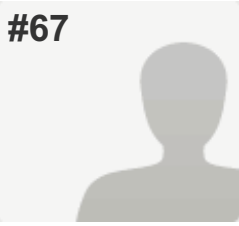


# Ending the Epidemic Task Force Recommendation Form

#67



**COMPLETE**

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**Q2: Title of your recommendation**

HIV Testing in OASAS-licensed Out-patient and In-patient Programs

**Q3: Please provide a description of your proposed recommendation**

Change New York State Medicaid regulations to allow Office of Alcoholism and Substance Abuse Services (OASAS) licensed out-patient and in-patient programs to bill for HIV testing and require managed care programs to reimburse for this service.

**Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)**

Identifying persons with HIV who remain undiagnosed and linking them to health care

**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

Change to existing program

**Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?**

Permitted under current law

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**Q8: 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 year

**Q9: What are the perceived benefits of implementing this recommendation?**

This recommendation would increase opportunities for testing for people who experience substance use disorder.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Insurance companies and managed care organizations may be resistant to pay OASAS-licensed providers for this service.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

Research is required to quantify the expanded HIV testing that this recommendation would generate.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Before a return on investment (ROI) can be calculated, research is required to estimate the number of people living with HIV who could be diagnosed and linked to care based on this recommendation

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

OASAS-licensed programs and consumers of OASAS services.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Number of people who receive an HIV test in an OASAS-licensed facility.

Number of people living with HIV diagnosed and linked to treatment through OASAS-licensed facilities.

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member,

Other (please specify)

Submitted on behalf of the Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York