

## Health Care Reform Checklist for AIDS Service Organizations

### Organization Operations

- Explore ways to receive designation as a 330 health facility, Federally Qualified Health Center (FQHC), or FQHC “look-alike.” HRSA offers health center planning grants.
- Alternatively, explore ways to formally contract with FQHCs/ 330s and other medical institutions on wrap-around and support services (linked to the Essential Benefits Package definition). The medical home model requires more community follow-up than is currently done by many medical providers.

#### Some Resources

\*HRSA Health Centers Program

[<http://bphc.hrsa.gov/>]

\*HRSA HIV/AIDS Bureau Webcast: “FQHC Requirements”

[<http://www.careacttarget.org/library/media/habconferences/FQHCDecember10.htm>]

\*HRSA Health Center Planning Grants

[<http://www.hrsa.gov/grants/apply/assistance/planning/>]

- Explore existing funding streams and how they will be changing in the context of implementation of the Affordable Care Act (ACA) or other government strategic directions. Conduct a strategic planning session or SWOT (Strength, Weaknesses, Opportunities and Threats) analysis with your board of directors.
- Review what the HIV continuum of care would look like in your community without major funding from the Ryan White Program as the primary payer for health care services (e.g., if 90% or more of your clients either transitioned to Medicaid managed care or had private health insurance through an insurance exchange).
- Review what the HIV service gaps will be with Medicaid reform/changes proposed by your state health department. Will the state maintain eligibility for services currently provided or will it cut services through cost containment measures? Will states restrict the essential benefits package in advance of the federally established package of benefits?

- Review possible overlap in your care services with prevention programs to identify economies of scale and administration through better alignment or merger of existing programs and systems.
- Educate consumers about how HIV/AIDS care programs are currently funded in the community and set up a mechanism to keep them informed of the changes over the next three years.

### **Funding Opportunities**

- Apply for a HRSA Health Center Planning Grant if applicable.
- Sign up with [www.grants.gov](http://www.grants.gov) to get daily notifications of federal funding opportunities tailored to your preferences.
- Seek out federal workforce development grants to strengthen existing staff and bring in new staff.
- Seek out new CDC prevention grants.

### **Federal Implementation**

- Track Affordable Care Act implementation of Medical Homes (2011) and Medicaid Expansion (2014)
  - Defining of criteria (e.g., chronic conditions definition)
  - Services included in the “Essential Benefits Package”
- Monitor timeline for the rollout of the Affordable Care Act (<http://www.healthcare.gov/law/timeline> or <http://healthreform.kff.org/timeline.aspx>).
- Monitor comparative effectiveness efforts at federal agencies, nonprofit/advisory groups, such as the Institute of Medicine, and new organizations, such as the Patient-Centered Outcomes Research Institute.

### **State-level Implementation**

- Follow state developments and connect with the designated person/office responsible for health care reform implementation in your state.
- Understand the system/process in your state by which ADAP will be covering True Out-of-Pocket (TrOOP) Expenses incurred through the Medicare D donut hole and begin to educate your staff and clients as appropriate.

- Explore the option of state Medicaid waivers to bill for Medical Case Management or other Ryan White services if they do not already exist. (Monitor developments in Primary Care Case Management pilots); get involved in state committees to redesign the care model and financing of care to reflect the needs of people living with HIV.
- Reach out to the designated person/office responsible for implementation of the Affordable Care Act in your state, or any state-wide planning groups concerned with the needs of low-income adults. Work with them to amend the state's Medicaid provisions to provide access to Medicaid insurance for adults at 133% of the federal poverty rate sooner than the ACA requires in 2014. The benefit to the state will be greater if implemented sooner than 2014.

### **Federal Advocacy**

- Advocate for Ryan White Program “bridge” from 2013 to full implementation of health care reform in 2014.
- Educate your legislators on HIV/AIDS and how the Ryan White Program currently works in your community.
- Educate your legislators on how Ryan White Program works with other funding streams to create the HIV continuum in your community (some gaps may be closed by ACA but new gaps may appear and you need to be the resource they go to for finding out how people living with HIV/AIDS clients are impacted).
- Advocate maintaining and increasing current Ryan White Program funding to ensure continuity of care for all uninsured and under-insured people living with HIV/AIDS.
- Advocate for continued enhancements and refinements to ACA as it is implemented in the field to improve health care access for people living with HIV.