

# RYAN WHITE PART A HOME AND COMMUNITY-BASED HEALTH SERVICES PART 2



Anna Thomas, MPH  
Program Planner, Care, Treatment and Housing Program  
Bureau of HIV/AIDS Prevention and Control, NYC DOHMH  
Integration of Care Committee, 6/4/14





# Overview

- HRSA Definition, EMA Definition, and Current Services Provided
- Need for Services
  - CHAIN
  - Provider Perspectives
- Service Gaps/ Other Payers
  - Payer of Last Resort Tool Items

# Contrast Between HRSA Definition, EMA Definition, and Current Services

## HRSA Definition\*

- Skilled Health Services in the Home
- Durable medical equipment;
- Home health aide and personal care services;
- Day treatment or other partial hospitalization services;
- Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy);
- Routine diagnostic testing; AND
- Appropriate mental health, developmental, and rehabilitation services.

## EMA Definition

- Comprehensive Home-Based Services
- psychosocial support
- bereavement counseling
- pastoral care to family members and caregivers
- respite for caregivers
- childcare during appointments and hospitalizations
- assistance with activities of daily living and household chores.

## Current Services

- Mental Health Counseling: includes Individual, Group, Family Counseling-MH, and Individual Counseling-AOD
- Psychiatric Evaluation and Visits
- Supportive Counseling
- Nutritional Counseling
- Pantry Bag Distribution
- Custodial Visits: Homemaker/ chore services to provide support to the family. Includes childcare.

**\*All services provided must be based on a written care plan signed by a case manager and clinical health care professional responsible for the individual's HIV care and indicating the need for these services.**



# Defining Need for Services

- Current Utilization
- CHAIN Items
- Provider Perspectives

# Part A Service Utilization

- Unduplicated Clients Served: 325
- Services by Clients and Units

	<b>Custodial Visits (varies)</b>	<b>Psychiatric Eval./ Visit (hour)</b>	<b>Mental Health Counseling (hour)</b>	<b>Supportive Counseling (hour)</b>	<b>Nutrition Counseling (hour)</b>	<b>Pantry Bag Distribution (bag)</b>
<b>Total Clients</b>	81	17	70	84	88	30
<b>Total Units</b>	5,006	127	2,001	897	477	115

**Mental Health Counseling grouping includes Individual, Group, Family Counseling-MH, and Individual Counseling-AOD.**

**Psychiatric Eval./Visit includes Psychiatric Evaluation and Psychiatric Visits.**

# CHAIN 2012 Brief Report: Home Care Service Need and Utilization

- CHAIN cohorts are followed over time. Not all CHAIN participants receive Ryan White services, but demographics reflect those of Ryan White Part A clients.
- Use and need for home care services
  - Of those who reported self-perceived need for home care, 76% of Rounds 1-5 and 93% of Round 6 used home care services
  - Coverage was much lower among those who were deemed to need home care by standardized measures like physical function or physical limitation scores.
- Services Used
  - Home-based medical care is the service most often used (not currently provided by RW Part A).
  - Housekeeping support is reported among over 50% of home care recipients.
  - There is a relatively high level of satisfaction with services among those who use them, and satisfaction has improved in recent rounds. Frequent users reported higher levels of satisfaction than episodic users (85% F, 71-77% E for recent rounds)

# Provider Perspectives

- In February 2013, representatives from all funded providers attended the PSRA meeting to discuss their service category.
- Mental Health and Psychiatric Care in the Home
  - All noted that there were challenges because Medicaid did not pay for home-based mental health services at the time.
- Service Limits for Other Funding Sources
  - \$30,000 Medicaid Cap
- Custodial Care
  - Homemaking and child care services for ill patients who do not have another way to access these services



# Service Gaps

- Other Payers from Payer of Last Resort Tool
  - Refer to the tool for additional detail



# Other Payers: Health Insurance

- **Services Paid for via insurance:** Medicare, Medicaid, and Private Insurance (including that purchased on the Marketplace).
  - Services vary, but insurance plans tend to cover some level of medically necessary home-based care.
  - In FY12, 92% of clients (281) receiving Home and Community-Based Health Services were insured. 8% (23) were uninsured or of unknown insurance status.
  - Marketplace insurance plans: Home-based care is NOT listed in the Essential Health Benefits that must be covered by all insurance plans on the Marketplace
  - Medicare does NOT require that a patient be homebound, but does require medical necessity for services to be provided in the home.

# Other Payers: Medicaid Programs

- Medicaid Expansion
  - Starting in January 2014, about 9% of RW clients may have become newly Medicaid eligible. Due to the small number of clients served in this service category, this may result in a handful of additional clients who are Medicaid-eligible
  - For all RW Part A clients in the EMA:
    - 77% had incomes under 100% FPL
    - 9% had incomes between 100% and 138% FPL
- Long Term Home Health Care: Enhanced services for those who are medically eligible for nursing home placement to enable them to stay in home (if it costs less than nursing home care would).
- Managed Long Term Care
  - For clients who require more than 120 days of care per year.
  - A Representative from NYS has been invited to attend an IoC meeting to further discuss MLTCs

# Other Payers: HIV-Specific Programs

- **NYS AIDS Institute HIV Home Care Program:** skilled nursing, personal care, homemaker and home health aide services, iv medications, and supplies.
  - On last report, there was no lack of program capacity as far as participation.
  - \$30,000 lifetime limit on home care services.
  - Per C. Rivera at the 2/4/13 PSRA meeting: In 2012, the Uninsured Care Program spent about \$171K for 186 clients for home care in NYC, mostly for Medicaid Spend-Down.
- **HASA:** Home Care/Homemaking Services include child care, homemaker services, home attendant services, direct linkage to benefits (TANF, Medicaid, SNAP, SSI/SSD). Must be HASA eligible and assigned a case manager.
- **Administration for Children's Services:** Homemaking, home attendant, household management, and personal care services for HASA-eligible HIV+ persons or their children. Must be deemed medically eligible
- **HRSA-RW Part C:** Not a POLR issue, but Part C does fund home health care.

# Other Payers: Services for Special Populations

- **NYC Dept for the Aging:** Home Care Services and Expanded In-Home Services for the Elderly (EISEP) include home care attendants, personal care, housekeeping, shopping assistance, respite care, and other supportive services. Must be 60+ AND disabled, need help with daily activities, or homebound AND be Medicaid ineligible.
- **NYC Adult Protective Services:** Home Care services for mentally and/or physically impaired and unable to manage their own resources, carry out activities of daily living, or protect themselves from abuse. Income not an eligibility requirement
- **NYS Office for People with Developmental Disabilities:** home care and other services for developmentally disabled clients

# Considerations

- HRSA definition/ EMA definition/ Service Provided not clearly connected
- Gaps are unclear
  - Few clients receiving services in this service category are uninsured. Medicaid expansion and the availability of insurance on the marketplace will likely result in fewer uninsured clients.
  - Several programs are available to meet the home care needs of PLWHA who are uninsured
- Services available in other service categories
  - Mental Health Services: this service category is being rebid and home-based care is a component of the services that are being bid. Is there a benefit to providing this service through this service category rather than through Mental Health Services?
  - Nutritional Counseling and Pantry Bags: is there a benefit to providing this service through this service category rather than through Food and Nutrition Services providers?