

*Post-ACA and Medicaid Expansion: Progress and Gaps*

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Ryan White HIv/Aids part a Program – Cleveland tga:   
focused needs assessment

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Contents

[Key Findings 1](#_Toc443638672)

[Introduction 2](#_Toc443638673)

[Scope of Services 7](#_Toc443638674)

[Medical Case Management (MCM) 11](#_Toc443638675)

[Outpatient Ambulatory Medical Care (OAMC) 13](#_Toc443638676)

[Oral Health Services 15](#_Toc443638677)

[Early Intervention Services (EIS) 17](#_Toc443638678)

[Mental Health Services 18](#_Toc443638679)

[Home and Community-Based Health Services 19](#_Toc443638680)

[Medical Nutrition Therapy (MNT) 21](#_Toc443638681)

[Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) 22](#_Toc443638682)

[Substance Abuse Treatment – Outpatient 23](#_Toc443638683)

[Home Health Care 24](#_Toc443638684)

[Local Pharmaceutical Assistance Program (LPAP) 25](#_Toc443638685)

[Hospice Care 26](#_Toc443638686)

[AIDS Drug Assistance Program (ADAP) 27](#_Toc443638687)

[Impact of Health Policy Changes 4](#_Toc443638688)

[Gaps 29](#_Toc443638689)

[References 30](#_Toc443638690)

[Appendix A: Core Services Funded Providers - FY2016 34](#_Toc443638691)

[Appendix B: Core Services Provider Inventory 38](#_Toc443638692)

[Appendix C: Structured Interview Protocol 58](#_Toc443638693)

[Contact Information 60](#_Toc443638694)

[Acknowledgements 61](#_Toc443638695)

# Key Findings

* As more uninsured PLWHA gain coverage under Medicaid or through the Marketplace, it may become increasingly difficult for the RWHAP – Part A, Cleveland TGA Planning Council to use the required 75 percent of funds on core services. HRSA has offered guidance on applying for a waiver of this requirement. As things continue to change, this is something that the Planning Council and the grantee continue to monitor.
* As PLWHA increasingly gain health insurance coverage in the Medicaid program and the FFM, RWHAP – Part A’s Cleveland TGA will need to find ways to provide access to services that insurance does not cover, but that enhance linkage to care, engagement, and retention.
* Churning – Ryan White remains a valuable part of the health care safety net as a payer of last resort.
* PLWHA have expressed the need for housing assistance, transportation services, and other support services in recent regional forums hosted by the Ohio AIDS Coalition. Providers echoed this in the structured interviews. Savings from the decrease in utilization of core services could be used for these kinds of supports.
* There is evidence that all core medical services, regardless of whether such services are funded by the Ryan White HIV/AIDS Program, are available and accessible within 30 days for all identified and eligible individuals with HIV/AIDS in the service area.
* The number of providers and entry points to core services for PLWHA is much larger than prior to the implementation of ACA.
* OAMC includes nursing care coordination and historically, providers were not reimbursed for this. Now that money is freed up, they can bill for this. The expenditures have not decreased in OAMC.

# Introduction

The Ryan White HIV/AIDS Program is the single largest federal program designed specifically for people with HIV in the United States. It is estimated to reach more than half a million People Living with HIV/AIDS (PLWHA) each year, and since first enacted in 1990, it has played crucial role in providing care and support services. Ryan White functions as the “payer of last resort” by filling the gaps for those who have no other source of coverage or face coverage limits (KFF, 2013). The program serves two out of every three PLWHA who are in care, and PLWHA who are Ryan White clients have higher rates of viral suppression overall (HIVMA, 2016a).

In Ohio, 9,310 PLWHA clients were served by Ryan White HIV/AIDS Program (RWHAP) providers during 2012. Of those, 3,065 were covered by some form of Medicaid, and 4,343 were uninsured. Significantly, only 3.8% of these clients had household incomes above 300% of Federal Poverty Level (HAB, 2016c).

Part A of the Ryan White program provides grants to areas that have a population disproportionately affected by HIV/AIDS: Eligible Metropolitan Areas and Transitional Grant Areas (EMAs/TGAs). The Ryan White HIV/AIDS Part A Program (RWHAP - Part A) Cleveland Transitional Grant Area contains six counties in Northeast Ohio: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina. The most current TGA-wide data on HIV/AIDS prevalence are available from the Ohio Department of Health (ODH) through June 30, 2015. According to these records, 5,086 people were living with HIV/AIDS in the TGA, a rate of 235.2 PLWHA for every 100,000 people (ODH, 2015).

## Approach

There are important changes occurring in the U.S. that are improving access to health care for thousands of people living with HIV/AIDS (PLWHA). The Affordable Care Act (ACA) and associated Medicaid eligibility expansion have brought major changes to the health care system, and with it changes to care and coverage for PLWHA.New forms of health insurance available to PLWHA - many of whom were not able to get coverage previously - provide an opportunity for the Ryan White program to fill gaps, address shortages in coverage, and assess the needs that remain after implementation of health reform.

In 2015, there were an estimated 21,612 PLWHA in Ohio. It is estimated that 90% of them have some form of healthcare insurance – through private insurance, Medicaid, and/or Medicare (OAC, 2016).

In January 2016, the Cuyahoga County Board of Health (CCBH) contracted with Silver Creek Strategies to conduct an assessment of the impact of two years of implementation of the ACA and Ohio’s decision to expand Medicaid on Core Services in the Ryan White HIV/AIDS Program - Part A.

To conduct the analysis, Silver Creek Strategies and CCBH staff:

* collected information about program services, populations served, and resources used to support the programs;
* interviewed program staff and other key stakeholders about the programs, the populations served, and their understanding of the impact of the ACA on the programs;
* compared the services covered by Part A with the services covered by the Medicaid alternative benefit plan (ABP) and the Ohio benchmark plan; and
* analyzed the likelihood that populations served by Part A core service providers would acquire insurance under the ACA provisions.
* investigated sources of funding for each of the core services
* examined the gaps in service, accessibility, and availability that remain.

The Affordable Care Act requires state health insurance exchanges to offer four types of healthcare plans: bronze, silver, gold, and platinum. Bronze is the least comprehensive plan in terms of cost-sharing from the insurance company covered while the platinum plan is the most extensive.

The second-lowest priced silver plan available within a state health insurance exchange in a geographical region is called the benchmark plan.

# Impact of Health Policy Changes

The Ryan White Program reached an important milestone with the implementation of national health care reform under the Patient Protection and Affordable Care Act (ACA) in 2014. There are several aspects of the ACA that are particularly important for people with HIV infection, including consumer protections and private insurance reforms, expansion of Medicaid, health care marketplaces, essential health benefits, Medicare changes, prevention enhancements, and overall health system improvements (Kates, 2013).

The ACA requires all health plans offered through the Marketplace to include 10 essential health benefits (EHB). However, the state benchmark plan determines the extent of the benefits for each state. In Ohio, the 2017 state benchmark plan is Community Insurance Company (Anthem Blue Cross Blue Shield) – Blue Access (PPO) – Standard Option D55. It includes supplemental pediatric dental and vision coverage. Ohio also created an Alternative Benefit Plan (ABP) for the Medicaid expansion population which is more comprehensive than the Medicaid state plan adult benefit package – eliminating caps on mental health and substance abuse services (Bigby, et al., 2014).

A number of the reforms in the ACA increase the likelihood that previously uninsured people living with HIV (PLWH) will have access to *affordable* health coverage. Individuals can purchase coverage through the Health Insurance Marketplaces, and those with incomes up to 400% of the federal poverty level (FPL) may be eligible for tax credits to reduce premium costs. Individuals with lower incomes may also be eligible for reductions in cost such as subsidized health insurance premiums (KFF, 2014).

Prior to the ACA, Ohio’s Medicaid program did not cover childless adults. It covered parents with incomes up to 90% of Federal Poverty Level (FPL) and covered disabled people with incomes up to 64% of FPL. Approximately 47% of Ohioans with incomes up to 133% of FPL were uninsured (Bigby, et al., 2014). After the Ohio Supreme Court ruled that the Ohio Controlling Board had the authority to accept federal money to support expansion of Medicaid eligibility, Ohio expanded Medicaid coverage, effective January 1, 2014, to all individuals with family income at or below 138% of FPL. This has resulted in Medicaid coverage for over 600,000 Ohioans through November 2015 (JMOC, 2015). The uninsured rate in Ohio has been cut in half since 2013 (OHT, 2016).

In 2012, the Kaiser Family Foundation conducted focus groups with low-income, uninsured Ohioans and found no evidence that Medicaid carries a “stigma” that discourages eligible people from enrolling.  To the contrary, participants said they were eager to enroll in Medicaid.  While they wished their financial circumstances were better, they wanted affordable coverage and often couldn’t get it from their employers.  Furthermore, focus group members with previous experience with Medicaid (often because their children were eligible) spoke favorably of it as affordable and covering a broad set of services and medications (KFF, 2012).

People living with HIV/AIDS (PLWHA) in Ohio can now be covered by some form of health insurance through employer sponsored insurance, Medicare, Medicaid, or the Marketplace (OAC, 2016). Lifetime and annual coverage limits have ended, consumers may no longer be excluded based on preexisting conditions, insurers are prohibited from cancelling coverage, and dependents are eligible for coverage up to 26 years of age. In addition, health care plans may not charge higher premiums based on preexisting conditions and cannot discriminate based on sexual orientation or gender identity (Kates, 2013).

Ohio has implemented the ACA with neither administering a state-based exchange nor implementing a state-federal "partnership" exchange, where states manage certain functions and make key decisions based on local market and demographic conditions (Witters, 2015). Instead, Ohio opted to utilize the federally facilitated marketplace (FFM) as its health care marketplace to direct individuals to health plans that they may purchase with and without government subsidies (Bigby, et al., 2014).

In the Mathematica report by Bigby, et al. (2014), researchers determined that low-income populations in Ohio were likely to be affected by the implementation of the ACA. They anticipated that RWHAP Part B clients would be able to acquire more comprehensive medical services – such as inpatient services for acute medical and surgical care, obstetric care, and mental health – if they had insurance, including the Medicaid alternative benefit plan (ABP) and plans from the Marketplace. In addition, they pointed out that neither the Marketplace plans nor Medicaid cover the full range of core RWHAP services, excluding key nonmedical services such as Early Intervention Services and medication adherence counseling (Bigby, et al., 2014).

Ohio's overall interest in FFM coverage has been lukewarm. A recent Urban Institute analysis of the marketplace's first two years found that the state's enrollment rate — 20 percent of the eligible population — was eighth lowest in the nation (Holahan, 2015).

Urban Institute Key findings for low enrollment states were:

* *Low enrollment states had pre-ACA uninsurance rates that were near the national average of 17.3%; if not well below.*
  + Ohio was well below at 13.9% (Witters, 2015).
  + Populations that remain uninsured are likely to be disproportionately comprised of harder to reach groups.
  + High enrollment states utilized targeted outreach efforts and enrollment assistance for marketplace eligible participants, including the use of trusted community members in subpopulations of interest.
* *High premiums and cost-sharing were thought to be making coverage unattainable for those above 250% FPL.* 
  + Premium contributions increase as income increases and tax credits are tied to the second-to-lowest cost Silver Plans, which have significant deductibles and other cost-sharing requirements.
* *Low enrollment states had strong political opposition and anti-Obamacare sentiment.* 
  + When the Ohio Supreme Court ruled that the Ohio Controlling Board had the authority to accept federal money to support expansion of Medicaid eligibility, many in the Ohio legislature voiced opposition to this move (Cleveland Right to Life, et al., 2013). Currently, the state legislature is dominated by Republicans who openly oppose the ACA.
* *Safety net providers’ support of ACA largely affected Medicaid enrollment, not the marketplace.*
  + Most safety net providers are serving low income populations.

Ohio provides an example of how difficult it may be to reach certain populations and achieve universal coverage. As uninsurance rates fall, enrolling the remaining uninsured populations will be increasingly difficult. Income limits on premium tax credits and cost-sharing subsidies are likely to continue to make coverage prohibitively expensive for many. There will also be a continuing need for human helpers, including navigators, assisters, brokers, and call centers. Funding for these is likely to decline in the future, which will exacerbate enrollment barriers (Holahan, 2015).

## Service Infrastructure

Across the U.S., the Medicaid Program covered 50% of people with HIV in care prior to the Medicaid expansion in 2014. Before the passage of the ACA, almost 1 in 3 people living with HIV were uninsured and less than 1 in 5 had private insurance (HIVMA, 2016a). After 2014, these uninsured individuals were anticipated to transition from having Ryan White Parts A and B fully cover their HIV/AIDS medical treatment, to coverage through the Medicaid expansion. As this shift in insurance status among Ryan White clients occurs, the program will need to reallocate its resources toward services that are not covered by Medicaid, Medicare, or health insurance.

As we extend access to health insurance provided by the Affordable Care Act (ACA) and work to strengthen engagement in care, we have an opportunity to take actions that allow People Living with HIV/AIDS (PLWHA) to live longer, healthier lives and lead to fewer people becoming infected with HIV. Charles, et al. from the National Center for Innovation in HIV Care (2015) point out that paradoxically, the positive changes in health care also have the potential to weaken the institutions that have historically shouldered much of the burden of responding to HIV. In an environment of reform and consolidation, it is critically important to retain a robust network of HIV-related service provider organizations.

# Scope of Services

In January 2016, the Planning Council voted to re-allocate funds within the FY2015 grant year. The table below reflects the final FY2015 allocation percentages for each of the 12 core service categories. The AIDS Drug Assistance Program is included here because it is defined as a core service by HRSA, though it is funded through Ryan White Part B at the state level.

|  |  |
| --- | --- |
| Core Service Category | Percentage |
|  |  |
| Medical Case Management | 21.80% |
| Outpatient Ambulatory Medical Care | 21.15 |
| Oral Health Services | 18.41 |
| Early Intervention Services | 6.53 |
| Mental Health Services | 5.50 |
| Home and Community-Based Health Services | 1.28 |
| Medical Nutrition Therapy | 1.24 |
| Health Insurance Premium and Cost-Sharing Assistance | 1.07 |
| Substance Abuse Treatment – Outpatient | 0.69 |
| Home Health Care | 0.32 |
| Local Pharmaceutical Assistance Program | 0.07 |
| Hospice Care | 0.00 |
| *AIDS Drug Assistance Program* | *0.00* |
| Subtotal, Core Services (Minimum Target 75%) | 78.06% |

Source: *Cleveland TGA Reallocation - January 20, 2016*

## availability of services

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) requires that grantees expend not less than 75% of grant funds on core medical services, according to Title XXVI of the Public Health Service Act, Part A section 2604(c). This same section also allows for a *waiver* of this requirement if there is evidence that all core medical services, regardless of whether such services are funded by the Ryan White HIV/AIDS Program, are available and accessible within 30 days for all identified and eligible individuals with HIV/AIDS in the service area, without need to expend at least 75 percent of Ryan White funds on these services (HRSA, 2013).

We updated the *Service Providers by Category* inventory that was completed for the most recent Comprehensive Needs Assessment (CCS, 2014) and focused exclusively on the RWHAP - Part A core service categories. We accessed the online United Way 211 databases via United Way of Greater Cleveland (Cuyahoga, Geauga, and Medina), Ashtabula County Community Action Agency (Ashtabula), United Way of Greater Lorain County (Lorain), and Lifeline, Inc. (Lake). We also consulted provider listings from the Ohio Department of Health Ryan White HIV/AIDS Program – Part B, Safety Net Dental Care Programs in Ohio, Federally Qualified Health Centers, the Ohio Hospitals Association, the Ohio Medicaid Consumer Hotline, and the Ohio Department of Medicaid Provider Directory.

Below is a table that summarizes distribution of these core services across the TGA counties and by Northeast Ohio regions. Ohio Department of Medicaid providers are included, where applicable.

## CORE SERVICES DISTRIBUTION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ryan White Part A Core Service** | **East** | | | **Central** | **West** | | **Total** | **RW** |
|  | Ashtabula | Geauga | Lake | Cuyahoga | Lorain | Medina |  | **Part A Funded** |
| Medical Case Management | 1 | 0 | 0 | 6 | 1 | 1 | **9** | **6** |
| Outpatient Ambulatory Medical Care | 33 | 25 | 49 | 517 | 72 | 51 | **747** | **5** |
| Oral Health Services | 4 | 4 | 20 | 158 | 29 | 14 | **228** | **2** |
| Early Intervention Services | 0 | 0 | 2 | 9 | 2 | 0 | **13** | **5** |
| Mental Health Services | 11 | 13 | 24 | 221 | 23 | 26 | **318** | **6** |
| Home & Community-Based Health Services | 3 | 2 | 9 | 27 | 3 | 6 | **50** | **1** |
| Medical Nutrition Therapy | 1 | 0 | 0 | 6 | 2 | 0 | **9** | **4** |
| Health Insurance Premium & Cost-Sharing | 0 | 0 | 0 | 2 | 0 | 0 | **2** | **2** |
| Substance Abuse Treatment – Outpatient | 13 | 5 | 17 | 72 | 19 | 7 | **133** | **3** |
| Home Health Care | 4 | 4 | 14 | 31 | 5 | 2 | **60** | **1** |
| Local Pharmaceutical Assistance Program | 0 | 0 | 0 | 6 | 0 | 0 | **6** | **4** |
| Hospice Care | 1 | 1 | 4 | 10 | 7 | 3 | **26** | **0** |

## funding inventory

The network of Ryan White Part A-funded providers in the Cleveland Transitional Grant Area (TGA) includes 15 organizations that provide a range of services to People Living with HIV/AIDS (PLWHA) across the six-county TGA.

In February 2015, The Center for Community Solutions conducted a provider capacity and capability survey on behalf of the Ryan White Part A grantee staff at the Cuyahoga County Board of Health. In addition to updating some client and provider data from the 2014 comprehensive needs assessment, this provider capacity and capability survey targeted several specific issues identified by the grantee as areas of special interest (CCS, 2015).

The network of provider organizations has a diversified funding base. In the 2015 survey, nine of the providers reported at least five different funding sources. In addition to Ryan White Part A, providers in this network also receive funding from:

* Medicaid
* Private Insurance
* Medicare
* Foundations
* Corporations
* City/County funding
* Other federal funding
* Ryan White parts B, C, D, and F
* State of Ohio funding
* The Centers for Disease Control and Prevention (CDC)
* Client fees or contributions
* Drug company rebates
* Housing Opportunities for People with AIDS (HOPWA)
* Fundraising

The sections below highlight each of the Core Services categories, delineating Ryan White Part A-funded providers for that service, the availability of services within the 30 day window, and the variety of funding sources utilized. For a full listing of Core Services providers across the 6-county EMA, please refer to Appendix B: Core Services Provider Inventory.

## structured interview methodology

As part of the focused needs assessment, interviews were conducted with representatives from each of the core services funded providers, as well as with key community informants who had expertise in health policy, HIV/AIDS advocacy, and/or the Affordable Care Act and its implementation. (Please see Appendix C for the format.) These 15 interviews were conducted by phone from February 1 – 24, 2016. The sections below include information from the series of structured interviews, integrated into the narrative.

# Medical Case Management (MCM)

## Current RWHAP Part A Providers

* Cleveland Clinic Foundation
* Mercy Regional Medical Center
* MetroHealth Medical Center
* Nueva Luz Urban Resource Center
* Signature Health
* University Hospitals of Cleveland

\* Please see Appendix A for a complete listing of FY2016 funded providers, including locations, phone, and website.

## funding inventory

Medical Case Management services are available to all PLWHA in Ohio, regardless of income, and these are funded through both Part A and Part B programs.

The Ohio Ryan White HIV/AIDS Program (RWHAP) Part B provides services for individuals with HIV/AIDS through a grant from the Health Resources and Services Administration. For RWHAP - Part B, the State of Ohio provides $1 in matching funds for every $2 that the federal government provides to the state. The Ohio AIDS Drug Assistance Program (OHDAP) is operated by RWHAP – Part B, and other core service categories are similar to those under Part A. In Ohio, RWHAP - Part B is managed by the Ohio Department of Health (ODH). Individuals must be both HIV positive and have an income no more than 300% of FPL to be eligible for RWHAP – Part B services (HAB, 2015).

Neither Medicaid, Medicare, nor Marketplace plans offer care management that matches the comprehensive nature of what is offered in the Ryan White Program. In terms of demand, the number of PLWHA receiving Medical Case Management services under RWHAP – Part B increased from 2012 to 2015. There is a clear need for continuing – and possibly expanding – the kind of specialized and comprehensive case management services that are delivered by Ryan White programs (OAC, 2016).

## Medicaid coverage

Medicaid covers no services similar in scope to Ryan White Medical Case Management services.

Ohio Medicaid provides targeted case management to individuals living with severe behavioral health issues

## Essential health benefits coverage- ohio benchmark plan (2017)

The Ohio Benchmark Plan includes not services similar in scope to Ryan White Medical Case Management services.

## gaps

We identified no third-party public or private health insurers that provide services similar in scope to the Ryan White program’s Medicaid Case Management Services.

# Outpatient Ambulatory Medical Care (OAMC)

## availability of services

With the implementation of ACA and Medicaid expansion, it was anticipated that RWHAP – Part A clients would transition from Ryan White-funded to insurance-funded medical care.

Ohio’s Medicaid Alternative Benefit Plan (ABP) and Marketplace plans provide access to essential health benefits and coverage for most of the medical services that are supported by Ryan White. In addition, they expand on what is available in Ryan White to cover inpatient services for acute medical and surgical care, obstetric care, and mental health diagnoses (Bigby, et al., 2014). Utilizing data from the American Community Survey conducted by the Census Bureau, researchers from Mathematica estimated the impact of the ACA on movement of uninsured and underinsured populations to Medicaid or Marketplace plans.

## Current RWHAP Part A Providers

* AIDS Healthcare Foundation
* Cleveland Clinic Foundation
* Mercy Regional Medical Center
* MetroHealth Medical Center
* University Hospitals of Cleveland

## funding inventory

In the 2015 Provider Capacity and Capability Survey, one of the targeted several specific issues identified by the grantee as areas of special interest was *outpatient ambulatory specialty care services*.

The Ryan White HIV/AIDS Program – Part D provides outpatient ambulatory medical care and support services that are family-centered for women, infants, children and youth with HIV/AIDS. In the Greater Cleveland area, University Hospitals of Cleveland was awarded $331,902 from RWHAP – Part D in FY2015 (HRSA, 2016).

## Medicaid coverage

Ohio Medicaid provides coverage comparable to the Ohio Benchmark Plan. Benefits include many of the core medical services available through the Ryan White Program.

## Essential health benefits coverage- ohio benchmark plan (2017)

## Under the Affordable Care Act, almost all private insurance policies must provide minimum coverage at an affordable prices. The coverage must include all ten Essential Health Benefits. Each state may choose a Benchmark Plan.

## Medicaid coverage

Health Certificate of Coverage, Benchmark Exclusions- For telephone consultations or consultations via electronic mail or internet/web site, except as required by law, authorized by Us, or as otherwise described in this Certificate.

For prescription, fitting, or purchase of eyeglasses or contact lenses except as otherwise specifically stated as a Covered Service. This Exclusion does not apply for initial prosthetic lenses or sclera shells following intraocular surgery, or for soft contact lenses due to a medical condition.

For hearing aids or examinations to prescribe/fit them, unless otherwise specified within this Certificate.

Physician or Other Practitioners’ charges for consulting with Members by telephone, facsimile machine, electronic mail systems or other consultation or medical management service not involving direct (face-to-face) care with the Member except as otherwise described in this Certificate.

## gaps

The most significant service gap identified was nurse care coordination. The Outpatient Ambulatory Care Ryan White funders in Northeast Ohio have long practiced a coordinated care structure, which includes nurse care coordination. No third-party payer, public or private was identified that supports a comparable service.

# Oral Health Services

## Current RWHAP Part A Providers

* MetroHealth Medical Center
* University Hospitals of Cleveland

## funding inventory

Funds from all Ryan White HIV/AIDS grant programs can support the provision of oral health services. The RWHAP – Part B provides some limited oral health services, which have been restored after being suspended in FY2011 during the fiscal crisis (Honeck, 2011).

Under Part F, two programs specifically focus on funding oral health care for people with HIV: the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP). Both include funding of services and of education and training for oral health providers. Eligible applicants for both programs include institutions that have dental or dental hygiene education programs accredited by the Commission on Dental Accreditation, such as dental schools, hospitals with postdoctoral dental residency programs, and community colleges with dental hygiene programs (HRSA, 2016).

The DRP assists institutions with accredited dental or dental hygiene education programs by defraying their unreimbursed costs associated with providing oral health care to people with HIV. In FY2014, Case Western Reserve University was awarded $17,483 through the DRP (HRSA, 2016).

## Medicaid coverage

## Essential health benefits coverage- ohio benchmark plan (2017)

## gaps

(From 2014 comp. needs assmt) On the other hand, the lack of community dental care providers in concerning, especially as this is a commonly referred service and one identified by consumers as problematic to obtain. Hopefully, expanded health insurance coverage through Medicaid or the Marketplace will expand low-income consumers’ options for receiving oral health care from private dental practices.

People Living with HIV/AIDS should receive dental examinations every 6 months, ideally from providers familiar with the particular conditions associated with HIV. Major factors contributing to unmet oral health needs include: a lack of dental insurance; inadequate financial resources; a shortage of dentists trained or willing to treat PLWHA; limited adult dental Medicaid providers; patient fear of and discomfort with dentists; stigma within health care systems; and lack of education about the importance of oral health (HRSA, 2016d).

Inadequate coverage from public programs, loss of dental insurance after retirement, and employer insurance plans that do not cover dental care

*Health professional(s) shortage area* is a designation by HRSA indicating a shortage of health professionals in either: an urban or rural area; a population group; or a public or nonprofit private medical facility. Designations are made using available data, but also at the request of an agency or individual (HRSA, 2016b).

Within the Cleveland TGA, Ashtabula County is designated as a county-wide Dental Health Professional Shortage Area (HPSA); Cuyahoga County has more than 2 community or facility HPSAs within the county; and Lorain County has 1 to 2 community or facility HPSAs within the county (UHCAN, 2015).

## Medicaid coverage

Ohio Medicaid coverage for low-income adults includes some dental services. However, only one cleaning per year is available under Medicaid, leaving a significant gap associated with the recommended second annual cleaning.

## Essential health benefits coverage- ohio benchmark plan (2017)

The Affordable Care Act does not require any dental coverage for adults.

GAPS

As previously mentioned, under the affordable care act, the minimum essential benefits in private health insurance plans does not include dental coverage for adults.

Given that Ryan White funds may not be used to pay for stand-alone dental insurance, the direct provision of dental care services is the only avenue available to ensure the unmet oral needs of clients are met.

# Early Intervention Services (EIS)

## availability of services

The ACA requires health plans to cover preventive services that are recommended by the US Preventive Services Task Force, with no out-of-pocket costs. This may help to improve access to HIV testing for low-income populations and shift costs away from the non-Ryan White funded HIV testing component of EIS (Bigby, et al., 2014).

Non-medical components of early interventions services – such as health education, linkage to care, and medication adherence counseling – are not covered by Ohio Medicaid or Marketplace plans (Bigby, et al., 2014).

## Current RWHAP Part A Providers

* Care Alliance
* Elyria City Health District
* MetroHealth Medical Center
* Recovery Resources
* Signature Health

## funding inventory

Ryan White HIV/AIDS Program Part C grants are given directly to service providers for early intervention and ambulatory care. In the Greater Cleveland area, Care Alliance ($231,563 in FY2015) and University Hospitals of Cleveland ($504,830 in FY2015) have been awarded RWHAP – Part C funds (OAC, 2016).

## Medicaid coverage

Nothing comparable.

## Essential health benefits coverage- ohio benchmark plan (2017)

Nothing comparable.

## gaps

The unique nature of Ryan White EIS services derives from its coordinated structure. In order to funded, and EIS program must provide all four services in the service definition in a well-coordinated manner.

# Mental Health Services

## Current RWHAP Part A Providers

* Cleveland Clinic Foundation
* Far West Center
* May Dugan Center
* MetroHealth Medical Center
* Recovery Resources
* University Hospitals of Cleveland

## funding inventory

## Medicaid coverage

Ohio Medicaid includes mental health outpatient coverage, with limitations.

## gaps

Often, clients living with untreated mental health diagnoses are unable to initiate or remain on ART. It is of considerable importance that services are available in a timely fashion. Given the not uncommon waiting lists associated with appointments with psychiatrists, Ryan White’s support of mental health services in community-based and hospital-based clinics facilitates client access and entry into behavioral health services.

# Home and Community-Based Health Services

## availability of services

## Current RWHAP Part A Provider

* Cuyahoga County Division of Senior and Adult Services

## funding inventory

Historically, Medicaid and Medicare were created and managed with very little connection to each other, resulting in poor coordination of care across systems. One of the provisions in the ACA encourages states to institute reforms that integrate care and financing for people who are eligible for both Medicare and Medicaid. An example of this is the integrated care delivery system initiative from Ohio’s Office of Health Transformation for low-income seniors and people with disabilities who are Medicare-Medicaid “dual eligible individuals”, called *MyCare Ohio* (OHT, 2016).

*MyCare Ohio* is charged with developing individualized care plans for all enrollees that take into account medical, behavioral health, long-term services and supports, and social needs. It also expands current Home and Community-Based Services waiver services (CMS, 2012). *MyCare Ohio* requires risk assessments to be completed within 15 days of enrollment for those with the most intensive care needs and within 75 days for those assigned to a lower level/monitoring tier.

There are seven regions in Ohio, with five of six counties in the RWHAP – Part A Cleveland TGA included in the *MyCare Ohio* demonstration project. Ashtabula County is the one not included. The project began in May 2014 and full integration with Medicare, including automatic enrollment, occurred in January 2015. Early confusion with enrollment letters and ID cards, as well as provider/ plan billing and communication issues, have created challenges to implementation (Stephan, 2015). Also, passive enrollment has required plans to find, engage, and assess a large number of new enrollees in a short period of time, despite difficulties in hiring enough trained staff. This meant that timelines for assessment and care plan completion were not always met (RTI, 2016). However, about 94,000 individuals were enrolled as of October 2015, and 91% of claims are being paid within 30 days (Stephan, 2015).

## Medicaid coverage

Medicaid offers coverage of home-based services to some categories of clients. Not all people living with HIV/AIDS are eligible for services.

## Essential health benefits coverage- ohio benchmark plan (2017)

Benchmark Plan Exclusions include charges for non-medical self-care and personal hygiene, except as otherwise stated.

## gaps

Ryan White funding of home-based services facilitates access to services and provides components of service not included under third-party health plans.

# Medical Nutrition Therapy (MNT)

## availability of services

## Current RWHAP Part A Providers

* Elyria City Health District
* MetroHealth Medical Center
* Signature Health
* University Hospitals of Cleveland

## funding inventory

## Medicaid coverage

Medicaid provides limited coverage for medical nutrition therapy. Under Medicaid, dietary supplements are only available to home-based clients with feeding tubes and are billed under durable medical equipment.

## Essential health benefits coverage- ohio benchmark plan (2017)

Ohio Benchmark Plan excludes nutritional and/or dietary supplements, except as provided in this Certificate or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written Prescription or dispensing by a licensed Pharmacist.

## gaps

Ryan White is available to address the nutritional and dietary supplement gaps of low income PLWHA.

# Health Insurance Premium and Cost-Sharing Assistance (HIPCSA)

## Current RWHAP Part A Providers

* MetroHealth Medical Center
* University Hospitals of Cleveland

## Medicaid coverage

No assistance provided

## Essential health benefits coverage- ohio benchmark plan (2017)

No assistance provided

## gaps

The Ohio Department of Health Ryan White Part B program provides insurance premium and cost-sharing assistance to PLWHA with incomes up to 300% FPL. Ryan White Part A provides HIPSCA assistance to PLWHA with incomes 301%-500%.

# Substance Abuse Treatment – Outpatient

## availability of services

## Current RWHAP Part A Providers

* MetroHealth Medical Center
* Orca House
* Recovery Resources

## funding inventory

## Medicaid coverage

Some coverage provided

## Essential health benefits coverage- ohio benchmark plan (2017)

Some coverage provided

## gaps

As with mental health services, substance abuse treatment services can be critical to enabling ART initiation and ongoing compliance for clients with related problems. Ryan White Part A services facilitate access to services and are often co-located with other Ryan White services.

# Home Health Care

## availability of services

As mentioned above, *MyCare Ohio* is an HMO managed care program for people who are 18 and older and receive both Medicare and full Medicaid benefits. It combines Medicare and Medicaid coverage under one care plan. Every MyCare member has a care manager to help them to make decisions and receive all of the services that they need.

*MyCare Ohio* includes the benefits of Medicare and Medicaid programs, such as:

* doctor and hospital visits
* mental health services
* prescription drugs
* medical equipment and supplies
* long-term care services
* nursing facilities
* assisted living facilities
* home healthcare
* transportation to medical appointments
* community services like adult day care, homemaking, meals and more

## Current RWHAP Part A Providers

* Cuyahoga County Division of Senior and Adult Services

## Essential health benefits coverage- ohio benchmark plan (2017)

Benchmark Plan Exclusions include charges for non-medical self-care except as otherwise stated.

## gaps

Ryan White funding of home-based services facilitates access to services and provides components of service not included under third-party health plans.

# Local Pharmaceutical Assistance Program (LPAP)

## availability of services

The Cleveland TGA Local Pharmaceutical Assistance Program was created in order to fill service gaps created by limitations in the Ohio ADAP formulary, Ohio Medicaid, and FFM plan pharmacy coverage, as well as financial eligibility restrictions.

## Current RWHAP Part A Providers

* AIDS Healthcare Foundation
* Cleveland Clinic Foundation
* MetroHealth Medical Center
* University Hospitals of Cleveland

## funding inventory

## Medicaid coverage

Robust coverage

## Essential health benefits coverage- ohio benchmark plan (2017)

Robust coverage

## gaps

Ryan White Part A programs may only initiate or maintain an LPAP program to address ADAP gaps in coverage, created by waiting lists, financial limitations or formulary limitations.

As this time, the Ohio ADAP program, which serves clients with incomes up to 300% FPL, does not have or anticipate having a waiting list.

The ADAP and LPAP have been coordinated and cover the same drugs.

The Ryan White Part A program continues to make short-term coverage of HIV-related medications available through the Emergency Financial Assistance category.

Pharmaceutical companies have expanded and adapted patient assistance programs in response to changes associated with the Affordable Care Act.

# Hospice Care

## Current RWHAP Part A Providers

Hospice Care is not currently funded through the Ryan White HIV/AIDS Part A Program.

## Medicaid coverage

Covered

## Essential health benefits coverage- ohio benchmark plan (2017)

Covered

## gaps

The Ryan White program began funding Hospice Services before treatment advances that have resulted in a dramatic decrease in the need for hospice services for PLWHA.

The director of the HIV/AIDS hospice program funded by Ryan White Part A, indicated there remains no gap in resources needed to serve PLWHA.

# AIDS Drug Assistance Program (ADAP)

## availability of services

There is no current OHDAP wait list; and this has been true since September 2011. In addition, some of the medications have been re-introduced to the formulary since their removal in 2010 (Dolansky, 2012).

## Current RWHAP Part A Providers

As mentioned above, the Ohio AIDS Drug Assistance Program is not funded through the Ryan White HIV/AIDS Part A Program. Instead, the HIV/AIDS Bureau funds ADAP through the Ryan White HIV/AIDS Part B Program at the Ohio Department of Health.

## funding inventory

The RWHAP Part B program includes the AIDS Drug Assistance Program (ADAP). The Ohio ADAP - called OHDAP - provides PLWHA with incomes up to 300% of FPL with HIV medications and some medical services. OHDAP can also assist with premiums, copayments, and deductibles for private health insurance plans that cover ADAP’s drug formulary, as well as Medicaid spenddown payments (Bigby, et al., 2014).

All ADAPs participate in the 340B program, enabling them to purchase drugs at or below the statutorily defined 340B ceiling price.Ohio also functions as a drug rebate state, aggressively pursuing rebates for the program. In 2003, the Medicare Modernization Act added the Medicare Part D prescription drug benefit to the program, so ADAPs must ensure that Medicare Part D-eligible clients are enrolled in Part D (AAHIVM, 2016).

In 2010, ADAPs across the US experienced a fiscal crisis that left thousands of HIV patients unable to access the program. ADAPs in many states had waiting lists ranging from dozens to hundreds of people.In Ohio, this crisis was addressed with a number of tactics, including lowering the OHDAP income eligibility criteria from 500% to 300% FPL, removing several non-HIV medications from the OHDAP formulary, and establishing a wait list (Honeck, et al., 2011). This reduced the costs to the program, but also reduced the number of individuals who can access their HIV medications through it.

Since the implementation of health reform in January 2014, ODH HIV Care Services Section staff report that OHDAP formulary clients have decreased by 72%, Medicaid clients have increased by 175%, and private insurance (inclusive of Marketplace plans) clients have increased by 54%. There were 529 clients who enrolled into Marketplace plans and 302 who were covered by Medicaid expansion as of May 28, 2015 (OAC, 2016).

## Medicaid coverage

The Ohio Medicaid program includes an extensive formulary.

## Essential health benefits coverage- ohio benchmark plan (2017)

The Ohio Benchmark Plan includes an extensive formulary.

## gaps

In a review conducted by Mathematica Policy Research in 2014, Ohio’s Medicaid Alternative Benefit Plan (ABP) and the benchmark Marketplace plan offer more comprehensive coverage for medical services than RWHAP – Part B.Despite more comprehensive drug coverage, copayments might present a barrier to low-income individuals.In addition, drug resistance, drug failure, and other issues may require access to special medication categories and would affect the comprehensiveness of the service.All Marketplace plans in Ohio are required to cover the same number of drugs in each category and drug classes as the benchmark plan.However, RWHAP – Part B staff have raised concerns about whether Medicaid ABP and the benchmark plan will cover the same classes of drugs and drug preparations as ADAP (Bigby, et al., 2014).

Those clients who remain on OHDAP may have experienced difficulties in enrolling, interruptions in their health insurance, or are filling gaps in their coverage, especially for premiums, deductibles, coinsurance, and copayment support. Some PLWHA experience administrative hassles with Ryan White payment to their plans and struggle with affordability. This is especially true given that many Marketplace plans in Ohio inadequately cover HIV medications or have structured their drug formularies in ways that discriminate against PLWHA (Peller, 2014).

# Gaps

*As PLWH gain insurance coverage under the ACA, the Ryan White Program’s role in providing HIV care will change. More clients will have access to insurance coverage for outpatient ambulatory medical care (OAMC) and other core medical services for which the Ryan White Program has provided most of the coverage for uninsured or underinsured clients. However, Medicaid and private insurance may have limitations and caps on some services; Ryan White Program funds will be needed to fill in the gaps. Moreover, support services such as case management, health education, counseling, and emergency financial assistance are rarely covered by health insurance, yet they are an integral part of HIV care in order to improve adherence and retention in care (HRSA, 2014).*

*Given these changes, Ryan White grantees face a more complex task in meeting the needs of their clients while ensuring that Ryan White Program funding is used as effectively as possible. Grantees will need to effectively track changes in clients’ insurance status and covered services for accurate third party reimbursement. In many cases, grantees will need to be in managed care organizations’ (MCOs’) provider networks, since most plans through the exchanges and Medicaid expansion use the managed care model. At the same time, there may still be notable gaps in health coverage… (HRSA, 2014).*

*The Ryan White Program funds services not only for uninsured individuals, but also for underinsured individuals. In particular, Ryan White Program funding may be used to fund completion of care when clients’ existing health insurance—whether Medicaid, Medicare, or private insurance—does not cover HIV health care and support services needed to retain clients in care and help them achieve viral load suppression. In addition, many support services that are essential to maintaining PLWH in care are rarely covered by health insurance. Even for those services covered by insurance, insurance plans may impose utilization restrictions, such as limits on the number of procedures or office visits allowable in a given year. Insurance may also establish clinical guidelines that restrict access to services, such as step therapies, threshold CD4 counts, or prior authorization justifying medical necessity (HRSA, 2014).*

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# Appendix A: Core Services Funded Providers - FY2016

**AIDS Healthcare Foundation**

2829 Euclid Ave.

Cleveland, OH 44103

Phone: (216) 301-0143

Hours: M - F 9:00 - 5:00

Website: [www.aidshealth.org](http://www.aidshealth.org)

**AIDS Taskforce of Greater Cleveland**

2829 Euclid Ave.

Cleveland, OH 44103

Phone: (216) 301-0143

Hours: M - F 9:00 - 5:00

Website: [www.aidstaskforce.org](http://www.aidstaskforce.org)

**Care Alliance**

1530 St. Clair Avenue

Cleveland, Ohio 44114

Phone: (216) 781-6724

2916 Central Avenue

Cleveland, Ohio 44115

Phone: (216) 535-9100

Carl B. Stokes Social Services Mall

6001 Woodland Avenue, 2nd Floor

Cleveland, Ohio 44104

Phone: 923-5000

Riverview Towers

1795 W. 25th Street, 2nd Floor

Cleveland, Ohio 44113

Website: [www.carealliance.org](http://www.carealliance.org)

**Cleveland Clinic Foundation**

9500 Euclid Avenue

Infectious Disease / G21

Cleveland, Ohio 44195

Phone: (216) 444-8845

Website: [www.clevelandclinic.org](http://www.clevelandclinic.org)

**Cuyahoga County Division of**

**Senior and Adult Services (DSAS)**

13815 Kinsman Rd.

Cleveland, Ohio 44120

Phone: (216) 420-6750

Website: <http://dsas.cuyahogacounty.us/en-US/ryan-white-program.aspx>

**Elyria City Health District**

202 Chestnut Street

Elyria, Ohio 44035

Phone: (440) 323-7595

Website: [www.elyriahealth.com](http://www.elyriahealth.com)

**Far West Center**

29133 Health Campus Drive

Westlake, Ohio 44145

Phone: (440) 835-6212

554 N. Leavitt Road

Amherst, Ohio 44001

Phone: (440) 988-4900

Website: [www.farwestcenter.com](http://www.farwestcenter.com)

**May Dugan Center**

4115 Bridge Avenue

Cleveland, OH 44113

Phone: (216) 631-5800

Website: [www.maydugancenter.org](http://www.maydugancenter.org)

**Mercy Regional Medical Center**

221 W. 21st Street, Suite 1

Lorain, Ohio 44052

Phone: (440) 233-0138

Website: [www.mercyonline.org](http://www.mercyonline.org)

**MetroHealth Medical Center**

Division of Infectious Disease

Oncology Pavilion, Room #106

2500 MetroHealth Drive

Cleveland, Ohio 44109

Phone: (216) 778-5551

Website: [www.metrohealth.org](http://www.metrohealth.org)

**Nueva Luz Urban Resource Center**

2226 West 89th St.

Cleveland, Ohio 44102

Phone: (216)651-8236

Website: [www.nuevaluzurc.org](http://www.nuevaluzurc.org)

**Orca House Inc.**

1905 E. 89th St.

Cleveland, Ohio 44106

Phone: (216) 231-3772

Website: [www.orcahouse.org](http://www.orcahouse.org)

**Recovery Resources**

3950 Chester Ave.

Cleveland, Ohio 44114

Phone: (216)431-4131

4269 Pearl Road

Cleveland, Ohio 44109

Phone: (216) 431-4131

14805 Detroit Avenue, Suite 200

Lakewood, Ohio 44107

Phone: (216) 431-4131

Website: [www.recres.org](http://www.recres.org)

**Signature Health**

4726 Main Avenue  
Ashtabula, Ohio 44004  
Phone: (440) 992-8552

38882 Mentor Avenue

Willoughby, Ohio 44094

Phone: (440) 953-9999

462 Chardon Street

Painesville, Ohio 44077

Phone: (440) 853-1501

5410 Transportation Blvd., Suite 4

Garfield Heights, Ohio 44125

Phone: (216) 663-6100

Website: [www.signaturehealthinc.com](http://www.signaturehealthinc.com)

**University Hospitals of Cleveland**

John T. Carey Special Immunology Unit

Foley Building

11100 Euclid Avenue

Cleveland, Ohio 44106

Phone: (216) 844-7890

Website: [www.uhhospitals.org](http://www.uhhospitals.org)

# Appendix B: Core Services Provider Inventory

## Medical Case Management (MCM)

Medical Case Managers provide a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a key component of medical case management. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client.

Medical case management services are more complex than community case management services and require ongoing, coordinated case management processes. Individuals providing medical case management must be a licensed social worker and are expected to have specialized training in medical case management models (RWHAP- Part A).

This inventory also includes RWHAP Part B providers.

|  |
| --- |
| Ashtabula County Provider (N=1) |
| Signature Health |
| Cuyahoga County Providers (N=6) |
| AIDS Taskforce Of Greater Cleveland |
| Cleveland Clinic Foundation |
| Free Medical Clinic Of Greater Cleveland |
| MetroHealth Medical Center |
| Nueva Luz Urban Resource Center |
| University Hospitals Case Medical Center – John T. Carey Special Immunology Unit |
| Lorain County Provider (N=1) |
| Mercy Regional Medical Center |
| Medina County (N=1) |
| AIDS Resource Center Ohio |
| TOTAL MEDICAL CASE MANAGEMENT PROVIDERS (N=9) |

## Outpatient Ambulatory Medical Care (Oamc)

Provision of professional diagnosis and therapeutic services rendered by a physician, physician’s assistant, clinical nurse specialist or nurse practitioner in an outpatient setting. Services include diagnostic testing (see separate definition), early intervention and risk assessment, preventative care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, care of minor injuries, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of sub-specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with Public Health Service guidelines (RWHAP – Part A).

|  |
| --- |
| Ashtabula County (N=4 + 29 Medicaid general practice doctors = 33) |
| Ashtabula County Medical Center |
| University Hospitals Ashtabula Health Center |
| University Hospitals Conneaut Medical Center |
| University Hospitals Geneva Medical Center |
| Cuyahoga County Providers (N=50 + 467 Medicaid general practice doctors = 517) |
| AIDS Healthcare Foundation |
| Asian Services in Action (ASIA) |
| Beachwood Health Center |
| Broadway Health Center |
| Brooklyn Health Center |
| Brunswick Health Center |
| Buckeye Health Center |
| Care Alliance |
| Cleveland Clinic Foundation |
| Cleveland VA Medical Center |
| Euclid Hospital |
| Fairview Hospital |
| Free Medical Clinic Of Greater Cleveland |
| Hillcrest Hospital |
| Independence Health Center |
| J. Glen Smith Health Center |
| Kaiser Permanente |
| Kindred Gateway Hospital |
| Lakewood Health Center |
| Lakewood Hospital |
| Lee-Harvard Health Center |
| Lutheran Hospital |
| Marymount Hospital |
| MetroHealth Centers for Community Health |
| MetroHealth Medical Center |
| Neighborhood Family Practice |
| Northeast Ohio Neighborhood Health Services (NEON) |
| November Family Health Center – Middleburg Heights |
| Old Brooklyn Health Center |
| Parma Health Center |
| Pepper Pike Health Center |
| Rainbow Babies & Children’s Hospital |
| Regency North Central Ohio – Cleveland East |
| Regency North Central Ohio – Cleveland West |
| St. John Medical Center |
| St. Vincent Medical Center |
| South Pointe Hospital |
| Southwest General Health Center |
| Stephanie Tubbs Jones Health Center |
| Thomas F. McCafferty Health Center |
| University Hospitals Ahuja Medical Center |
| University Hospitals Bedford Medical Center |
| University Hospitals Case Medical Center |
| University Hospitals MacDonald Women’s Hospital |
| University Hospitals Parma Medical Center |
| University Hospitals Richmond Medical Center |
| University Hospitals Seidman Cancer Center |
| West 150th Health & Surgery Center |
| West Park Health Center |
| Westlake Health Center |
| Geauga County (N=1 + 24 Medicaid general practice doctors = 25) |
| University Hospitals Geauga Medical Center |
| Lake County (N=3 + 46 Medicaid general practice doctors = 49) |
| Lake County Free Medical Clinic |
| Lake Health TriPoint Medical Center |
| Lake Health West Medical Center |
| Lorain County Provider (N=6 + 66 Medicaid general practice doctors = 72) |
| Lorain County Health and Dentistry |
| Mercy Allen Medical Center |
| Mercy Regional Medical Center |
| University Hospitals Amherst Health Center |
| University Hospitals Avon Health Center |
| University Hospitals Elyria Medical Center |
| Medina County (N=4 + 47 Medicaid general practice doctors =51) |
| Lodi Community Hospital |
| Medina County Health Department |
| Medina Hospital |
| Wadsworth-Rittman Hospital |
| TOTAL OAMC PROVIDERS (N = 747) |

## ORAL HEALTH SERVICES

The provision of diagnostic, preventative and therapeutic services provided by a dental health professional licensed to render such services in Ohio, including dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants (RWHAP – Part A).

|  |
| --- |
| Ashtabula County (N=0 + 4 Medicaid providers = 4) |
| - |
| Cuyahoga County (N=12 + 146 Medicaid dentists = 158) |
| Care Alliance |
| Case Western Reserve University – Dental School |
| Cleveland Clinic Foundation |
| Cleveland Metropolitan School District |
| Cleveland VA Medical Center |
| Cuyahoga Community College |
| Free Medical Clinic of Greater Cleveland |
| Medworks |
| MetroHealth Medical Center |
| Northeast Ohio Neighborhood Health Services (NEON) |
| St. Luke’s Dental Associates |
| St. Vincent Charity Hospital |
| Geauga County (N=0 + 4 Medicaid dentists = 4) |
| - |
| Lake County (N=2 + 18 Medicaid dentists = 20) |
| Lake County Free Medical Clinic |
| Lakeland Community College |
| Lorain County (N=5 + 24 Medicaid dentists = 29) |
| Elyria City Health District |
| Lorain County Community College |
| Lorain County Free Clinic |
| Lorain County Health and Dentistry |
| Mercy Regional Medical Center |
| Medina County (N=1 + 12 Medicaid dentists =13) |
| Medina County Health Department |
| TOTAL ORAL HEALTH PROVIDERS (N=228) |

## Early Intervention Services (EIS)

Counseling individuals with respect to HIV/AIDS; referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures (RWHAP Part A).

|  |
| --- |
| Cuyahoga County Providers (N=9) |
| AIDS Healthcare Foundation |
| Care Alliance |
| Cleveland Clinic Foundation |
| Cleveland VA Medical Center |
| Free Medical Clinic Of Greater Cleveland |
| MetroHealth Medical Center |
| Recovery Resources |
| University Hospitals Case Medical Center – John T. Carey Special Immunology Unit |
| Ursuline Piazza – St. Augustine Manor |
| Lake County Providers (N=2) |
| Family Planning Association of Northeast Ohio, Inc. |
| Signature Health |
| Lorain County Providers (N=2) |
| Elyria City Health District |
| Mercy Regional Medical Center |
| TOTAL EIS PROVIDERS (N=13) |

## Mental Health Services

Provision of psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within Ohio to render such services. Services must be provided by a mental health professional, licensed by and practicing under the guidelines and standards established by the Ohio Counselor and Social Work Board and/or the Ohio Department of Mental Health at an agency certified by the Ohio Department of Mental Health or Medicaid (RWHAP – Part A).

|  |
| --- |
| Ashtabula County Providers (N=9 + 2 Medicaid individual psychologists = 11) |
| Ashtabula County Mental Health & Recovery Services Board |
| Bair Foundation |
| Catholic Charities of Ashtabula County |
| Community Counseling Center |
| Country Neighbor Program, Inc. |
| Lake Area Recovery Center |
| Lighthouse Behavioral Health, Inc. |
| Signature Health |
| Watershed Addiction Treatment Center, Inc. |
| Cuyahoga County Providers (N=69 + 152 Medicaid individual psychologists = 221) |
| Achievement Centers for Children |
| AIDS Taskforce Of Greater Cleveland |
| Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County |
| Alliance Human Services |
| Applewood Centers |
| The Bair Foundation |
| Bedford Heights - Community Life Department |
| Beech Brook |
| Bellefaire Jewish Children's Bureau |
| Benjamin Rose Institute on Aging |
| Better Living Center |
| Bridgeway |
| Care Alliance |
| Carvin Kawon Foundation |
| Catholic Charities Corporation |
| The Centers for Families and Children |
| Chattree & Associates, LLC |
| Children's Community Access Program |
| Christian Children’s Home of Ohio |
| Cleveland Christian Home, Inc. |
| Cleveland Clinic Foundation |
| Cleveland Psychoanalytic Center |
| Cleveland VA Medical Center |
| Connections: Health, Wellness, Advocacy |
| Council for Greater Economic Opportunities in Greater Cleveland |
| Euclid Hospital |
| Family Guidance Center |
| Far West Center |
| Free Medical Clinic Of Greater Cleveland |
| FrontLine Services |
| Future Directions |
| Guidestone |
| Hanna Perkins Center for Child Development |
| Harvard Community Services Center |
| HealthSpan |
| Jewish Family Service Association of Cleveland |
| Lakewood Hospital |
| Lesbian, Gay, Bisexual, Transgender Community Center of Greater Cleveland |
| Lutheran Family Services |
| Lutheran Hospital |
| Marymount Hospital |
| May Dugan Center |
| MetroHealth Medical Center |
| Murtis Taylor Human Services System |
| National Youth Advocate Program, Inc. |
| Neighborhood Family Practice |
| New Directions |
| North Olmsted – Division of Youth & Family Services |
| Northeast Ohio Neighborhood Health Services (NEON) |
| Options for Families & Youth |
| Parma Community General Hospital |
| Positive Education Program |
| Pressley Ridge |
| Rakesh Ranjan & Associates |
| Recovery Resources |
| River’s Edge: A Place for Reflection and Action |
| St. Vincent Charity Medical Center |
| Shaker Clinic, LLC |
| South Pointe Hospital |
| Southwest General Health Center |
| Specialized Alternatives for Families & Youth |
| Travco Behavioral Health, Inc. |
| University Hospitals Case Medical Center – John T. Carey Special Immunology Unit |
| Ursuline Piazza |
| Viaquest Psychiatric & Behavioral Solutions, LLC |
| Village Network, Inc. |
| Visiting Nurse Association of Ohio |
| Willow Counseling Services |
| Windsor Laurelwood Hospital and Counseling Centers |
| Geauga County Providers (N=10 + 3 Medicaid individual psychologists = 13) |
| Catholic Charities Community Services of Geauga County |
| Cleveland Rape Crisis Center - Chardon |
| Family Pride of Northeast Ohio |
| Geauga County Board of Mental Health and Recovery Resources |
| Lake-Geauga Recovery Centers |
| Ravenwood Mental Health Center |
| University Hospitals Geauga Medical Center |
| Williamsburg Counseling |
| Willow Counseling Services |
| WomenSafe |
| Lake County Providers (N=17+ 7 Medicaid individual psychologists =24 ) |
| Beacon Health |
| Catholic Charities Community Services of Lake County |
| Cleveland Rape Crisis Center - Mentor |
| Cleveland VA Medical Center: Painesville Outpatient Clinic |
| Crossroads |
| Exodus Clinical Counseling Services |
| Guidestone |
| Lake County Alcohol, Drug Addiction & Mental Health Services Board |
| Lake-Geauga Recovery Centers |
| Neighboring Mental Health Services |
| Northcoast Behavioral Healthcare Systems |
| Pathways, Inc. |
| Rakesh Ranjan & Associates |
| REACH Counseling Services |
| Signature Health |
| Western Reserve Counseling Service |
| Windsor Laurelwood |
| Lorain County Providers (N=16 + 7 Medicaid individual psychologists = 23) |
| Applewood Centers – Lorain Office |
| Beech Brook |
| Bellefaire Jewish Children’s Bureau |
| EMH Healthcare |
| Far West Center |
| Firelands Counseling and Recovery Services of Lorain County |
| Guidestone – Lorain |
| Lake Pointe Health Center |
| Lorain County Mental Health Board |
| Lutheran Metropolitan Ministry |
| Mercy Regional Medical Center |
| The Nord Center |
| Pathways Counseling & Growth Center |
| Positive Education Program |
| Psych and Psych Services |
| REACH Counseling Services |
| Medina County (N=9 + 17 Medicaid individual psychologists = 26) |
| Akron Lodi Community Hospital |
| Alternative Paths |
| Catholic Charities Community Services of Medina County |
| Child and Family Intervention Team |
| Children’s Hospital Medical Center of Akron |
| Cornerstone Community Wellness Center |
| Medina Alcohol, Drug Addiction and Mental Health Board |
| Rakesh Ranjan & Associates |
| Solutions Behavioral Health Care |
| TOTAL MENTAL HEALTH PROVIDERS (N=318) |

## Home and Community-Based Health Services

Includes skilled health services furnished to the individual in the individual’s home, based on a written plan of care established by a case management team that includes appropriate health care professionals. Services included durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services.

Inpatient hospital services, nursing home and other long term care facilities are not included as home and community-based health services (RWHAP- Part A).

|  |
| --- |
| Ashtabula County Providers (N=3) |
| Ashtabula Regional Home Health Agency |
| Continuum Home Care |
| Senior Care Network of Ashtabula County |
| Cuyahoga County Providers (N=27) |
| Almost Family/ MEDLINK |
| Bay Village Department of Community Services |
| Benjamin Rose Institute on Aging |
| Cleveland Clinic Foundation |
| Community Partnership on Aging |
| Cuyahoga County Division of Senior & Adult Services |
| Easter Seals Northern Ohio |
| Eliza Jennings Senior Care Network |
| Fairview Park Senior Life Office |
| Generations Care Health Services |
| HealthSpan |
| Highland Hills Senior Citizen Multi-Service Center |
| Home Care Network |
| Independence Community Services Department |
| Jewish Family Service Association of Cleveland |
| Judson at University Circle |
| Lakewood – Department of Human Services |
| Menorah Park Center for Senior Living |
| Montefiore |
| Parma Community General Hospital |
| Personal Touch Home Care |
| St. John Medical Center |
| United Cerebral Palsy Association of Greater Cleveland |
| University Hospitals Home Care Services |
| Visiting Nurse Association of Ohio |
| Visiting Physicians Association |
| Western Reserve Area Agency on Aging |
| Geauga County Providers (N=2) |
| Geauga County Department on Aging |
| Parkside Care Corporation |
| Lake County Providers (N=9) |
| Angels in Waiting Home Care |
| Around the Clock Home Care, Inc. |
| Comfort Keepers |
| Extending Housing, Inc. |
| Faithful Companions, Inc. |
| Lake County Council on Aging |
| Taylor Made Home Care |
| Visiting Angels of Northeast Ohio |
| Visiting Physicians Association |
| Lorain County Providers (N=3) |
| Fraternal Health Care – Lorain |
| Lorain County General Health District |
| Lorain County Office on Aging |
| Medina County (N=6) |
| Bridges Home Health Care |
| Hospice of Medina County |
| Medina County Office for Older Adults |
| Senior Independence of Akron – Medina Office |
| Summa Health System – Wadsworth |
| Visiting Nurse Service and Affiliates |
| TOTAL HOME AND COMMUNITY-BASED HEALTH SERVICES PROVIDERS (N=50) |

## Medical Nutrition Therapy

Nutritional counseling services and nutritional supplements provided by a licensed, registered dietician outside of an outpatient/ambulatory medical care visit. Food may be provided pursuant to a health care professional’s (i.e., physician, physician assistant, or advanced practice nurse) recommendation and a nutritional plan developed by a licensed, registered dietician (RWHAP- Part A).

|  |
| --- |
| Ashtabula County Provider (N=1) |
| Signature Health |
| Cuyahoga County Providers (N=6) |
| Cleveland Clinic Foundation |
| Cleveland VA Medical Center |
| Fairview Hospital |
| Kaiser Permanente |
| MetroHealth Medical Center |
| University Hospitals Case Medical Center – John T. Carey Special Immunology Unit |
| Lorain County Provider (N=2) |
| Elyria City Health District |
| Mercy Regional Medical Center |
| TOTAL MEDICAL NUTRITION THERAPY PROVIDERS (N = 9) |

## Health Insurance Premium and Cost-Sharing Assistance (HIPCSA)

Provision of financial assistance for eligible individuals living with HIV/AIDS to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles (RWHAP- Part A).

|  |
| --- |
| Cuyahoga County Providers (N=2) |
| MetroHealth Medical Center |
| University Hospitals Case Medical Center – John T. Carey Special Immunology Unit |
| TOTAL HIPCSA PROVIDERS (N=2) |

## Substance Abuse Treatment Services – Outpatient

Services include the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel. Services limited to the following: pre-treatment/recovery readiness programs; harm reduction; outpatient drug-free treatment and counseling; opiate assisted therapy (does not include medications); and relapse prevention (RWHAP – Part A).

|  |
| --- |
| Ashtabula County Provider (N=13) |
| AGAPE Place |
| Ashtabula County Mental Health and Recovery Services Board |
| Cleveland VA Medical Center – Painesville Clinic |
| Community Counseling Center of Ashtabula County |
| Eagle Eye Family Development Center |
| Glenbeigh Hospital and Outpatient Centers |
| Independent Solutions |
| Lake Area Recovery Center |
| Lighthouse Behavioral Health, Inc. |
| Mayflower House |
| Signature Health |
| Watershed Addiction Treatment Center, Inc. |
| Windsor Laurelwood Center for Behavioral Medicine |
| Cuyahoga County Providers (N=72) |
| Abraxas Counseling Center |
| Acceptance Recovery Center |
| Allied Behavioral Health Services |
| Applewood Centers, Inc. |
| Beech Brook |
| Bellefaire Jewish Children’s Bureau |
| Better Living Center |
| Care Alliance |
| Carrington Youth Academy |
| Carvin Kawon Foundation |
| Catholic Charities Corporation |
| Center for Effective Living |
| Charak Center for Health & Wellness |
| Choices Behavioral Health Care |
| City of Cleveland – Department of Public Health |
| Cleveland Christian Home, Inc. |
| Cleveland Clinic Foundation |
| Cleveland Treatment Center |
| Cleveland UMADAOP |
| Cleveland VA Medical Center |
| Community Action Against Addiction |
| Community Assessment and Treatment Services |
| Connections: Health, Wellness, Advocacy |
| Ed Keating Center |
| Family Guidance Center |
| Fortaleza Treatment Centers |
| Free Medical Clinic Of Greater Cleveland |
| Fresh Start VI |
| Glenbeigh Hospital and Outpatient Centers |
| Guidestone |
| HealthSpan |
| Highland Hills Hospital |
| Highland Springs |
| Hispanic UMADAOP |
| Hitchcock Center for Women |
| H.O.P.E. Counseling |
| Jordan Community Resource Center |
| Key Decisions/ Positive Choices |
| Lakewood Hospital |
| Life Change Institute |
| Manna House Recovery and Resource Center |
| McIntyre Center |
| MetroHealth Medical Center |
| Moore Counseling & Mediation Services |
| Murtis Taylor Human Services System |
| New Directions |
| New Visions Unlimited |
| Northeast Ohio Applied Health (NOAH) |
| Northern Ohio Recovery Association |
| NorthStar |
| Oakview General Health Center |
| OldSchool, LLC |
| Orca House |
| Oriana House |
| Psych Services, Inc. |
| Reconnection to Life |
| Recovery Resources |
| St. Vincent Charity Medical Center |
| Salvation Army of Greater Cleveland |
| Scarborough House |
| Southwest General Health Center |
| Specialized Alternatives for Families and Youth (SAFY) |
| Stella Maris |
| The Covenant |
| Travco Behavioral Health |
| Treatment Alternatives to Street Crime (TASC) |
| TreatmentWorks, Inc. |
| University Hospitals Case Medical Center |
| ViaQuest Psychiatric & Behavioral Health Solutions |
| Visiting Nurse Association of Ohio |
| Willow Counseling Services - Lyndhurst |
| Women’s Recovery Center |
| Geauga County Provider (N=5) |
| Catholic Charities Community Services of Geauga County |
| Lake Geauga Recovery Centers – Chardon Office |
| Ravenwood Mental Health Center |
| University Hospitals Geauga Medical Center |
| Willow Counseling Services - Geauga |
| Lake County Provider (N=17) |
| Advanced Psychotherapy Services |
| Beacon Health |
| Catholic Charities Community Services of Lake County |
| Charak Center for Health & Wellness |
| Cleveland VA Medical Center – Painesville Outpatient Clinic |
| Crossroads |
| Gemstone Counseling Centre |
| Lake County Alcohol, Drug Addiction and Mental Health Services Board |
| Lake Geauga Recovery Centers |
| Neighboring Mental Health Services |
| New Directions |
| Premier Behavioral Health Services |
| Signature Health |
| Smart Recovery |
| Teen Challenge of Greater Cleveland |
| Willow Counseling Services |
| Windsor Laurelwood Center for Behavioral Medicine |
| Lorain County Provider (N=19) |
| Allied Behavioral Health Services |
| Applewood Centers |
| Bellefaire Jewish Children’s Bureau - Elyria |
| Catholic Charities/ Lorain |
| Charak Center for Health and Wellness |
| Cleveland VA Medical Center – Lorain Clinic |
| Firelands Counseling and Recovery Services of Lorain County |
| Fortaleza Treatment Centers |
| Gateway Facility |
| Lorain County Alcohol and Drug Abuse Services |
| Lorain UMADAOP |
| Mature Services |
| Mercy Regional Medical Center |
| Moore Counseling & Mediation Services |
| Nord Center |
| Northern Ohio Recovery Association |
| Psych and Psych Services |
| Stella Maris |
| The LCADA Way |
| Medina County (N=7) |
| Akron Lodi Community Hospital |
| Alternative Paths |
| Cathy’s House |
| Charak Center for Health and Wellness |
| Medina Alcohol, Drug Addiction and Mental Health Board |
| Solutions Behavioral Healthcare |
| Travco Behavioral Health |
| TOTAL SUBSTANCE ABUSE TREATMENT SERVICES - OUTPATIENT PROVIDERS (N=133) |

## Home Health Care

The provision of services in the home by licensed health care workers, such as nurses, including the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies. Services require a medical referral stating the need for home health services and the expected length of care (RWHAP – Part A).

|  |
| --- |
| Ashtabula County Providers (N=4) |
| Ashtabula County Medical Center |
| Ashtabula Regional Home Health Agency |
| Continuum Home Care |
| Visiting Physicians Association |
| Cuyahoga County Providers (N=31) |
| ALS Association – Northern Ohio Chapter |
| Alternate Solutions |
| Benjamin Rose Institute on Aging |
| Buckeye Homecare Services |
| Caretenders of Cleveland/ Almost Family |
| Cleveland Clinic Foundation Homecare Services |
| Cuyahoga County Division of Senior and Adult Services |
| Eagle Medical Services |
| Easter Seals Northern Ohio |
| Essential Healthcare Services |
| First Choice Home Health of Ohio |
| Generations Care Health Services |
| Herrington Home Care |
| Homecare Network |
| Hospice of the Western Reserve |
| Jewish Family Service Association |
| Judson at University Circle |
| Just Like Family Home Care |
| McGregor PLACE |
| Menorah Park Center for Senior Living |
| Montefiore at Home |
| National Multiple Sclerosis Society |
| Northeast Ohio Home Health Services |
| Omnicare Home Health Agency |
| Outreach Home Health Services |
| Parma Community Hospital Home Health |
| Personal Touch Home Care |
| Seasons of Care Health Services |
| University Hospitals Home Care Services |
| Visiting Nurse Association of Ohio |
| Western Reserve Area Agency on Aging |
| Geauga County Providers (N=4) |
| Care Corp |
| Geauga County Department on Aging |
| Parkside Care Corporation |
| University Hospitals Extended Care Campus |
| Lake County Providers (N=14) |
| Angels in Waiting Home Care |
| Around the Clock Home Care, Inc. |
| Cleveland VA Medical Center – Painesville Clinic |
| Comfort Keepers |
| Home Care of Lake County |
| Hospice of the Western Reserve |
| Lake County Council on Aging |
| Lake County General Health District |
| Lake Care Health Services |
| Lake Health |
| Maxim Healthcare Services |
| Nightingale Home Support & Care |
| Priority Home Health Care |
| Tender Loving Care |
| Lorain County Providers (N=5) |
| Cambridge Home Health Care |
| Easter Seals Northern Ohio – Elyria Office |
| Fraternal Health Care - Lorain |
| Mercy Regional Medical Center |
| NC HHA, Inc. |
| Medina County (N=2) |
| Cambridge Home Health Care – Medina |
| Visiting Nurse Service and Affiliates |
| TOTAL HOME HEALTH CARE PROVIDERS (N=60) |

## Local Pharmaceutical Assistance Program (LPAP)

The provision of Part A formulary medications to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic prevention. LPAP services must not be substituted for services available to eligible individuals under the Ohio ADAP program. LPAP programs are used to fill service gaps created by restrictions in the Ohio ADAP formulary and financial eligibility restrictions (RWHAP- Part A).

|  |
| --- |
| Cuyahoga County Providers (N=6) |
| AIDS Healthcare Foundation |
| Cleveland Clinic Foundation |
| MetroHealth Medical Center |
| University Hospitals Case Medical Center – John T. Carey Special Immunology Unit |
| AIDS Resource Center Ohio |
| TOTAL LPAP PROVIDERS (N=6) |

## Hospice Care

Room, board, nursing care, counseling, physician service and palliative therapeutics provided by agencies licensed within the State. Services may be provided in a home or residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice care to terminal patients. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of six (6) months or less. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under the Ohio Medicaid Program (RWHAP- Part A).

|  |
| --- |
| Ashtabula County Provider (N=1) |
| Hospice of the Western Reserve - Ashtabula |
| Cuyahoga County Providers (N=10) |
| Cleveland Clinic Foundation |
| Cleveland VA Medical Center |
| Eliza Jennings Senior Care Network |
| Hospice of the Western Reserve |
| Malachi House |
| Montefiore |
| Parma Community General Hospital |
| St. Augustine Health Campus |
| Southwest General Health Center |
| Visiting Nurse Association of Ohio |
| Geauga County Provider (N=1) |
| Parkside Care Corporation |
| Lake County Provider (N=4) |
| Cardinal Woods Skilled Nursing and Rehab Center |
| Hospice of the Western Reserve – Mentor |
| Visiting Nurse Association of Lake County |
| Wickliffe Country Place |
| Lorain County Provider (N=7) |
| Avon Place – Diversicare Transitional Care Center |
| Hospice of the Western Reserve – Lorain County |
| Mercy New Life Hospice |
| Oak Hills Nursing Center |
| Sprenger Retirement Centers |
| Stein House |
| Welcome Nursing Home |
| Medina County (N=3) |
| Hospice & Palliative Care of Greater Wayne County |
| Hospice of Medina County |
| Medina Meadows Rehabilitation and Nursing Centre |
| TOTAL HOSPICE CARE PROVIDERS (N=26) |

# Appendix C: Structured Interview Protocol

**2016 Ryan White Part A Focused Needs Assessment *Interviewer*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STRUCTURED INTERVIEW *Date of Interview:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Person Interviewed*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Agency/Organization*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We are requesting to interview you because your organization offers services that are important to people with HIV/AIDS in the Cleveland Ryan White HIV/AIDS Part A Program Transitional Grant Area (including Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina counties).

Help us strengthen the system of care in our region by sharing your experiences. The information gathered from this interview will be compiled into the *Post-ACA and Medicaid Expansion: Progress and Gaps* focused needs assessment being completed for the Ryan White Part A Planning Council. This report will be used to better understand: the current scope of services available to people living with HIV/AIDS in our community; the impact of health insurance reform; and any remaining gaps in service.

Thank you for your time and participation!

### Service Availability

1. What is the maximum number of clients with HIV/AIDS that your organization is able to have on its caseload at one time?
2. How many clients with HIV/AIDS does your organization *currently* serve?

## Ask these questions for Part A funded core service(s) first, then for any RWHAP Part-A core service:

**Core services**: Outpatient Ambulatory Medical Care; Medical Case Management; Oral Health Services; Early Intervention Services; Mental Health Services; Substance Abuse Treatment – Outpatient; Medical Nutrition Therapy; Health Insurance Premium and Cost-Sharing Assistance; Home and Community-Based Health Services; Local Pharmaceutical Assistance Program; Home Health Care; Hospice Care; AIDS Drug Assistance Program.

1. Can all PLWHA receiving any of the RWHAP - Part A core services from your organization (whether funded by Part A or not) be seen within 30 days? (i.e. is there no wait time longer than 30 days?)

### Medicaid/ ACA

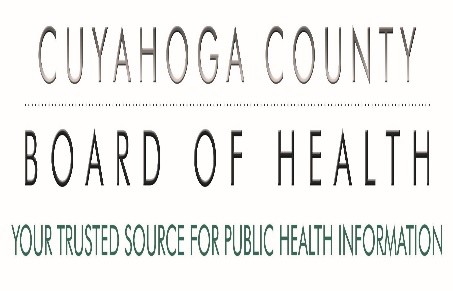
1. Has Medicaid Expansion contributed to the availability of core medical services for PLWHA in the community? How?
2. Has the Marketplace (federally-facilitated marketplace/ health exchange) contributed to the availability of core medical services for PLWHA in the community? How?

### Gaps

1. For what services does your organization find PLWHA to be underinsured (due to limitations in Medicaid, Medicare, or private insurance) and require Ryan White Program support?
2. What is the greatest problem that your clients living with HIV/AIDS face when accessing the core services of Ryan White?
3. What is needed to resolve this problem?
4. Based on your experiences since January 2014 (ACA start/ Medicaid expansion) what is the biggest reason your PLWHA clients do not access HIV-related medical care?

# Contact Information





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