

Managed care for people living with HIV/AIDS | maintain statutory protections

WHAT: current statute denies state health officials the power to require enrollment of people living with HIV/AIDS into managed care programs

WHY: widespread failure by HMOs and managed care plans to ensure adequate experienced HIV doctors and specialists in their networks led the Legislature to protect people living with HIV/AIDS from mandatory enrollment as part of the 1996 Managed Care Bill of Rights. State officials have pledged to work with PLWHAs, service providers and advocates to expand managed care options - but enrollment should continue to be on a voluntary basis.

COBRA case management | Medicaid rate increase

WHAT: psychosocial case management for low-income people living with HIV/AIDS - case management teams help clients establish eligibility for public benefits and services, assist with immediate household needs including child and elder care, and facilitate entry into health care and supportive services. \$4M/yr rate increase is first in a decade.

HOW: AIDS Institute staff have made several internal reform proposals suggested that could pay for the increase: elimination of two COBRA programs that have failed to meet quality standards (\$1M/yr savings) and regulatory streamlining that would allow 2-person COBRA teams rather than 3-person units and concomitant staff redeployment (\$2.5-3M/yr savings).

WHY: Academic research and AIDS Institute oversight have demonstrated the effectiveness of COBRA case management programs in delivering concrete health care results for low-income people living with HIV/AIDS. The CHAIN study at Columbia/Mailman reported late last year that psychosocial case management services were the most effective at ensuring entry into medical care and entry into HIV care that meets clinical standards. And AIDS Institute oversight ensures COBRA services are resulting in actual medical connections and real, positive health outcomes.

AIDS Adult Day Health Care | Medicaid rate increase

WHAT: intensive health care and social services for individuals with multiple co-morbid conditions including HIV/AIDS - nutrition, social, substance abuse and psychiatric support services allow individuals to live independently outside nursing homes and facilitate access to primary health care and HIV prevention services. \$2M/yr rate increase would be first in more than a decade. Request is for state-only funding for trend factor & rate hike until federal approval.

WHY: CMS has refused to approve federal funding for a Medicaid rate increase that was included in the 2005-06 state budget, due to some technical issues unrelated to the increase itself (CMS is debating whether all day programs should be moved over to 1915(i) instead of

falling under the State Plan.) In the two years that the programs have been waiting for the increase, their financial position has gone from bad to disastrous. All of the programs in the most recent fiscal year lost money and one program, on Long Island, recently closed.

HASA for All | new benefits & services for low-income PLWHA statewide

WHAT: expansion of rental enhancement, nutrition & transportation cash supplement grants, and lower-caseload ratio social services coordination currently available to low-income New York City residents living with advanced HIV illness or AIDS to all low-income New York State residents living with HIV infection.

WHY: Academic research demonstrates the linkage between unstable or inadequate housing, HIV infection and AIDS diagnoses. Studies show that stable housing reduces the incidence of high-risk behavior, preventing new HIV infections. And stable housing improves connections with health care, promoting adherence to HIV treatment, improvement in health outcomes and reductions in AIDS deaths.

30% Rent Cap for AIDS Housing | new statutory rent limits

WHAT: incorporation of federal rent standards for subsidized housing into state law. Federal law limits rent charges for residents of federally-supported housing programs to 30% of tenant income, including SSI, SSD, VA or other public benefits or disability/retirement income.

WHY: Supportive and scattered-site tenants living with HIV/AIDS who reside in state-supported housing don't have the same rent protections, and must pay up to 80% of their income for rent, forcing repeated choices between food, shelter and daily necessities and driving up the rate of homelessness among people living with HIV/AIDS.

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Expand HIV testing | maintain written informed consent

We strongly support efforts to achieve more HIV testing with informed consent. New York City's Health and Hospitals Corporation doubled the number of "new" HIV diagnoses when they doubled their offers of HIV tests, using current postcard-sized written consent forms.

The majority of testimony in the six public hearings held in New York on this issue over the last two years was strongly in favor of retaining full written informed consent for HIV testing, and against the proposition that simple postcard-size consent forms are a significant barrier to more HIV tests. It's possible to retain "opt-in" consent and still expand HIV testing - and it's a sign of real respect for patients to do so.

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