

## Improving the Response to HIV/AIDS in Illinois

A new research report produced by the State Health Access Research Project (SHARP) uncovers both successes and challenges in promoting access to care for people living with HIV/AIDS in Illinois. The Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project reviewed Illinois health policy, met with stakeholders including Illinoisans living with HIV/AIDS, and invited comments from state officials. The full report is available online at [www.taepusa.org](http://www.taepusa.org).

### SUMMARY OF RECOMMENDATIONS:

**1. Medicaid Expansion** – While Illinois has made important progress expanding Medicaid, a lack of sufficient state investment in the program perpetuates many missed opportunities to achieve optimal Medicaid coverage for people with HIV/AIDS in Illinois. Without a greater state investment for Medicaid, Illinois fails to maximize matching federal funding to achieve a comprehensive health safety net. Medicaid reimbursement rates for health services in Illinois are dangerously low – on average, approximately one-third of the actual cost of providing care. Payment delays and loss of interest payments allowed by the current system place an additional strain on providers. The SHARP analysis found that HIV-related coverage could be vastly improved in Illinois by adopting the following reforms:

**Increase Medicaid reimbursement rates** – Low Medicaid reimbursement rates have greatly reduced Medicaid patients' access to qualified healthcare providers and specialists. Rate increases should focus on specific services, including HIV testing and counseling, primary care, dental care, and specialist care.

**Reduce Medicaid payment delays** – Legislative action by the General Assembly or administrative action by state agencies is necessary to reduce delays in the Medicaid payment process. Section 25 of the State Finance Act should be amended to prohibit rollover budgeting, greatly reducing providers' wait-times for Medicaid reimbursement of claims.

**Outsource the Medicaid reimbursement system** – Following the experience of other states, Illinois should explore outsourcing claims processing as a way to potentially save money and reduce payment delays.

**Streamline eligibility determinations** – Illinois should explore using Social Security Income (SSI) as the standard for determining Medicaid eligibility for disabled citizens, a switch requiring federal reclassification of "209(b) status."

**Eliminate Medicaid asset test** – Illinois should eliminate its asset test for Medicaid. Few people who meet the low-income threshold of 100% of federal poverty own more than \$4,000 in assets, yet the asset test takes significant amounts of time, costs additional money, and results in unnecessary delays.

**Secure federal approval for HIV-related Medicaid expansion** – Illinois should apply for a federal 1115 waiver that would provide Medicaid access to low-income residents living with HIV/AIDS upon diagnosis. Early access to care is proven to be highly cost-effective and reduces avoidable, high-cost medical expenses and AIDS mortality. Federal health reform could make the application process significantly easier on states seeking to expand Medicaid for nondisabled and low-income people with HIV.

**2. Case Management System** – While Illinois has made great strides in developing and adapting its unique and highly coordinated HIV/AIDS case management system, there are still opportunities for improvement.

**Seek Medicaid reimbursement for case management services** – The primary challenge facing the Illinois case management system is its dependence on discretionary federal Ryan White Program funding. This is not sustainable, and Medicaid must provide increased coverage for case management services.

**Develop “self-support” case management system** – Implementation of a “self-support” level of case management service will allow clients who have achieved low levels of service need to maintain a minimal amount of supervision and care while allowing limited resources to be allocated to new clients who are in greater need, but not currently receiving case management services.

**3. State Pharmaceutical Assistance Program (Illinois Cares Rx)** – The Illinois Cares Rx HIV Benefit has helped hundreds of people transition from the AIDS Drug Assistance Program (ADAP) to Medicare Part D. Yet, improvements to the program will produce even greater results.

**Align Illinois Cares Rx and ADAP income eligibility levels** – To more effectively use limited ADAP resources, the State of Illinois should raise the Illinois Cares Rx program income eligibility level to 500% of federal poverty, the same eligibility level as set for ADAP.

**Streamline the Illinois Cares Rx application process** – Simplifying and coordinating the application process, as well as allowing for longer than one-year certification periods would greatly improve the effectiveness of this program.

**4. HIV Testing Expansion** – Both the state legislature and Illinois Department of Public Health (IDPH) have taken steps to increase voluntary routine screening. Opportunities exist to further support this goal.

**Fund routine voluntary HIV testing expansion** – While the new HIV testing legislation was widely praised when enacted, to date the General Assembly has failed to appropriate significant funding to support implementation of a statewide HIV testing initiative in keeping with the stated goal of the new law.

**Replicate existing HIV testing models for broad-based HIV testing implementation** – Given the fiscal constraints brought on by the current economic downturn, it makes sense for IDPH to look to the highly successful Chicago rapid testing and perinatal rapid testing initiatives in creating an effective, efficient implementation plan for the new testing law.

**Expand Chicago rapid test initiative** – IDPH should expand the Chicago rapid test initiative into (a) the inpatient areas of the current hospitals in which they work; (b) additional emergency departments and STD clinics; and (c) hospitals and clinics in areas of the state outside of the Chicago metropolitan area where high numbers of individuals with undiagnosed HIV are likely to receive healthcare.

**5. Supportive Housing** – The Chicago Housing for Health Partnership (CHHP) is an innovative program that addresses the health needs of the homeless by providing housing and intensive case management.

CHHP has demonstrated that a “housing first” approach with intensive supportive services is a cost-effective (and in some cases, cost-saving) way to improve the health and quality of life of homeless individuals living with HIV/AIDS. The proven effective model should be expanded statewide.

**About SHARP** – A national project of the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project, the State Healthcare Access Research Project (SHARP) develops state-level research reports by conducting a series of focus groups and one-on-one interviews with people living with HIV/AIDS, community-based AIDS services providers, healthcare providers, state and federal government officials, academics, and other researchers and advocates. The insights gained from these meetings are supplemented with independent research. SHARP is designed to examine states’ capacity to meet the healthcare needs of people living with HIV/AIDS and has two main goals: (1) remove existing barriers to effective care and treatment, and (2) build state-based advocacy capacity to address the care and treatment needs of people living with HIV/AIDS. The project is conducted with support and collaboration from Bristol-Myers Squibb. For more information, visit **SHARP online at [www.taepusa.org](http://www.taepusa.org)**.

**On behalf of the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project.  
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