

**Ending the Epidemic Task Force  
Committee Recommendation  
CR13**

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**Recommendation Title: Expanded use of Peer Workforce to Provide Medicaid Reimbursable Linkage, Re-Engagement, Retention, and Adherence Services**

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1, 2 and 3**
  
- 2. Proposed Recommendation:** Development of a state-certified peer workforce that can provide Medicaid-reimbursable linkage, re-engagement, treatment adherence and retention in care services offers a high impact, cost-effective and sustainable model for delivering peer education and health navigation services. Peers reflect the cultures, languages, ethnicities, sexual identities and life-experiences of the people they are serving and are pivotal to the structural changes required under the Ending the Epidemic 2020 initiative. Peers are uniquely qualified by their shared experiences to assist HIV-positive consumers to navigate various healthcare environments across the service continuum. Measurable outcomes from peer-delivered interventions will include: decreased hospitalizations and emergency room utilization; increased long-term recovery from alcohol and other drug use; improvement in appointment show rates; sustained connection to outpatient services that include HIV care and Pre and post-exposure prophylaxis (PrEP/PEP); and improved adherence to treatment and care plans which will ultimately yield higher rates of viral load (VL) suppression.

Peers ensure that a person-centered approach is taken in service delivery and that access to culturally and linguistically appropriate interventions and health care services is available. The keys to integration of Peer-delivered services in the health care system are: the development a set of services that are optimally delivered by peers and a standardized training program that leads to New York State Department of Health (NYSDOH) certification that is widely accepted by service provider agencies and payers.

Peer delivered services address these crucial needs:

- 1) Linkage/Case Finding: Peers conducting outreach activities will facilitate linkage to care for people who are newly diagnosed or those in need of re-engagement including case finding, referral to HIV, Hepatitis C and STI screening, health promotion, enrollment, warm hand-off to care team, and accompaniment to appointments.  
[Note: Peer-delivered linkage and engagement strategies should be coordinated with other Task Force recommendations that address primary prevention in addition to the needs addressed in this recommendation.]
  - 2) Care Coordination: Adoption of a model for care teams that integrates peer-delivered services as a part of care coordination will enable State-certified HIV peers, working as Educators, Navigators and Health Coaches, to be incorporated into Delivery System
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Reform Incentive Payment (DSRIP) program projects and thereby expand existing Medicaid Health Home Care Management services. peer-delivered services may include health promotion, accompaniment to appointments, adherence support including directly observed therapy and awarding patient incentives for adherence milestones (undetectable VL, clinic visits, etc.). Peers may also facilitate the participation of HIV-positive consumers in telemedicine and social media-based interventions in both urban and rural areas thus improving rates of retention in care, medication adherence and re-engagement of those who have fallen out of care.

- 3) Retention/Adherence: Peers providing health coaching assist with retention in care by offering individualized support, education and navigation through multiple layers of the healthcare delivery system. Peer Health Coach Services include individualized assistance with entitlements/insurance applications, treatment adherence education, access to support services, accompaniment to appointments, referral follow-up, reminder phone calls, motivational interviewing, goal setting and routine communication with all members of the care team.
- 4) Training that leads to NYSDOH Certification of Peers: Creation of a uniform Certification Training Program for individuals living with or affected by HIV ensures accountability and establishes a framework for peer-delivered services to become eligible for Medicaid reimbursement (through a NYS Medicaid plan amendment).
  - Standardized Training curriculum and testing that lead to Certification
  - Peer Internship Placement and Supervision (Supported Employment Program to provide specified set of outreach, linkage and retention in care services)
  - Training for employers hiring Certified Peers
  - State Designation of training organizations to conduct peer training and issue Certification.
  - State Designation of employers (Community-based Organizations (CBOs), Community Health Centers (CHCs), hospitals, etc.) who are eligible to bill Medicaid for peer services.
  - Peer placement within designated employers; Peers should be culturally matched to the individuals they are serving (youth, men who have sex with men (MSM) of color, women of color, recent immigrants, etc.)

HIV Peer-delivered services supported by NYSDOH AIDS Institute, NYS Office of Mental Hygiene (OMH) and NYS Office of Alcoholism and Substance Abuse Services (OASAS), provide a motivated peer workforce to engage with hard-to-reach and vulnerable populations and build upon the considerable investment that has already been made by government and private organizations in educating, supporting and employing peers from the communities most affected by HIV.

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

All HIV-infected persons will benefit from this recommendation but in particular:

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- MSM and young MSM of color
- Transgender persons
- Women of color
- Persons with a history of substance abuse
- Persons with mental illness
- Persons recently incarcerated
- Persons residing in rural areas
- HIV medical and behavioral health providers
- Patients enrolling in programs for pre- and post-exposure prophylaxis

#### **List of measures that would assist in monitoring impact**

- Number of HIV-positive persons receiving certified peer health coach services who:
- Visit doctor every 3-6 months
- Receive antiretroviral therapy (ARV)
- Achieve viral suppression within 6 months
- Sustain viral suppression after 12 months
- Decrease # hospitalizations and days of inpatient care
- Decrease # emergency room (ER) visits
- Sustain recovery from alcohol and other drug use
- Adhere to pre- and post-exposure prophylaxis
- Cost-analysis of HIV Peer Navigation services impact on
- Increase in number of outpatient visits
- Decrease in total behavioral health costs
- # Peer Health Navigators receiving State Certification
- # Peer Health Navigators placed in internships/jobs at community and/or clinic sites

#### **Footnotes or references**

HPTN 065 - [http://www.hptn.org/research\\_studies/hptn065.asp](http://www.hptn.org/research_studies/hptn065.asp)

Viswanathan M et al. Outcomes and costs of community health worker interventions: a systematic review. *Med Care*. Sep 2009; 48(9):792-808.

Sadowski LS, et al. Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial. *JAMA*. May 6 2009; 301(17):1771-1778.

Whitney EM et al. Measuring return on investment of outreach by community health workers. *J Health Care Poor Underserved*. Feb 2006; 17(1Suppl):6-15.

PrEP: Marcus JL et al. Helping Our Patients Take HIV Pre-exposure Prophylaxis (PrEP)

A Systematic Review of Adherence Interventions. *HIV Medicine*. 2014; 15(7):385-395.

<http://www.ncbi.nlm.nih.gov/pubmed/24580813>.



3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** NYSDOH would be required to submit a State Plan Amendment in order to implement a State Certification Training Program and authorization for reimbursement of designated Peer Navigation services through Medicaid.
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 year.
5. **TF numbers of the original recommendations that contributed to this current version:** TF31, TF38, TF45, TF50, TF106, TF116, TF117, TF132, TF154, TF184, TF205, TF213, TF289.

