

HIV Care Services

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HIV Care Services Program Overview

- Provides medical case management, and payment for medical services, insurance premiums, co-insurance/co-pays and a formulary of medications.
- Ohioans are eligible for the program if they live in a household with an income at or below 300% of the Federal Poverty Level.

Medical Case Management Services Ensures timely & coordinated access to medically-appropriate levels of health and support services, and continuity of care, including treatment adherence	Non-Medical Case Management Services that provide advice & assistance to clients in obtaining medical, social, housing, legal, financial & other needed resources to prevent clients from falling out of care	
 Initial assessment of eligibility, ACA/Medicaid enrollment Development of comprehensive, individualized care plan Coordination of services to implement the care plan Continuous client monitoring to assess efficacy of the plan 	 Benefits/entitlement counseling & referral activities to assist clients in obtaining access to public & private programs for which they may be eligible Case management encounters & communications 	
 Six month re-evaluation & adaptation of the plan Access to fee-for-service assistance covered by RW Part B 	 Transitional case management for incarcerated persons preparing to exit the state corrections system 	



OHDAP Enrollment History

OHDAP Program Enrollment by Month by Percent of Total Enrollment





National HIV/AIDS Strategy Goals

Reduce New Infections

- Increase Access to Care and Improve Health Outcomes for People Living with HIV
- **Reduce HIV-Related Health Disparities and Health Inequities**
- Achieve a More Coordinated National Response to the HIV Epidemic



Integrated Planning Process

	Steering Committee	November 2015 to February 2016			
		,			
	Identification of Stakeholders Forming and Planning				
	Combined State-level	3/9/2016			
	Community Planning				
	 Needs Assessment Goal Setting and Strategies 				
2	Designal Masshires				
	Regional Meetings	May 2016 to June 2016			
	 Review Combined Planning feedback Comment and Edit 				
	Steering Committee	July 2016			
		5417 2010			
	 Draft Plan 				
2					
	Community Review	August 2016			
	 Review and Assent 				
~	Steering Committee	September 2016			
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	 Submit to HRSA and CDC 				



JMOC Report Recommendations

Review of Ohio Department of Health		
Review of Onio Department of Health		
Treatment Programs	es a unique da, and other the services and nutritional crease the e nik of	
	er Part B. The services. In modulat to to provide for all Part B F the headth	nto the grast-AGA Bh care to versign —
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JMOC Staff Report	meet them - embark on a	dicaid customers: Part 8 clients and to
December 2015	AIDS still	and under the Ryan
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	l in order to	th income above
	hideals to with outreach	
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	d ultimately meet	egs, support, and medical monitoring.
WV/ADS prevalence and treatment to develop an Ohio specific treatment	reprinters to collect data on	of the SBS million
WN/ACG prevalence and treatment to develop an Ohio-specific treatment	cascade. The Part II	P earmark funds. It perticularly for those
¹⁰⁰ U.S. Caestawi for USasawi Cardiol and Freventian. Annucleuce of Oligonauti and LN United Status, 2009 2022. Naukability and Interfailing United years 2015.	rulagnooud niv influction -	function as a major
	Page 18	HN-positive 5 diagnosis, yet 45 means that a large agreement services. It
		medications, or have
	services would be highly beneficial to I reduce the risk of transmission to of	Medicard customers to ensure
¹⁰ Sand, et il. PO' Cave Provider Emplo	size the angustance of the Ayan white Au	gram for Access To and Quality
of Care Health Affairs, 2004, Vol. 13 No.		Page 17

- Increase Medical Case Management Services
- Increase Supportive Services for High-Risk Clients
- Increased Outreach, Education & Prevention Activities
- Increased Data Aggregation for Ohio Treatment Cascade





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Questions?