

**Ending the Epidemic Task Force
Committee Recommendation
CR41**

Recommendation Title: Expanded Medicaid Coverage to Targeted Populations

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1 and 2**
- 2. Proposed Recommendation:** Provide presumptive Medicaid coverage as a Medicaid waiver program to uninsured/underinsured New York State (NYS) residents who are high HIV risk, including transgender persons and persons newly diagnosed with HIV on the basis of their identification as NYS residents.

The benefit would be similar to the NYS Family Planning Benefits Program (FPBP); cover sexual health services, such as PrEP, STI screening and treatment, HIV management, hepatitis C testing and treatment, family planning services, and transgender transition services. This activity should use a 1-page application similar to the one used in Disaster Relief Medicaid.

- 1) Target populations include but are not limited to undocumented persons and persons requiring gender transition services, and allows mature minors and emancipated minors to access these services. (“Mature minors’ are any unemancipated minors of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures for him/herself.”)
- 2) NYS can build on Medicaid waiver health insurance strategies that have proven effective, such as the NYS Family Planning Benefits Program (FPBP), and adjust those strategies to accommodate the needs of residents who experience health care costs and lack of insurance as barriers to receiving essential sexual health care related services due to cost.
- 3) Integrates HIV care with prevention, sexually-transmitted infections (STI) diagnosis and treatment, hepatitis C, family planning and transitioning services through the use of primary care clinics, Federally-qualified Health Centers (FQHCs), hospitals and health department clinics, especially STD clinics.
- 4) Maintain FPBP’s 223% federal poverty level (FPL) income guideline and 3-month retroactivity to focus on those not already enrolled in care.
- 5) Include in application questions relating to type of services the patient is seeking to allow documentation and tracking of how this benefit is used.



Dissemination/outreach strategy

- 1) Education, training and brochures available through NYS websites
- 2) Social marketing, including the use of web sites frequented by at risk populations
- 3) NYS will provide training to a broad array of service providers and the public as well as to service providers who target patient populations who may wish to use these services including Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ) youth service providers, service providers to the immigrant community
- 4) Disseminate information through LGBTQ mentoring and support programs, such as Gay-Straight Alliance, The Center and others.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- Uninsured/underinsured NYS residents who are high HIV-risk
- Transgender persons
- Persons newly diagnosed with HIV
- Undocumented persons
- Minors

List of measures that would assist in monitoring impact

- Process outcome: number of patients enrolled by reported services used, location of enrollment, and linkage to care

Footnotes or References

NYS Department of Financial Services

http://www.transgenderlegal.org/media/uploads/doc_597.pdf

Transgender Legal Defense and Educational Fund guidance December 11, 2014.

http://www.tldef.org/headline_show.php?id=550.

Medicaid ruling: http://www.transgenderlegal.org/headline_show.php?id=554New York Times, December 10, 2014. <http://www.nytimes.com/2014/12/11/nyregion/in-new-york-insurance-must-cover-sex-changes-cuomo-says.html>.

3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Statutory change and Federal waiver required.
4. **Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?** Within the next three to six years.
5. **TF numbers of the original recommendations that contributed to this current version:** TF24, TF47, TF52, TF58.

