

# Health Care Reform Implementation Priorities

## Essential Health Benefits Package

**Federal:** advocate for a definition of the essential health benefits package in ways that provide the scope and level of services needed to meet the care and treatment needs of individuals living with HIV.

**State and Local:** urge state and local officials to weigh in with the Secretary, engage and train state Medicaid offices and key providers on new benefits, and engage state health officials to ensure that the Benchmark benefits package established for new Medicaid recipients includes the essential services needed for comprehensive HIV care.

## State Option to Provide Health Homes for Medicaid Enrollees with Chronic Conditions

**Federal:** advocate for inclusion of HIV and AIDS in regulations defining what qualifies as a “chronic condition” in the Medicaid Health Home Program and ensure that states are provided with appropriate guidance as to how to set up these programs.

**State and Local:** encourage states to consider amending their state Medicaid plans to include this holistic coverage and thus become eligible for the 90% FMAP rates.

## Increased Funding for Community Health Centers

**Federal:** push HRSA to encourage Community Health Centers applying for New Access Point grants to include comprehensive health and support services for people living with HIV and AIDS.

**State and Local:** encourage health centers to apply for grants to expand services for people living with HIV and AIDS. Clinics that are not in compliance with federal rules regarding qualified health centers should consider bringing themselves into compliance to be eligible for federal grants.

## Funding for HIV/AIDS Prevention and Wellness Initiatives

**Federal:** advocate for HHS to target funds to support a broad range of HIV prevention and public health services needs, including grants for community-based organizations, funding for studies and initiatives addressing stigma, and funding to shore up state HIV/AIDS budgets.

**State and Local:** ensure that health centers and local and state health officials are aware of federal funding opportunities.

## Primary Care Workforce Training and Expansion

**Federal:** push HHS to secure funding for training and retention of HIV/AIDS specialists as well as primary care physicians; work with HRSA to use the AIDS Education and Training Centers funded under Part F of Ryan White Programs as a model for broader health workforce training, especially around treatment for chronic conditions.

**State and Local:** work with states and localities to encourage health professional workforce development, such as by developing and collaborating with community health worker networks, and ensure that state and local health officials, health centers, and community-based organizations are aware of new federal funding opportunities.

### **Temporary High Risk Pools**

**Federal:** push HRSA to explicitly allow Ryan White Program funds to be used to wrap-around risk pool coverage to address unmet care and service needs and to allow use of Ryan White funds to cover the premiums, copayments and deductibles of high risk pool insurance.

**State and Local:** push states that have opted to run their own plan to streamline the application process, such as by allowing HIV infection as an automatic eligibility criterion, and to use Ryan White funds for both wrap-around coverage and to meet beneficiary payment obligations.

### **Integration of Ryan White Programs into Health Care Reform Initiatives**

**Federal:** work with HRSA and other federal agencies to advance the comprehensive and holistic models of care that have become the hallmark of Ryan White programs as health care reform is implemented, integrating Ryan White grantees and providers into both the Medicaid expansion and state exchanges; and develop recommendations for which care and service delivery systems funded by the Ryan White Program are replicable beyond HIV/AIDS services and should be used as a model for health care reform provisions (i.e., the “medical home” model).

**State and Local:** encourage Ryan White providers to integrate into Medicaid and state insurance exchange provider networks by developing the infrastructure necessary to contract with state Medicaid offices and state insurance exchanges. Educate and collaborate with Ryan White grantees to ensure seamless transition to insurance expansions going into effect over the next five years.

### **Section 1115 Medicaid Waivers**

**Federal:** encourage CMS to work with states to successfully develop Section 1115 Waivers for people living with HIV specifically by asking that CMS create a new waiver initiative under Section 1115 to help states provide temporary Medicaid coverage through 2014 similar to the initiative that was created in response to Hurricane Katrina; expedite the application and review process; send a letter to state officials alerting states to the option of applying for a section 1115 waiver; promote the waiver option on its website; organize a conference call (or series of calls) that will include state Medicaid Directors and AIDS Directors to discuss the waiver option and address questions; appoint a designated CMS representative to provide technical assistance to states; and design a waiver template that includes what information states will need to provide to reach budget neutrality.

**State and Local:** encourage states to consider applying for a Section 1115 waiver.