CUYAHOGA COUNTY

BOARD OF HEALTH

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5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

Core Service Waiver Recommendations

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Core Services Waiver Qualification Requirements

1. No ADAP waiting list and none anticipated

2. Core Medical Services are available to all eligible individuals within thirty (30) days.

Three Submission Options

1. Before submitting the annual grant application;

2. With the annual grant application;

3. Up to four months after the beginning of the grant year- end of June

No ADAP Waiting List

Ohio Department of Health Letter

Signed by the Director of Ryan White Program Part B grantee stating there are no current or anticipated ADAP services waiting lists in Ohio.

Core Services Requirement

Evidence that all Core Medical Services are available within 30 days.

Must include both:

- Care and treatment service inventories
- HIV/AIDS client service utilization data

Core Services Requirement- Cont.

- **HIV/AIDS client service utilization data**
  - Medicaid
  - Surveillance data
  - Other sources that provide information on people getting services

Required Letters

Letters from HIV/AIDS entitlement and benefits programs, such as:

- Ohio Medicaid
- Private insurers
- State or locally-funded HIV health care programs
- Foundations providing HIV drug assistance or other health care services to low income people
- Other source of health care or drug assistance available in the Cleveland TGA

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Public Input Process

Evidence of a public input process:

Public input processes can be the same as for regular planning;

At a minimum, documentation must include letters from:

- Cleveland TGA Planning Council Chairs, and
- Ohio's HIV/AIDS Director

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Application Narrative

Narrative Explaining:

- The underling local issues
- How the documentation submitted supports the assertion that Core Medical Services are available
- How the waiver will contribute to the grantee's ability to address service needs for HIV/AIDS non-core services, including, outreach, linkage and retention for individuals currently in care.

Application Narrative- Cont.

Description of how the waiver is consistent with:

- Proposed percentage allocations
- Cleveland TGA comprehensive plan
- Ohio statewide coordinated statement of need
- Grant application
- Must provide a proposed allocation table

Importance of Dual Case

- Make the case that non-third party reimbursable, care completion services are critical for engagement and retention in care and the achievement of positive health outcomes

- This is vital to making the dual case that a waiver is needed, but that the resources shifted to support services serve a critical and needed function

FY2015 Part A Core Waivers

- Denver, Colorado
- Baltimore, Maryland
- Boston, Massachusetts
- Las Vegas, Nevada
- New York, New York
- Portland, Oregon
- Seattle, Washington

FY2015 Part A Core Waivers

California Eligible Metropolitan Areas:

- Los Angeles
- Orange County
- San Diego
- San Bernardino
- San Francisco

Common Characteristics

- No Medicaid waiting list
- Availability of third-party data sets
- Early adopter of some form of insurance reform
- Committee-level responsibility for the determination of the appropriateness and timing of a waiver application followed by a recommendation to the full planning body.

Recommendation 1

Process and Structure

Retain current model, which has been successful in approved-waiver regions:

1. Committee-level responsibility for appropriateness and timing
2. Committee recommendation to Planning Council

Recommendation – Cont.

Process and Structure

Committee assignment – Varies by region

Common process/structures:

Dedicated committee focused on PSRA, data analysis, allocations recommendations

Enables ongoing focus and efficient process

PSRA- Multiple funding scenarios

Recommendation 1 – Cont.

Process and Structure

Examples include:

- Services, Planning and Evaluation Committee (SPEC)
- Ad-Hoc Strategic Planning and Assessment Committee (SPA)
- PSRA Committee

Recommendation 2

Conduct a Focused Needs Assessment

- Topic- *The Cleveland TGA Post-ACA and Medicaid Expansion: Progress and Gaps*

- Timeline- December 2015- February 2016

Recommendation 2- Cont.

Research and document the following in the Needs Assessment:

- Experiences of PLWHA, successes and challenges accessing insurance and core services
- Changes in the availability of core services and gaps- anticipated versus actual
- Updated care and treatment service inventories

Related Documentation Effort

Ohio Medicaid Data

- The grantee submitted a request for aggregate data to Ohio Department of Medicaid.
- It was reviewed by an internal data committee.
- Recommendation- Submit a request to the ODH Privacy Board
- Next Step- Submission November 2015

Recommendation 3

Collaboration and Coordination

1. Ongoing Efforts

- Monitoring local changes and trends
- Medicaid enrollment updates
- Analysis of Part A quarterly expenditure report- core medical service category spending
- Part B updates
- Reviewing insurance enrollment

Recommendation 3- Cont.

Collaboration and Coordination

2. Expansion Efforts

- Integrate ongoing, regular presentations throughout the year
- Limited focus- One service category or state/regional funder of a core service category. Examples:
  - Medicaid
  - HOPWA
  - SAMHSA/State Substance Abuse Services
- Strengthen collaboration- Data and Letter

Looking Ahead
2015-2016

Grantee and Planning Council continue planned coordinated efforts to ensure we are ready to submit a successful core services waiver application when appropriate.

Possible 2016- Medicaid waiting list ends
Medicaid collaboration
Planning process

Ryan White Part A Cleveland TGA

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