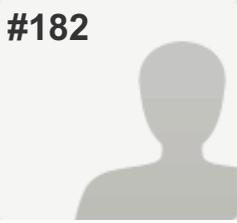


Ending the Epidemic Task Force Recommendation Form

#182



COMPLETE

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Marc
Last Name	Meachem
Affiliation	ViiV Healthcare
Email Address	Marc.s.meachem@viivhealthcare.com

Q2: Title of your recommendation HIV education for staff should be required of all Medicaid Managed Care plans

Q3: Please provide a description of your proposed recommendation

With the majority of HIV+ Medicaid beneficiaries receiving care through non-HIV Special Needs Plans (SNPs), all Medicaid Managed Care plans should be required to provide HIV education for staff. Section 16 of the Model contract on the website has "Quality Assurance" requirements. Many of these requirements apply to all Medicaid Managed Care plans, but sections 16.4-9 apply only to the HIV SNPs. These sections should be assessed to determine if any of these quality assurance requirements should be included in the contract with all the Medicaid Managed Care plans, not just the SNPs. Our recommendation is to include HIV education, which includes prevention and treatment education, for staff in all the Medicaid Managed Care contracts. In the alternative, this recommendation could apply to the Medicaid Managed Care plans that have a certain number of HIV lives, for example 3,000 HIV+ enrollees.

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)

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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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.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

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 policy

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

Permitted under current law

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?

With the majority of HIV+ Medicaid beneficiaries receiving care through non-HIV SNPs, this recommendation will ensure that staff in all Medicaid Managed Care plans receive annual education on HIV prevention and treatment. It is important that staff in all the plans that are providing HIV services to Medicaid beneficiaries, especially those with the most number of HIV lives, receive annual HIV education.

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

Non-SNP Managed Care plans will have to develop procedures to educate staff on HIV.

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

Respondent skipped this question

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

Respondent skipped this question

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

Patients, providers and ancillary health staff.

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

Whatever measures are being used now to assess whether and how the SNPs are providing this education could be applied to the non-SNP Managed Care plans.

Q15: This recommendation was submitted by one of the following

Other (please specify)
Specialist HIV pharmaceutical company