Joint Medicaid Oversight Subcommittee on Department of Health Programs
Testimony on the Ryan White Part B HIV/AIDS Program
April 27, 2016

Good afternoon members of the Joint Medicaid Oversight Subcommittee on Department of Health Programs. My name is Tara Britton and I am a Public Policy Fellow at The Center for Community Solutions, a nonprofit, non-partisan think tank that focuses on solutions to health, social and economic issues. Over the course of Community Solutions' history, we have been committed to seeking ways to improve access to and care for people living with HIV/AIDS (PLWHA), as well as prevent disease transmission. We have worked closely with the Ryan White Part A programs, Part B program and stakeholders, including the Ohio AIDS Coalition, as a part of this mission.

As you know, the state of Ohio is in the midst of an integrated planning process, in response to requirements from CDC and HRSA, to assess the state's HIV prevention and service needs for PLWHA, existing resources, barriers and gaps within jurisdictions, and how it plans to address them. This plan will cover a 5-year period, starting in 2017, and is due to the federal government this fall. We are pleased for this opportunity to align HIV care and prevention activities to develop a plan for the state. It allows us to examine more closely the gaps in care for PLWHA and work together to address them. In light of increased access to health care coverage through the Affordable Care Act, the timing is ideal to realign the resources available in the Ryan White Program to fill remaining gaps and provide integrated, wraparound care and services for PLWHA. With hard work by invested individuals, we believe this planning process and subsequent plan can result in reducing the number of new HIV infections in Ohio and helping all people living with HIV be better connected with the care and services available to them. To this end, we're grateful for the involvement of the Governor's Office of Health Transformation, and the Ohio Departments of Health, Medicaid, Aging, and Mental Health and Addiction Services, and many other stakeholders.

Recent reports about HIV in Ohio have set forth several recommendations about how to make changes that will result in improved care and outcomes for PLWHA, increased awareness and understanding about HIV, and ultimately ending the HIV epidemic in

the state of Ohio. We agree with others on a recommendation to develop an Ohio specific treatment cascade or care continuum. This requires engaging state agencies, public and private insurance plans, and care providers, among others. This is vital information to have in order to develop strategies and targeted programs that increase the number of Ohioans living with HIV in each stage of the continuum. A continuum that is able to be updated each year based on new data will also show us if we're making progress to inform planning and how we may need to adjust our interventions and investments.

As several of the reports on the Ryan White program in Ohio have pointed out, the program has not spent all available dollars over the last few years. There are many reasons why this has occurred, but it is largely due to the program continually receiving prescription drug rebates from HIV-related prescription drugs for Ryan White enrollees who have private insurance. The federal government requires these rebates to be spent first, before other sources of funding. However, rebate dollars are much more flexible than the federal grant dollars and can be obligated in a Part B program budget for services. They do have to be spent on services that Ryan White is eligible to cover, but there is no requirement that 75% must be spent on core medical services, and there is no cap on administrative costs when using rebates. As an example, the Ryan White Part B program in Iowa has taken full advantage of these flexible funds to support the following activities:

- Capacity building/provider training
    - Required courses on HIV fundamentals for all providers who are contracted with Ryan White; all Ryan White case managers are encouraged to take this course as well
    - Case manager certification which includes online modules and a 2 day in-person course, plus coursework for continuing education
    - Four-part training on how to integrate trauma informed care into practice
- Funding for additional case managers for lower caseloads, 45 clients to 1 case manager.
- Increased funding for support services with a requirement of all case managers to connect clients to housing and transportation if needed
- Funding for a data quality manager at three of the largest provider organizations to improve data sharing among programs and agencies
- Prevention with HIV positive individuals which supports a pharmacist to counsel clients on medication adherence
- Behavioral health consultation at a large integrated provider who focuses on HIV positive clients

- Support of a consultant to work with case management agencies that were having trouble with ACA transition/changes
- Support of re-engagement coordinator to connect with people who have fallen out of care
- Financing of a media campaign to increase awareness of HIV, how it is transmitted, and resources available to PLWHA
- Funding for a full-time staff person to work with Primary Care Association, a provider, to implement opt-out HIV testing (falls under Early Intervention Services category of Ryan White)
- Support Iowa Department of Public Health staff including disease intervention specialists, who reach out to partners of recently diagnosed individuals

In addition to its use of rebate dollars, Iowa has utilized core funding in creative, but allowable ways. Iowa funds some case managers, and what they call Field Benefits Coordinators, through their designated drug assistance program funds. This is the largest piece of Part B awards. The logic behind this is that case managers spend a lot of time helping people navigate health insurance enrollment and management, and insurance premiums for Ryan White enrollees with private insurance are paid out of the drug assistance funding. Ohio's equivalent program is called OHDAP or the Ohio HIV Drug Assistance Program.

Based on Iowa's experience, we recommend that the Ohio Department of Health assess how to most effectively and appropriately use the streams of funding for the Ryan White program, across the continuum. We also recommend looking to other states for examples of how programs operate. Ohio could learn and expand upon what other states are already doing to suit identified needs from our own integrated planning process.

Another example from Colorado and Iowa is a tiered case management system. These states recognized that not every Part B client needs intensive case management, but know it's important to maintain a minimum level of connection with people living with HIV. Ongoing engagement is important to each phase of the care continuum. This tiered approach means that a person who is tier 4 remains in the case management agency's system, but receives only an annual call and routine outreach. Someone who is tier 1 is receiving the most intensive level of case management. Individuals may, understandably, change levels, but this system allows for appropriate levels of engagement depending on the needs of the client.

This model may offer guidance for how Ohio can develop an integrated case management approach that fits the needs of clients depending on insurance status and

acuity. We recommend that ODH work with the Ohio Department of Medicaid and Ohio's Medicaid managed care plans to ensure that all HIV-positive Medicaid clients have access to medical case management services to ensure they maximize their benefits, and are connected with services that will help them to manage their disease. The likely results will be improved outcomes and decreased costs for payers, due to better disease management. This discussion and work has begun through the integrated planning process.

We know that there are identified and unidentified people living with HIV in Ohio who are not receiving the care and services that they need. Medicaid and private insurance can provide much of the vital medical care, but Ryan White is aptly designed to fill gaps that exist for vulnerable populations and we should make use of the resources available. Following are shorter term recommendations to improve the HIV care system in Ohio.

- ODH should consider adjusting contracting cycles for Ryan White service providers in order to connect people with more support service options and fill gaps in medical care. Currently, Ohio's Part B program is not contracted with providers for many relevant Ryan White eligible services categories.
- The program should also invest more heavily in provider recruitment, as we know the lack of providers, especially culturally competent providers, is a challenge to accessing care.
- The program should expend funds to increase the number of case managers around the state, so that more people can engage in case management and case managers are not over burdened by high caseloads, which is already occurring.

We are confident that we are moving in the right direction. We have real opportunities to more effectively utilize the Ryan White program to connect more people with care, expand resources for supportive services, identify and treat undiagnosed PLWHA, and target programs and services that best meet the needs of PLWHA in Ohio. And importantly this is all being done in a larger context than ever before, by acknowledging that the Ryan White program, Medicaid, private insurance, care providers, social service agencies, policymakers, advocates, and many other stakeholders have a role in improving the lives of PLWHA.

Thank you for hearing our testimony today. I would be happy to take any questions at this time.