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March 10, 2014

By email: hfs.bpra@illinois.gov

Theresa Eagleson, Administrator
Division of Medical Programs
Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62794

re: 1115 Waiver comments

Dear Ms. Eagleson:

Thank you for the opportunity to submit comments on the state's proposed Medicaid 1115 waiver. We appreciate the state's extensive public input process, and urge the state to continue to allow opportunities for input throughout the negotiation process with the federal government.

The mission of the AIDS Foundation of Chicago (AFC) is to lead the fight against HIV/AIDS and improve the lives of people affected by the epidemic. Founded in 1985 by community activists and physicians, the AIDS Foundation of Chicago is a local and national leader in the fight against HIV/AIDS. We collaborate with community organizations to develop and improve HIV/AIDS services; fund and coordinate prevention, care, and advocacy projects; and champion effective, compassionate HIV/AIDS policy.

HIV Health Home: We thank Governor Quinn and state officials who worked on the waiver for including an HIV Health Home in the 1115 waiver application.

While HIV can be managed as a chronic disease if diagnosed early, HIV is unique in that it remains a communicable disease. Scaling services in response to the state's HIV/AIDS epidemic must be viewed as a public health imperative with significant benefits for taxpayers. Every person with HIV who is successfully treated has a dramatically lower risk of transmitting HIV in the community; in fact, new evidence released by the National Institute of Health (NIH) demonstrates that consistent adherence to HIV medications reduces the chance that HIV will be transmitted by 96%.

AFC estimates that by 2017, Illinois Medicaid will cover 24,000 people with HIV, or nearly two-thirds of people with HIV in the state, making it the largest single payer source for HIV

care services. If Illinois is to reduce new HIV cases and improve health outcomes for people with HIV, Medicaid must be at the center of the state's strategy for fighting HIV and must take a leadership role. We believe Illinois has an opportunity to make the state a model for Medicaid leadership in HIV care.

The Affordable Care Act (ACA) Section 2703 health home state plan option proposed under Pathway 4 (p. 33) is an ideal opportunity for the state to receive enhanced matching funds for care coordination for people with HIV. Four states – New York, Oregon, Florida, Washington and Wisconsin – are implementing health homes for people with HIV. The health home state plan option provides an opportunity to provide enhanced funding to experienced HIV providers – many currently funded by the Ryan White HIV/AIDS Program – to improve care coordination, including linkage with social service providers that offer care completion services.

AFC also strongly supports the HIV Patient Centered Medical Home proposed by the University of Illinois. The HIV PCMH would build on the UIC HIV clinic's decades of experience providing care to highly vulnerable people with HIV and provide additional resources to further improve outcomes for the patient population.

As the federal government reviews the waiver, we urge CMS to include the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) in the process. The Ryan White Program has highly complex payer of last resort requirements. If not implemented carefully, the health home could disrupt existing patient-provider relationships, destabilizing the care of people with HIV, because of these payer of last resort requirements.

Home and community-based waiver consolidation: AFC has coordinated the AIDS home and community-based care waiver since the late 1980s. Through a network of community-based case managers employed by 21 agencies, the AIDS waiver has coordinated and provided culturally-competent, HIV-specific case management that helps people with HIV successfully remain in the community instead of being institutionalized.

As waiver services have transitioned to MCOs in the suburbs, we have already experienced that some HMO case managers lack knowledge about HIV and community-based, HIV-specific resources. AFC is concerned that waiver consolidation would worsen this trend. Waiver consolidation should improve services for every waiver population, not just give the state more flexibility.

As waiver consolidation proceeds, we urge the state to preserve disease-specific training practices. AFC, for example, has implemented a five-day training program that ensures case managers are highly knowledgeable. Such practices should be continued after waiver consolidation. We also urge the state to maintain condition-specific case managers to ensure they are best able to help clients thrive. A case manager should not have to be

expert in traumatic brain injury, HIV, and senior services, but should focus on better medical and home-assistance management for similar clients experiencing similar needs related to their disabling conditions.

Supportive Housing: AFC strongly agrees that supportive housing is essential to improving health outcomes for people with chronic diseases, including HIV, and particularly if they are also diagnosed with behavioral health needs. We strongly support the state's efforts to increase the availability of supportive housing services.

However, we urge the state to go beyond encouraging MCOs/MCCNs to employ "flexible services" (p. 41) to fund housing. Although we support this effort, there are tens of thousands of current supportive housing residents who are enrolled in Medicaid or will soon enroll.

Illinois should seek Medicaid funding for services provided to supportive housing residents that are currently not matchable, but could be if Illinois selected the appropriate Medicaid options. Current supportive housing providers should be able to bill Medicaid or the Department of Human Services for supportive services without a managed care organization as an intermediary. Organizations that receive federal housing funding would be able to reallocate to rent dollars that are now spent on supportive services, allowing more people to be housed. For example, case management provided to supportive housing residents could be funded through Medicaid if Medicaid adopted the 1905 (a) targeted case management (TCM) state option, 1905 (a)(13) rehab option, 1915 (i) home and community based care option, 1915 (k) Community First Choice option, or health home state plan option. Many services, such as needs assessment, services planning development, referral and linkage, crisis intervention, could be paid for by Medicaid under these and other state plan options. A 2011 report, "Implementation of the Affordable Care Act and Medicaid Reform in Illinois to Incorporate Permanent Supportive Housing," specifically outlines these options.¹

Community Health Workers: AFC strongly supports the state's proposed efforts to professionalize community health workers and make community-based health activities reimbursable. Community health workers play an important role in connecting highly marginalized or vulnerable people with HIV to medical care and supportive social services, and

CONCLUSION

We strongly support the state's proposed 1115 waiver. We believe the waiver offers an opportunity to strengthen HIV care outcomes while reducing costs, helping to meet the

¹ Downloaded 1/21/14 from http://www.csh.org/wp-content/uploads/2011/12/Report_CrosswalkMedicaidIL.pdf

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Triple Aim. HIV remains a chronic yet communicable disease. While we have the technology and knowledge to prevent new HIV cases and improve health outcomes for people with HIV, it will require the political will to realize these goals. We look forward to working with the state and federal governments to develop programs through the waiver process that will optimize care for people with HIV.

You can reach me at 312-922-2322 or jpeller@aidschicago.org.

Sincerely,

A handwritten signature in black ink that reads "John Peller". The signature is fluid and cursive, with the first name "John" and last name "Peller" clearly legible.

John Peller

Vice President of Policy