there any other funding sources that provide the same or an equivalent service to Ryan White eligible PLWHA?
- **Access/Maintenance in Care**
 - Does the category promote access to OR maintenance in primary medical care?
- **Specific Gaps/Emerging Needs**
 - To what extent does Part A funded service address a specific service gap or service need? Does this service address a newly identified or projected future need?
- **Consumer Priority**
 - Has the category been specifically identified as a priority by PLWH through needs assessment data and/or other data as important and/or in need of additional funding?
- ~~**Score either 1, 3, 5, 8**~~
 - ~~Zero only used for Core/Non-Core designation~~

PSRA Tool Change

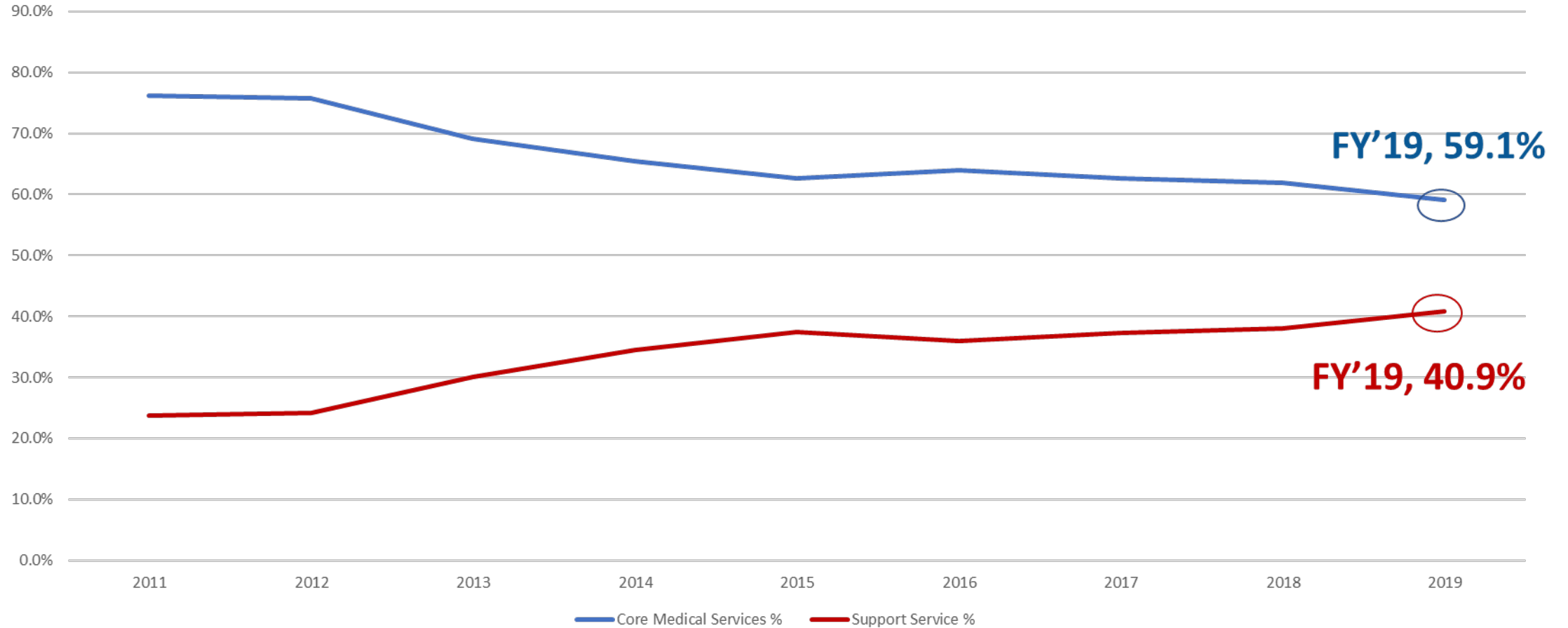
Snapshot of Previous Tool

Service Category	Criteria Factors (see definitions below)					Total Score
	Payer of Last Resort	Access to Care and/or Maintenance in Care	Consumer Priority	Specific Gaps/ Emerging Needs	Core Services	
	15%	35%	25%	15%	10%	
ADAP	8	8	8	8	8	8.00
ADAP Plus	8	8	8	8	8	8.00
Medical Case Management (including Maintenance in Care, Treatment Adherence, Transitional Support for Inmates, Drop In Center for Releasees)	5	8	8	5	8	7.10
Mental Health Services	3	8	8	5	8	6.80
Harm Reduction, Recovery Readiness, Relapse Prevention (Substance Abuse Services)	5	8	5	5	8	6.35
Housing Services (including Housing Placement and Transitional Services)	3	8	8	5	0	6.00
Early Intervention Services	5	5	3	5	8	4.80
Food and Nutrition	5	5	5	5	0	4.50
Supportive Counseling & Family Stabilization Services	5	5	5	5	0	4.50
Legal Services	5	5	5	5	0	4.50
Outpatient/Ambulatory Medical Care	3	5	3	3	8	4.20
Outreach Services	5	5	3	5	0	4.00
Home Care (Home Health Professional Care)	1	3	3	1	8	2.90

Snapshot of Current Tool

Service Category	Criteria Factors (see definitions below)					Total Score
	Payer of Last Resort	Access to Care and/or Maintenance in Care	Consumer Priority	Specific Gaps/ Emerging Needs	Core Services	
	15%	35%	25%	25%		
ADAP	8	8	8	8	8	8.00
ADAP Plus	8	8	8	8	8	8.00
Food and Nutrition	5	8	8	8	0	7.55
Non-Medical Case Management (Transitional Support for Inmates)	8	8	8	5	0	7.25
Medical Case Management (Care Coordination, Transitional Care Coordination for Homeless)	5	8	8	5	8	6.80
Housing Services (including Housing Placement and Transitional Services)	5	8	8	5	0	6.80
Mental Health Services	3	8	8	5	8	6.50
Harm Reduction, Recovery Readiness, Relapse Prevention (Substance Abuse Services)	5	8	5	5	8	6.05
Early Intervention Services (includes Youth Outreach Services)	5	8	5	5	8	6.05
Supportive Counseling & Family Stabilization Services	5	8	5	5	0	6.05
Outpatient/Ambulatory Medical Care (including Home Care)	8	8	3	5	8	6.00
Legal Services	5	5	5	5	0	5.00

Trends in Allocations



Overall Impact

- Modernized and strengthened the portfolio of services including increasing allocations to address social determinants of health
- Bridges service gaps and continues to meet clients' needs through funding social support services
- Supports the EMA's overall HIV Care Continuum
 - Record high rates of viral load suppression among PLWH engaged in care and record low new infections and diagnoses, including impacting rates among gay, bisexual, and other MSM
- Maximizes funding to best address the needs of PLWH in the NY EMA
 - Record Underspending (generally less than 1% unspent)

Lessons Learned

- Make sure your waiver is grounded in data
- Make everything very clear
 - The people reviewing the waiver applications don't know the intricacies of your jurisdiction so you need to make the connections for them
- Learn from each year's waiver to make the next one stronger
- Start your waiver early – it takes longer to gather up all the loose ends than you think
- If you are unsure of how strong your waiver application is, consider creating two allocations