AIDS Foundation of Chicago Comments to HFS MAC Access Subcommittee on Medicaid Essential Health Benefits Benchmark Plan

November 14, 2012

1. Type of Service(s) Your Organization Provides

Health Care: Through our advocacy, AFC works to ensure comprehensive health care—medical, dental, mental health, and substance use treatment— We ensure the 34,375 people living with HIV in Illinois receive services and the 6,051 people who are undiagnosed received targeted testing programs to link them to treatment and supportive services.
Housing: With our partners, AFC has built a system of affordable housing that addresses the prevention and care needs of people with HIV/AIDS and other chronic illnesses. We collaborate with housing agencies, hospitals, prisons, emergency shelters, and interim housing programs to provide rental subsidies with case management and other essential services to more than 1,500 HIV-positive individuals and their families.
Case Management: AFC coordinates the region's HIV/AIDS case management system, a national model that serves HIV-positive people who struggle with homelessness, mental illness, addiction, poverty and other health concerns. 5,000 clients are served by 155 case managers working at 40 agencies across the state.
Linking to Medical Care: Improving health care access for people living with HIV/AIDS is at the core AFC's mission. Our intake and referral staff link hundreds of people each year to vital services and make referrals to case managers, while our connect-to-care initiatives enlist peer health navigators to guide hard-to-reach individuals back into care.

2. Geographic Area Served by Your Organization

AFC provides services in the Chicago metropolitan area. We lead statewide HIV/AIDS advocacy and policy activities.

3. Number of Illinois Residents Your Organization Serves Annually

While AFC does not directly provide services, our partners statewide provide care and services to the approximately 40,700 individuals living with HIV/AIDS in Illinois.

4. Approximate Number of New-Eligibles (uninsured adults age 19-64 with income ≤133% FPL) Your Organization Serves Annually

Approximately 18,000 – 22,000.

5. Needs of Expansion Population
Please consider the uninsured people your organization serves. What Medicaid services do they need to improve their health and quality of life? We know there will be some people who have more complex needs and some people who will have very routine medical needs. Is there some way you can quantify the sub-groups within this uninsured population? E.g., what percent have substance abuse or mental health issues? What percent have chronic health care but not behavioral problems? Etc.

All of the uninsured clients that our partner organizations serve have chronic health care needs. In addition to HIV, many have co-occurring illnesses. They will need all the regular Medicaid services, including primary care, laboratory, and pharmaceutical benefits. Specialty care is another particular concern, including not only infectious disease specialists (who may or may not have HIV expertise), but also neurologists, endocrinologists, and psychiatrists. In our experience, and consistent with the experience of Massachusetts during their Medicaid expansion, many of them will also need intensive case management and other support services if they are going to be able to stay with, and benefit from, a demanding antiviral drug regimen.

There is a high burden of underlying substance use and mental illness in HIV-infected populations. A significant number of the clients our partners serve need mental and/or substance use treatment services and many may not be diagnosed when they initially enter treatment but are later identified as needing treatment. Our client's mental health needs include some of the following: depression, anxiety, behavioral and developmental disorders.

Finally, case management will be needed to help the population of newly eligible people with HIV link to care and stay in care. In Illinois and nationwide, about half of people with HIV are not receiving regular HIV medical care, either because they were never successfully linked to care when diagnosed or because they dropped out of care. Because people who are not on HIV medications are more likely to transmit HIV, the number of new HIV cases remains stubbornly high in Illinois. Moreover, individuals with HIV who are not in medical care are more likely to develop a premature AIDS diagnosis, which will lead to medical care costs that are nearly two-thirds higher than someone with HIV who has received medications and not progressed to AIDS.

Nearly all people with HIV who are not in medical care will be eligible for Medicaid in 2014. Intensive efforts are needed to identify individuals who are out of care through outreach and peer-based services. For people with HIV who are in medical care, case management is needed to ensure they stay in care. We urge the state to provide targeted case management to newly eligible vulnerable populations who are likely to result in higher health care costs to the state if they are not engaged and retained in medical care, including people with HIV, substance abuse, mental health, and other chronic diseases.

6. Specific Services
Are there services that fall within the general rubric of LTSS that are particularly needed by the expansion population? These include both nursing homes and home and community based services (waiver services) (though not all Illinois waiver services will qualify, and the federal government will have final approval).

We note:

A. Almost all of the suggestions we have received so far have been for services that are available within the standard Medicaid "medical service package" (non-LTSS), e.g. care coordination, short-term rehab care, behavioral health services and a wide range of prescription drugs.

B. It will continue to be the case that most people who need LTSS will become eligible for Medicaid via coverage for seniors and persons with disabilities (SPD – formerly called AABD). The question is whether

there is a finite set of specific services that shouldn't require full disability as currently, but also would be generally useful to the expansion population.

The Home Services Program, administered by the Division of Rehabilitation Services within the Department of Human Services, provides home and community based services to individuals with disabilities, including 1,475 persons living with HIV/AIDS through the AIDS Waiver Program who would otherwise be served in a nursing home setting. AFC administers this program in the Chicago metropolitan area.

Most HIV-positive individuals in the expansion population will not need LTSS services. By the time they score 29 (on the DON score or 37 on the proposed new DON score), these individuals would probably also meet the Medicaid definition of disabled and be eligible for the regular Medicaid program.

We are not aware of a group of individuals who meet the definition for disabled but are currently ineligible for Medicaid because of the Medicaid asset limits. Occasionally our providers may encounter a client who has minimal assets, such as a whole life insurance policy that has a cash value that puts him or her over the asset limit or a household with a second car. In those very rare cases people can spend down to regular Medicaid.

There are a few individuals with severe mental health problems who have not been able to qualify for Medicaid because of the disability standard that substance abuse is not "material" to their disability. Provided that the new Medicaid provides good behavioral health and mental health services, it should be possible in most cases to connect these individuals with providers who would be able to make that determination and allow them to qualify for regular Medicaid.