



NY EMA RYAN WHITE PART A
PORTFOLIO PLANNING

NOVEMBER 7, 2012

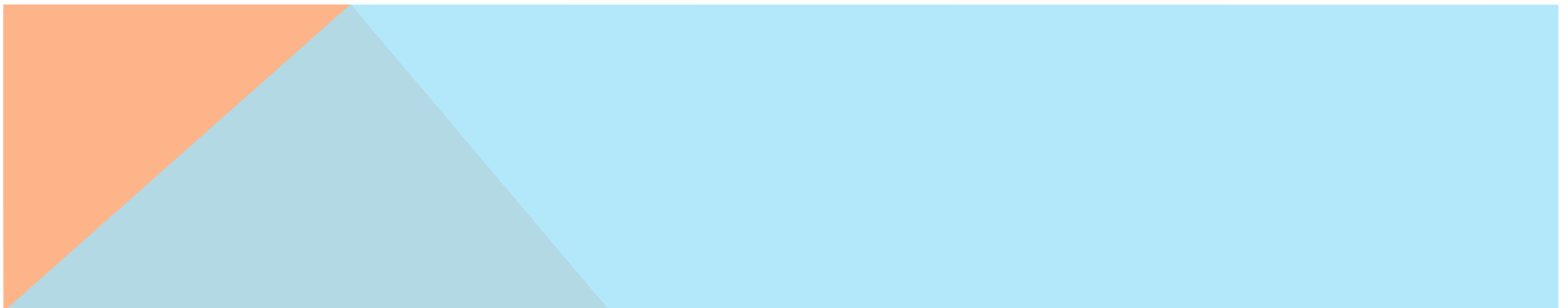
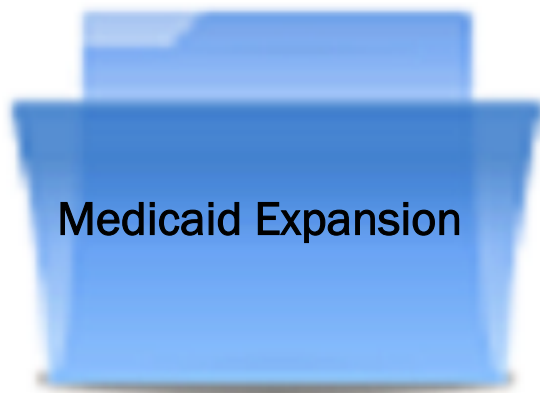
INTEGRATION OF CARE COMMITTEE



**NY EMA RYAN WHITE PART A
PORTFOLIO PLANNING: GETTING
STARTED**

OVERVIEW OF PORTFOLIO PLANNING

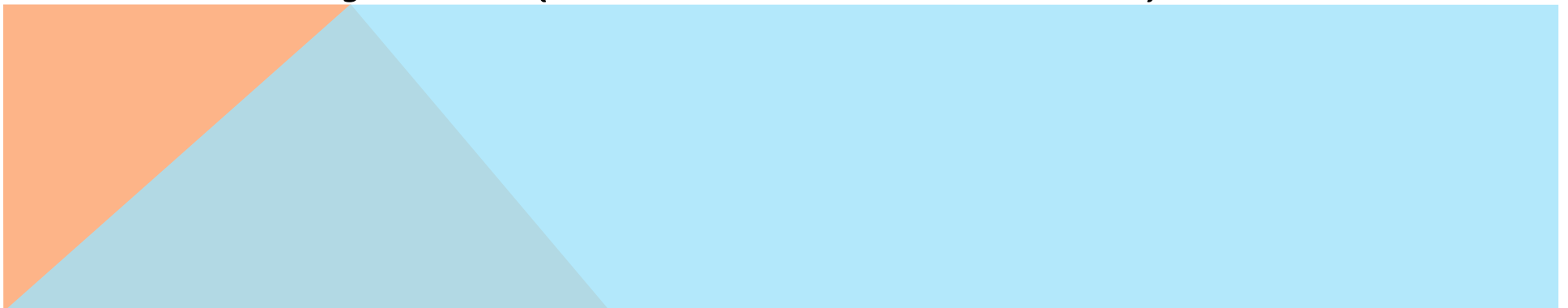
For the purposes of the NY EMA portfolio planning process, Ryan White Part A HRSA service categories are organized based on the following categories of system change:



FACTORS AFFECTING TIMING OF PORTFOLIO PLANNING

For each service category, consider the factors that contribute to the timing of PC response

- 1. 2013 Spending Plan Amount**
- 2. Factors Affecting Service Category**
- 3. Likely Allocation Need (increased, stable, or reduced)**
- 4. Timing**
- 5. Intensity (complexity of potential changes needed)**
- 6. Priority Level (PC round table exercise)**



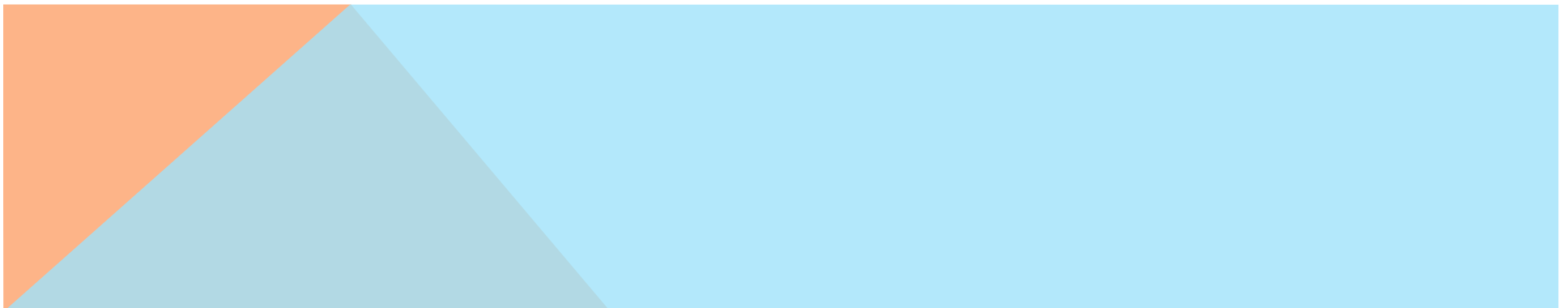
	2013 Spending Plan	Allocation need	Timing	Intensity of Effort	Proposed Dates	PC Consideration Priority
Medicaid Expansion						
Integrated Harm Reduction, Recovery Readiness, and Relapse Prevention	\$9,458,112 (base)	Stable or reduced	About 1 year out	Medium	Monitor	
Medical Case Management (Care Coordination)	\$21,772,715 (base) \$ 4,795,004 (MAI)	Stable or reduced	Health Homes have begun, but not fully rolled out.	Medium	Monitor	
HRSA Monitoring Standards						
Mental Health Services	\$5,783,930 (base)	Stable or reduced	Immediate	Medium	Fall 2012	
Supportive Counseling & Family Stabilization	\$2,479,987 (base)	Increased	Immediate	Medium	Fall 2012	
Emerging Need						
Health Education and Risk Reduction	\$480,800 (base)	Increased	Flexible	Medium	Winter 2012-2013	
Home Care	\$1,516,589 (base)	Stable or reduced	Flexible	Medium	Spring 2013	
Non-Medical Case Management	\$4,262,511 (base)	Increased	Flexible	High	Fall 2012	
Oral Health	Tri-county only	Would need allocation	Flexible	High	Monitor	



Medicaid Expansion

Integrated Harm Reduction, Recovery Readiness, and Relapse Prevention (HRR)

1. 2013 Spending Plan Amount
 - \$9.5M base
2. Factors Affecting Service Category:
 - Medicaid coverage may be implemented in approximately 1 year.
3. Allocation Need:
 - Service gap will likely decrease as some services will be paid for by Medicaid, possibly reducing allocation need.





Medicaid Expansion

HRR (continued)

4. Timing:
 - Medicaid reimbursement expected in 1-2 years
5. Intensity:
 - Medium—will need to adjust model in light of payor of last resort.
6. Dates:
 - Monitor- assess performance as service becomes billable by Medicaid.



Medicaid Expansion

Medical Case Management (Care Coordination)

1. 2013 Spending Plan Amount:
 - \$21.8M base, \$4.8M MAI
2. Factors Affecting Service Category:
 - Health Homes for high-intensity clients have started to be implemented.
 - Some Medical Case Management services will be provided under Health Homes, so adjustments need to be made to the service model to maintain POLR status.
3. Allocation Need:
 - Service gap will likely decrease as clients are moved into Health Homes, possibly reducing allocation need.



Medicaid Expansion

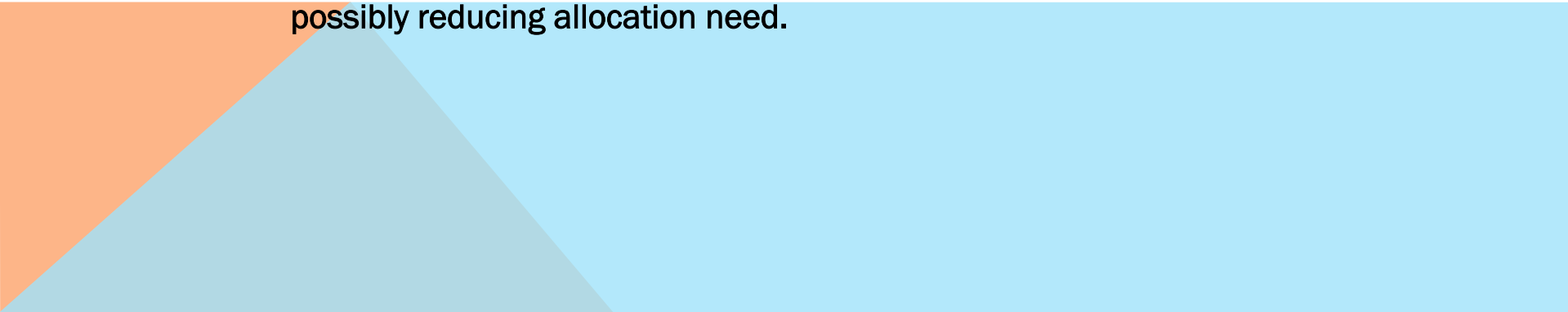
Medical Case Management (continued)

4. Timing:
 - Health Homes have just begun to be rolled out by the State, so changes will need to be made as Health Homes service model is clarified.
5. Intensity:
 - Medium–Service model will need some reworking once service gaps are known
6. Dates:
 - Monitor—information is needed that is not yet available.



HRSA Monitoring Standards

Mental Health Services

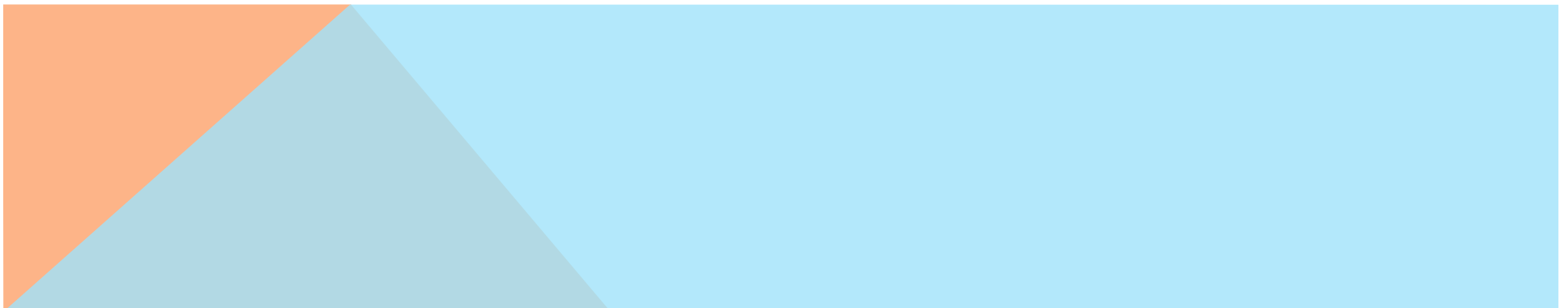
1. 2013 Spending Plan Amount:
 - \$5.8M base
 2. Factors Affecting Service Category:
 - As part of the HRSA Monitoring Standards effective April 1, 2011, contractors in this service category need to obtain Medicaid certification and bill for services.
 - Behavioral Health Homes are expected to be implemented in 2014 as part of Medicaid expansion.
 3. Allocation Need:
 - Service gap will likely decrease as some services are paid for by Medicaid, possibly reducing allocation need.
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HRSA Monitoring Standards

Mental Health Services (continued)

4. Timing:
 - Providers are applying for Medicaid Certification. Billing will increase during the next year.
5. Intensity:
 - Medium: Service model will need to be reworked once service gaps are known and to address Behavioral Health Homes implementation.
6. Dates:
 - Fall 2012.

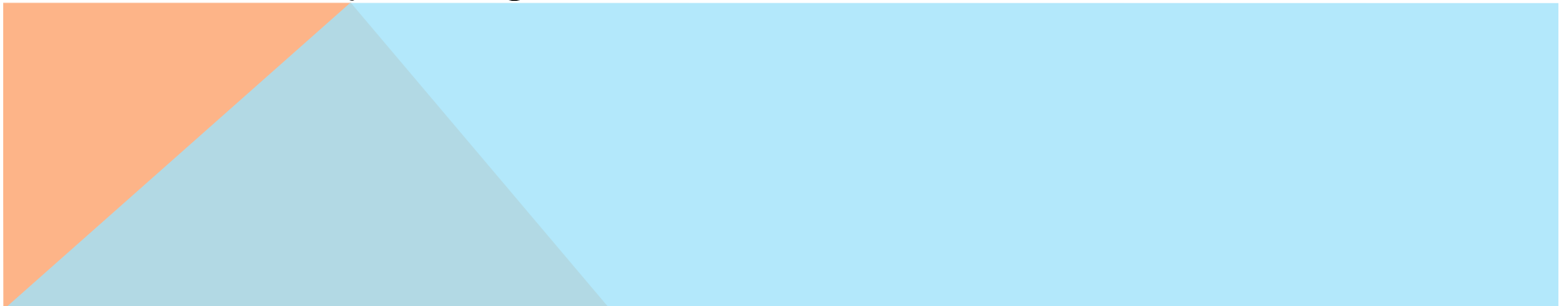




HRSA Monitoring Standards

Supportive Counseling and Family Stabilization

1. 2013 Spending Plan Amount:
 - \$2.5M base
2. Factors Affecting Service Category:
 - Services similar to those in Mental Health Services.
 - It is not Medicaid billable.
 - It is a flexible service model that can meet diverse needs of PLWHA.
3. Allocation Need:
 - Gap will likely increase as services are shifted from Mental Health Services, likely increasing allocation need.





HRSA Monitoring Standards

Supportive Counseling and Family Stabilization (continued)

4. Timing:

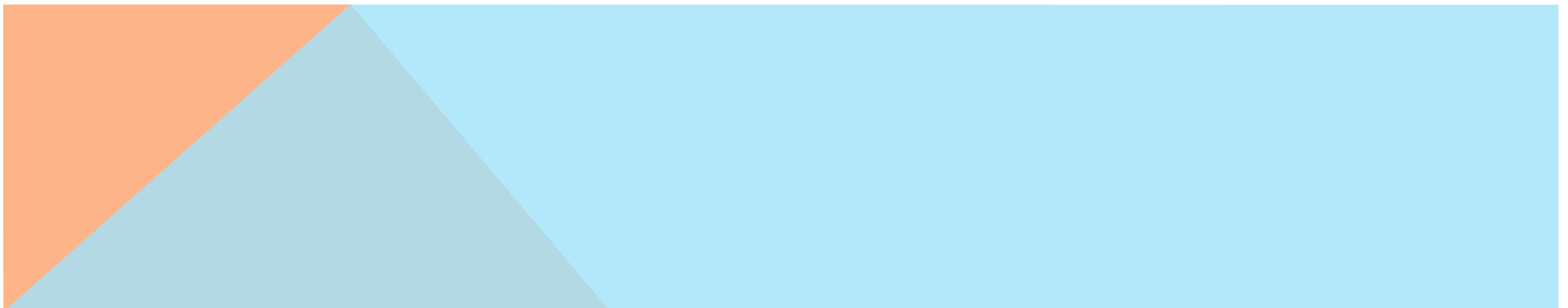
- Mental health providers are currently in the process of applying for Medicaid Certification. Billing estimated to begin within the next year.

5. Intensity:

- Medium: Service model needs to be reworked once service gaps are known and to address Behavioral Health Homes issues. Process needs to be concurrent with Mental Health services.

6. Dates:

- Fall 2012/ concurrent with Mental Health Services

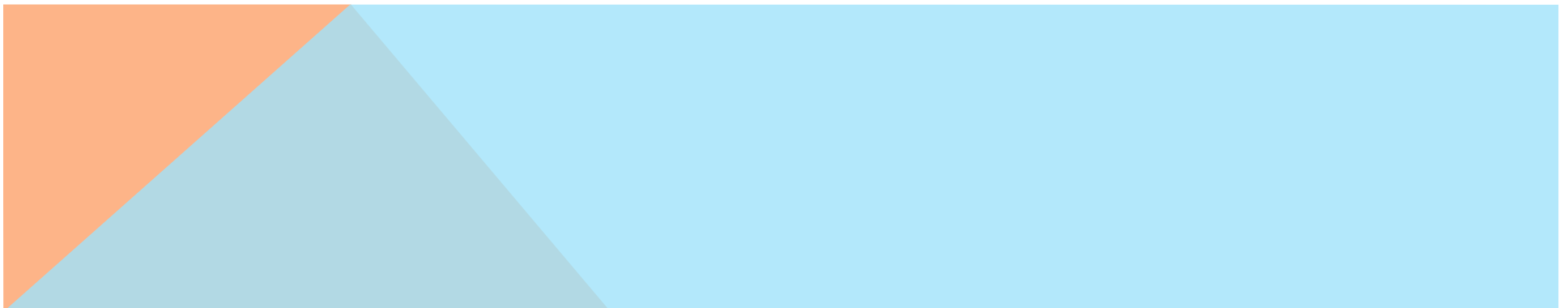




Emerging Needs

Health Education/ Risk Reduction

1. 2013 Spending Plan Amount:
 - \$0.5M
2. Factors Affecting Service Category:
 - Update service model to increase participation in service
3. Allocation Need:
 - May increase, as reworked service model could allow more need to be met.

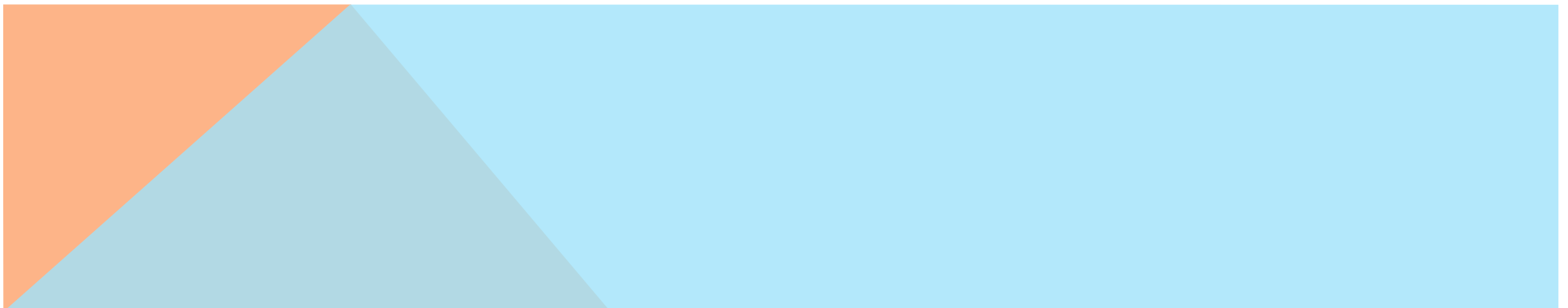




Emerging Needs

Health Education/ Risk Reduction (continued)

4. Timing:
 - Flexible.
5. Intensity:
 - Low: Adjustment to existing service model
6. Dates:
 - Winter 2012-2013

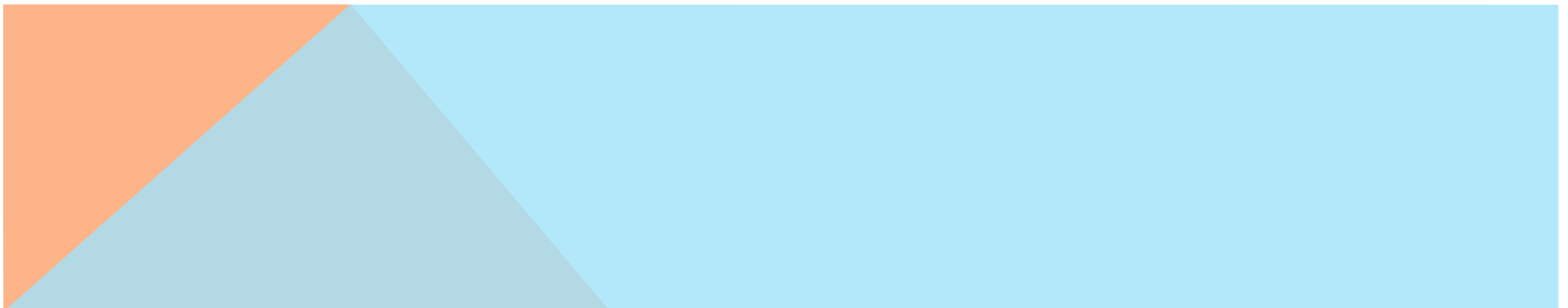




Emerging Needs

Home Care

1. 2013 Spending Plan Amount:
 - \$1.5M
2. Factors Affecting Service Category:
 - Service model in need of update since services haven't been rebid for over 12 years. Services affected by implementation of long term managed care.
3. Allocation Need:
 - Service gap will likely decrease as services are paid for by other sources, possibly reducing allocation need.

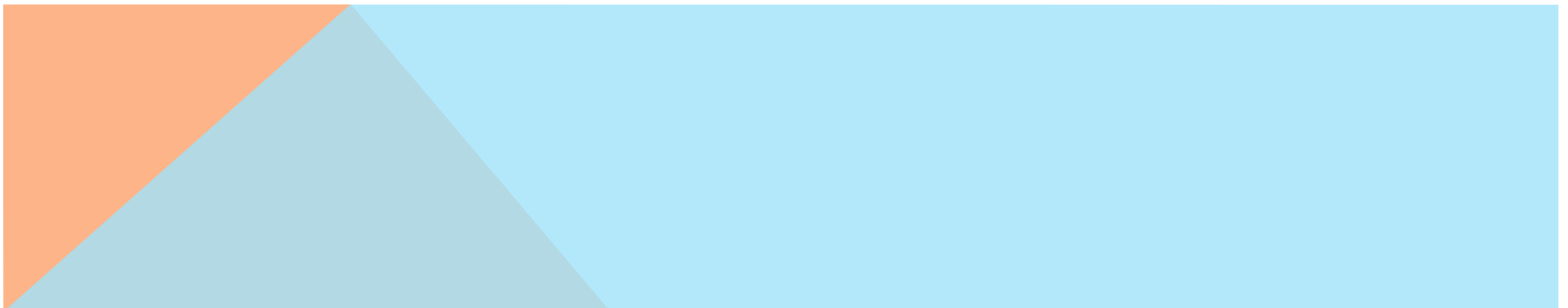




Emerging Needs

Home Care (continued)

4. Timing:
 - Flexible.
5. Intensity:
 - Medium: service model needs to be reworked.
6. Dates:
 - Spring 2013- needs to be addressed, but environment is not rapidly changing.

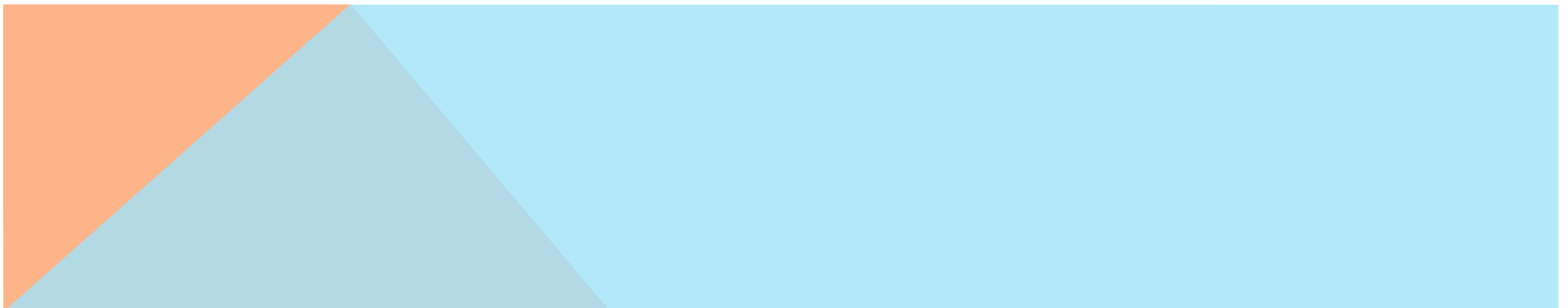




Emerging Needs

Non-Medical Case Management

1. 2013 Spending Plan Amount:
 - \$4.3M
2. Factors Affecting Service Category:
 - Need to re-assess need. Currently, this category only supports TCM for recently released inmates.
3. Allocation Need:
 - Service gap will likely increase, as services that are no longer funded by Ryan White Part D may fall under this service category, increasing allocation need.

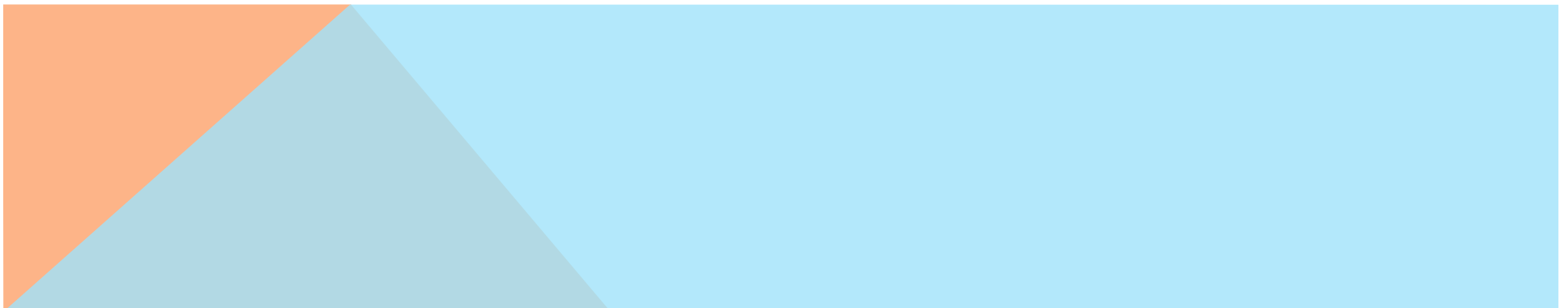




Emerging Needs

Non-Medical Case Management (continued)

4. Timing:
 - Flexible.
5. Intensity:
 - High: service model needs to be reworked.
6. Dates:
 - Fall 2012—decrease in Federal funds for services that fall under this category.

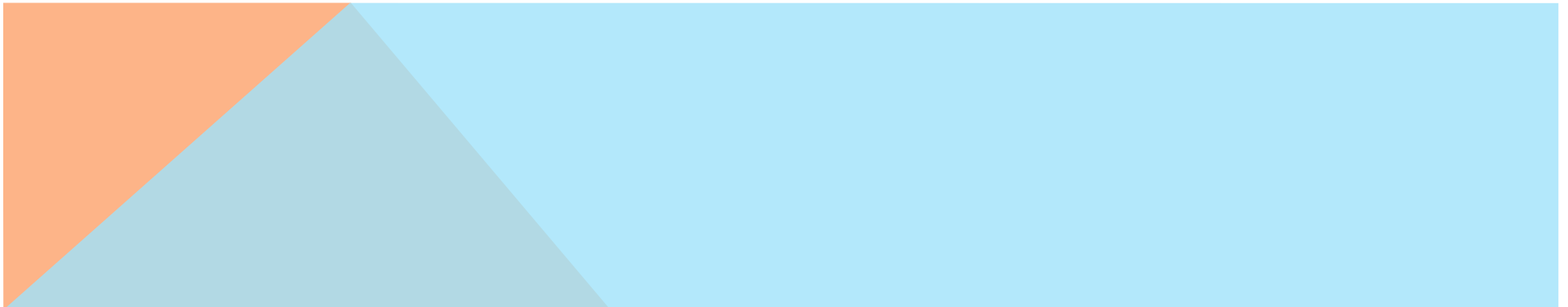




Emerging Needs

Oral Health

1. 2013 Spending Plan Amount:
 - Tri-county only
2. Factors Affecting Service Category:
 - Not currently offered in NYC. This service category was planned to be addressed during this year. Could emerge as an area of need for clients.
3. Allocation Need:
 - Allocation would be needed.

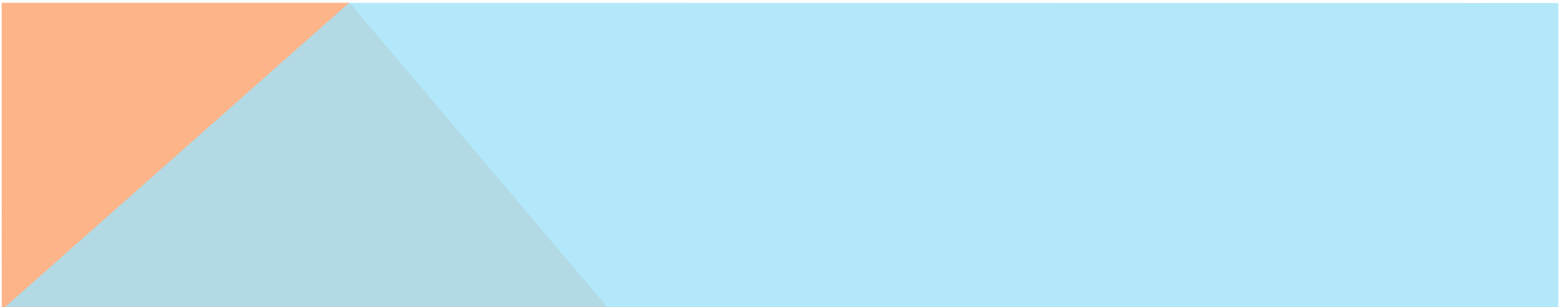




Emerging Needs

Oral Health (continued)

4. Timing:
 - Flexible.
5. Intensity:
 - High- not a current service category.
6. Dates:
 - Monitor- given rapidly changing environment, other service categories may need to be considered first.



TIMELINE EXERCISE

