



Testimony on the Governor's Proposed SFY 2015-2016 Health and Medicaid Budget

Submitted by Jason Lippman to the Joint Legislative Budget Committee on Health and Medicaid

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Members of the Joint Legislative Budget Committee, thank you for the opportunity to testify on behalf of Amida Care. My name is Jason Lippman, and I am the Director of Public Policy and Government Relations. Amida Care is a New York City wide community-sponsored nonprofit Special Needs health Plan (SNP). Our mission-driven approach is based on working closely with each member and surrounding him or her with a community of committed providers – providers who direct their care, social workers, health navigators, behavioral health specialists and a designated medical home. We specialize in providing comprehensive medical, behavioral and psychosocial support services to people with multiple chronic conditions.

Amida Care plays a pivotal role in State Medicaid redesign and policy initiatives aimed at improving health outcomes and reducing avoidable hospital admissions that will derive further Medicaid cost savings. Through DSRIP planning grant funding, we developed a set of community-based interventions to reform the delivery of services for people with chronic care needs, and have shared them with a variety of New York City-based PPSs, offering our technical assistance and support on implementation. Amida Care is also an active partner in Governor Cuomo's Task Force to End the AIDS Epidemic (EtE) in New York State by 2020, and its forthcoming plan. By providing improved access and retention in care to our members, Amida Care prevents avoidable hospitalizations and emergency room visits, which results in substantially lowers Medicaid costs overall.

Rate Adequacy and Timeliness

Providing effective and appropriate care to people living with chronic health care conditions such as HIV/AIDS, severe mental illness and substance use disorders, rests on having sufficient and timely premium rates in place. Unfortunately, the issuance of rates has been consistently delayed, making it a challenge for plans to budget and manage operations. In addition, rate adequacy issues get compounded by retroactive rate adjustments, making it difficult to prospectively manage the delivery of appropriate care to high need populations. We are appreciative of the efforts being made by Department of Health staff to address these issues, and realize that part of the process lies out of their control and with the Centers for Medicare and Medicaid Services. We only urge that rate setting procedures are reexamined for any modifications needed to facilitate timely rates in the future.

Having processes in place that accurately mirror the true costs of providing needed care management, retention, treatment adherence and health navigations services is critical to meeting end of year compliance standards, plan solvency and the expansion of services such as Behavioral Health and Recovery Plan (HARP) components. These services are worth investing in, as they connect people living with chronic health conditions to the life sustaining outpatient care they need to stay healthy and out of the hospital.

Ending the AIDS Epidemic (EtE) in New York State

In June of 2014, Governor Cuomo announced a bold three-point plan to bring new HIV infections down from over 3,000 per year to below 750 by 2020. Governor Cuomo then assembled a Task Force of over 70 experts and community leaders, including Amida Care, who met this challenge by submitting a Blueprint, that if fully enacted will reduce new HIV infections to zero by 2020 and improve treatment outcomes for New Yorkers currently living with HIV. The Blueprint, among other things, will likely call for steps to identify undiagnosed New Yorkers living with HIV and link them to care, retain people diagnosed with HIV in care to maximize viral load suppression, provide access to Pre-Exposure

Prophylaxis (PrEP) to prevent individuals at high-risk from contracting HIV, and make essential housing and services available to low-income New Yorkers with HIV. In the coming days ahead, we eagerly await the announcement of the Blueprint, which will require strong partnerships between the community, State Legislature and Governor Cuomo to implement the Task Force's recommendations.

Delivery System Reform Incentive Program (DSRIP)

Amida Care is actively involved in the development and implementation of New York State's Delivery System Reform Incentive Payment (DSRIP) program. Amida Care, supported by a Department to Health planning grant, has developed a set of recommendations for community-based projects that are aimed at meaningful transformation of the chronic illness sector. Planning efforts focused on addressing the needs of Medicaid beneficiaries living with HIV/AIDS, severe mental illness and substance use disorders or who are homeless. In our final report which was submitted to the State and shared with New York City-based PPS leads, detailed justification is provided to implement the following initiatives: 1) peer health navigation services; 2) viral load suppression programs; 3) crisis bed diversion and hospital step-down transitional housing units; and 4) integrated care learning collaboratives. These recommendations can be tailored or expanded by the PPSs to meet the needs of their partners and populations served.

Peer Health Navigation

Implementing an improved and modernized consumer workforce is not only essential to PPSs in meeting their DSRIP goals, but would empower people living with HIV/AIDS, severe mental illness and substance use disorders to actively manage and improve their own health, and support early access to and retention in care for others. The development of innovative job training and employment placement programs that expand the use of certified peer outreach and health navigation services is a fundamental tool for reaching individuals who are at risk of falling out of care or need to be linked to appropriate health and behavioral health care services. People with lived experience are vital resources in building

new access points and connections to care and supportive services, as well as designing innovative care and discharge plans. It is essential that NYSDOH seek CMS approval for Medicaid billing for certified peer services to ensure a mechanism to support and sustain employment.

Viral Load Suppression

New Yorkers living with HIV face a number of demonstrated barriers to antiretroviral (ARV) adherence, including high rates of co-occurring behavioral health issues and socioeconomic factors such as housing instability. While statewide HIV infection rates have declined over the last decade, HIV morbidity is growing among certain subgroups, such as young men who have sex with men of color. As HIV is increasingly becoming a chronic disease, it is important to not only focus on screening and testing but also disease management to maintain undetectable viral loads. People with an undetectable viral load are more likely to live a long and healthy life and are less likely to transmit HIV.

The proposed viral load suppression initiative is based on *The Undetectables* program at Housing Works – an individualized, stepped approach to evidence-based ARV adherence support that moves from the least intensive tools (adherence planning, case management support, harm reduction readiness and financial incentives for viral load suppression) to the most intensive (directly observed therapy). This approach is based on the assumption that a certain percentage of individuals living with HIV will require a higher level of support to achieve or maintain viral load suppression, and that a stepped system will ensure the most efficient and cost-effective use of available resources.

Crisis Bed Diversion and Hospital Step-Down

Preventing avoidable hospital admissions and emergency room visits will require the development of a pool of temporary crisis housing units for high utilizers of Medicaid services who experience reoccurring behavioral health crises. Currently, a significant number of individuals are hospitalized for crises that could be stabilized with short-term and less costly care than inpatient services. Rather than presenting themselves in emergency rooms for acute conditions that result in

hospital admissions, safe, transitional housing with clinical supports should be created to engage and stabilize this difficult to serve population. In addition, we propose the creation of hospital step-down units to help to break the cycle of recurring admissions, by easing the transition process for individuals who are medically cleared for discharge but lack the proper medical and behavioral health supports for a full return to the community. Developing short-term crisis and hospital step-down units will not only provide for more appropriate care, but help to prevent future crisis episodes that would result in high use of the emergency department and avoidable hospital admissions if no interventions are executed. Supports will include referrals to more long-term transitional and permanent supportive housing services.

Integrated Care Learning Collaboratives

Finally, we would like to emphasize the importance of advancing integrated mental health, substance use and primary care service delivery models in the community. Delivering accessible, integrated care would fulfil a critical need for individuals with chronic health and behavioral conditions, providing them with better care, and driving down preventable hospital and inpatient admissions. We propose that the State and PPSs implement learning collaboratives to assist small to medium sized community-based providers committed to serving the whole person and addressing their multifaceted behavioral and primary care needs, but face systemic and regulatory barriers to creating integrated pathways. The collaboratives would serve as arenas to explore primary and behavioral health partnerships, as well as the possibility for mergers, for organizations that serve the health care needs of some of the most frequent and costliest users of Medicaid. Treating behavioral health and primary care services in one place would not only result in better outcomes, but also augment consumer satisfaction and care retention rates.

Conclusion

On behalf of Amida Care, I thank you for the opportunity to testify on Governor Cuomo's proposed 2015-16 Executive budget proposal as it relates to health and Medicaid policies, the need for adequate and timely rates and building a collaborative system that will enable and empower individuals with chronic health conditions to live healthier lives and stay out of the hospital, maintain housing and employment stability. We are available to inform and answer any questions that you may have.

Respectfully submitted,

Jason Lippman
Director of Public Policy and Government Relations
Amida Care
14 Penn Plaza, 2nd Floor
New York, NY 10122
646-757-7143
jlippman@amidacareny.org