

# BRAIDED FUNDING EXTENDS THE REACH OF HIV SERVICES: A ROADMAP

**Establishing and sustaining best practices for HIV services** over time requires braiding together a diverse set of funding mechanisms, including Medicaid, Ryan White HIV/AIDS Program (RWHAP) grants, Ending the HIV Epidemic in the U.S. (EHE) funding, private insurance, local or state funds and foundation support. Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) support the use of braided funding to reduce barriers and extend the reach of HIV services.

## MAXIMIZE STATE MEDICAID POTENTIAL

- › **States that fully expanded Medicaid have used coverage to cover access for comprehensive services for people with HIV**
  - › **Fully expanded Medicaid under the Affordable Care Act (ACA)**, as in New York State, with eligibility for singles or families up to 138% of the Federal Poverty Level (FPL). There is no gap in coverage between Medicaid eligibility and Federal Exchange coverage. RWHAP resources are freed to support other needs.
- › **Look for focused enhancements in Medicaid to address the needs of people impacted by HIV**
  - › State Medicaid drug formularies can specify that antiretroviral drugs (ARVs) must be covered.
    - › **Missouri and Kentucky** are examples of EHE states that exempt ARVs from prescription limits easing access to critical medication.
  - › Develop HIV-specific quality metrics for managed care
    - › **New York State developed HIV-specific quality metrics for managed care.** These include behavioral health, ARVs/HIV medications, HIV testing, labs, HIV care coordination/navigation, PrEP, primary care, dental care, and specialty care.
  - › Cover PrEP and ancillary services without prior authorization to prevent HIV transmission
    - › **Massachusetts and New York** have implemented these changes and have some of the highest prescription levels of PrEP.
  - › Tailor health plans to cover the needs of people affected by HIV
    - › **New York State created Medicaid HIV Special Needs Managed Care Plans (SNPs)** to provide comprehensive health coverage and coordinated care. SNPs Amida Care, SelectHealth VNSNY, and MetroPlus are specifically designed with tailored drug formularies, specialized pharmacists on staff as part of integrated care management models for people affected by HIV.

## TAP INTO HEALTH EXCHANGES

- › **State-run or the Federal Exchange can reduce gaps in healthcare coverage for low-income people with HIV.**
  - › Subsidies to purchase commercial insurance available for anyone making up to 100% of FPL.

## EHE FUNDING

Braid various funding streams with EHE funding to support interventions that allow States' jurisdictions to serve more people with HIV who are not Medicaid or RWHAP eligible.

### › Low Barrier Health Models

- › In Baton Rouge, Louisiana, EHE funds are being used to implement Low Barrier Health Models with subrecipients to eliminate current barriers to client care and ultimately increase access to HIV services. The jurisdiction decided on this approach after meeting with different focus groups of clients and service providers to identify gaps in services and improve overall client experience. After implementing Low Barrier Health Models, the goal of the jurisdiction is to work with Emergency Departments (EDs) to implement Rapid ART and work closely with service providers to rapidly link clients testing positive at EDs to outpatient HIV care.

### › Transportation

- › In Fort Lauderdale, Florida, EHE funds are used to provide transportation via Uber/Lyft to clients who are not Medicaid eligible or Medicaid eligible, but with no coverage for medical transportation, or if they have depleted their RWHAP and other transportation funding.
- › In Arkansas, Community-Based Organizations will serve as a resource for people with HIV to be connected to medical transportation and other essential resources to support linkage and retention in care.

### › Rapid ART

- › Ft. Worth, Texas is building upon an existing opt-out testing program to work with the public hospital system to implement rapid ART. EHE funds will pay for initial ART prescriptions for uninsured newly diagnosed patients, an HIV Navigator in the Emergency Department (ED), and costs associated with updating the Electronic Health Record (EHR) used in the ED.
- › Clark County (Las Vegas), Nevada, is using EHE funds to initiate Rapid sART for newly diagnosed people with HIV that come into the system of care so they can quickly get initiated on ART. They are working across their jurisdiction to coordinate eligibility and client flow through the system of care so that clients eligible for RWHAP services or Medicaid can move from EHE to other payors with more robust HIV care and support services once eligibility is determined.

### › Linkage Navigators/Coordinators

- › The Kentucky Department for Public Health (KDPH) is expanding routine opt-out HIV testing in Federally Qualified Health Centers (FQHCs) throughout the state and currently building partnerships across its network of providers, with the assistance of the Kentucky Primary Care Association, to execute EHE contracts that will support building capacity at these sites. KDPH reports there are currently 12 Linkage to Care staff located throughout the state, assisting with linking HIV clients to care. These staff members are connected to FQHCs within their assigned districts and are connected with each patient's newly diagnosed intake or re-engagement interview to make sure HIV care is initiated.
- › Los Angeles County has developed a jurisdiction wide strategy to implement their Rapid and Ready (Rapid ART) program for their Ryan White Ambulatory Outpatient Medical (RW AOM) clinic network. Rapid Navigation Specialists are key to supporting linking clients from testing sites to medical care within seven days. The jurisdiction has set a standard for RW AOM clinics to schedule rapid appointments for a newly diagnosed client within two days of the time they receive the referral.

## USE RWHAP AND OTHER SOCIAL DETERMINANTS OF HEALTH (SDH) SUPPORT

### › Maximizing the use of Medicaid funds frees up RWHAP dollars to be used to sustain people in care, rather than just paying for medications.

- › New York City's HIV Planning Council utilizes Ryan White dollars to support additional wraparound coverage such as housing support, legal services, food and nutrition support, medical transportation, and dental coverage where benefits are weak.

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Ending  
The  
HIV  
Epidemic



Technical Assistance Provider  
innovation network

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## Maximize State Medicaid Potential

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- Look for focused enhancements in Medicaid to address the needs of people affected by HIV
  - State Medicaid drug formularies
  - HIV-specific quality metrics for managed care
  - Cover PrEP and ancillary services without prior authorization to prevent HIV transmission
  - Tailor health plans to cover the needs of people with HIV

## Tap Into Health Exchanges

- State-run or the Federal Exchange can reduce gaps in healthcare coverage for low-income people with HIV.

## Use Ryan White HIV/AIDS Program (RWHAP) and Other Social Determinants of Health Support

- Maximizing the use of Medicaid funds frees RWHAP dollars to be used to sustain people in care, rather than just paying for medications.

## EHE Funding

Braid various funding streams with EHE funding to support interventions that allow States' jurisdictions to serve more people with HIV who are not Medicaid or RWHAP eligible.

- Low Barrier Health Models
- Transportation
- Rapid ART
- Linkage Navigators/ Coordinators

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