New York State AIDS Advisory Council (AAC)
MRT/Health Home Subcommittee Adopted Recommendations
November 14, 2013

The following document represents the consensus of the AIDS Advisory Council as of this date and is intended to provide a basis for future discussions and deliberations on these issues. It is also recognized that the process is dynamic and the Council may revise this document based on future discussions.

General System Recommendations

1. There are enormous changes currently underway and due to be implemented in the near future in the health care payment and delivery system in New York. These changes will impact people living with HIV/AIDS, and we need to be involved in the planning, implementation and monitoring of how these changes affect accessibility, affordability and quality of medical and behavioral health services.
   - We recommend that the AAC institute a standing committee on Health Care Access & Quality that receives regular updates on the impact of these changes on service delivery to PLWHAs.

2. Historically, New York has funded community-based providers to outreach and engage people who are disconnected and disenfranchised from mainstream systems of services and care. These providers have been instrumental partners in New York's success in reducing new HIV infections and bringing disconnected people into care.
   - We recommend that NYS continue its long standing commitment to grant funding for community-based providers who can effectively engage high need populations.

<u>Specific Health Home Program Recommendations</u>

1. Current legacy rates for former COBRA CMCM providers will sunset within the next few months. Current Health Home rates do not appear to provide sufficient revenue to sustain viable programming to achieve the goals of the Health Homes. We share the concern of providers across the State that this could threaten the viability of programs that have helped thousands of HIV+ people access and maintain HIV care.
   - Extend legacy rates for a specified period until there is clear data on the viability of the HH program under the proposed second phase rate structure. Conduct pilot analyses of impact of proposed payment structure on revenue, service levels, service quality and outcomes, staffing structures and program sustainability.

2. Acuity scoring: Since HH rates at this time are based on the Medicaid acuity score for each recipient, it is critical that these scores accurately reflect the level of services required to achieve the HH objectives. It is unclear at this time whether the scores are accurate predictors of service need, and therefore may not be the best tools for generating rates/payments to providers.
   - Assess current acuity scores match to actual service need through analyses of actual HH client service data. Identify missing/critical factors in scoring and amend/revise as needed. Explore use of functional status scores as markers for service need.

3. Technology demands and costs:
   - For downstream providers, human resource and the initial and ongoing costs required by HH technology has been staggering.

- There needs to be targeted and adequate resources to support infrastructure, staffing and interconnectivity [e.g. RHIOs, multiple web-based EMRs] needs for Health Homes and downstream care management providers.

4. Information flow
   - Community/ground-up referral process: In order to guarantee the most robust enrollment of eligible HH persons, the community referral process needs to be streamlined and clearly outlined.
   - Provider access to client status and clinical information: Care providers have no ability in real time to confirm the enrollment status of any given client [as in the COBRA programs], leading to extensive work with ineligible or previously enrolled clients.
   - Downstream care providers need real time access to data regarding client current insurance and enrollment status.

5. Health Homes and MCO contracting, payments and relationships: Most care management providers are working with multiple lead Health Homes, and multiple MCOs within each of those HHs. There has been little guidance and/or regulation regarding some aspects of these relationships, thereby resulting in wide variations in fees, contracts and payment/reporting relationships.
   - SDOH AIDS Institute should provide technical assistance informational roundtables for care management organizations, health homes and managed care organizations.

6. Health Home marketing and outreach: New York State is attempting to engage over 600,000 people in a voluntary care coordination program, and there has been no public education or marketing to reach those eligible for the program. Based upon feedback from providers, the vast majority of people outreached have no idea what the program is, or what benefits it offers.
   - The State Department of Health should invest resources for both public education efforts and more targeted consumer education.
   - Funds should be made available to care coordination entities and/or other downstream entities engaging in outreach and client engagement activities to do direct marketing and consumer education about Health Home to eligible populations.