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Joint Medicaid Oversight Committee
Subcommittee on Department of Health Programs - Ryan White Part B

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Chair Sears and members of the Ryan White Subcommittee, thank you for the opportunity to testify today.

In November 2015, Ohio Department of Health (ODH) Director, Richard Hodges, provided testimony to the Joint Medicaid Oversight Committee (JMOC) where he described services provided by the ODH HIV Care Program for Ohioans living with HIV/AIDS. Services provided by the Ohio Department of Health include the following:

- Provisions for payment of medical services, insurance premiums, co-insurance/co-pays and a formulary of medications for Ohioans living with HIV/AIDS.
- ODH has seven subrecipient agencies that provide both medical and non-medical case management services. Medical Case Management ensures timely and coordinated access to medically-appropriate levels of health and support services, and continuity of care which includes treatment adherence services. Non-Medical Case Management services provide advice and assistance to clients in obtaining medical, social, legal, financial and other resources to prevent clients from falling out of care.
- Ohioans living with HIV/AIDS who have a household income at or below 300% of the Federal Poverty Level are eligible for services provided by the HIV Care Program.

Director Hodges' testimony highlighted the importance of retaining persons living with HIV/AIDS in care so that they can achieve optimal client health and viral suppression, which dramatically reduces the chance of transmitting HIV to others.

When health care coverage under the Affordable Care Act became available in January 2014, fifty percent of the clients enrolled in the HIV Care Program were receiving no other source of coverage. Today, 86 percent of the clients receive coverage through either ACA marketplace plans, employer-provided insurance, Medicaid or Medicare. The HIV Care Program has realized a cost savings as a result of the shift in coverage. This savings makes available funding for more robust prevention activities and support services to clients to increase retention in care and improved health outcomes.

ODH receives funding for HIV Care from the Health Resources and Services Administration (HRSA) and for HIV Prevention and Surveillance from the Centers for Disease Control and Prevention (CDC). These federal agencies have tasked their HIV grantees with developing a state-wide, five year integrated plan for HIV Care, Prevention and Surveillance activities. ODH is currently engaged in workgroups with internal personnel, state partner agencies and consumers in developing the Integrated Plan to outline Ohio's HIV activities for 2017-2021. The plan goals are aligned with the federal goals of: reducing new infections, increasing access to care and improving health outcomes for people living with HIV, reducing HIV-related health disparities and inequities, and achieving a more coordinated approach to HIV efforts in Ohio.

The planning process began with a steering committee that assembled in November 2015. The committee, which includes a representative from JMOC, meets regularly to develop the five year Integrated Plan. The steering committee facilitated a statewide community planning meeting in March, 2016. Participants in the statewide meeting included state agencies, advocates, local health department partners, community-based organizations, medical professionals, and consumers. These partners identified and prioritized needs, gaps and barriers that prevent individuals from being tested/knowing their status, getting into care, staying in care, and achieving viral suppression. This steering committee is utilizing stakeholder input to develop the Integrated Plan which will be reviewed in draft form at regional meetings, open to stakeholders throughout the state, in May and June. The steering committee will prepare a revised draft at the conclusion of the regional meetings and make the plan available for community review in August 2016. The Ohio HIV Integrated Plan 2017-2021 will be submitted to HRSA and the CDC no later than September 30, 2016 and will be the guiding document for ODH HIV activities for the next five (5) years.

Along with the input of stakeholders, the Integrated Plan steering committee work has been largely in line with the recommendations as reported by JMOC regarding prevention, identification, appropriate care and support services, and data collection. Members of the JMOC committee are welcome to participate in any phase of the planning process.

Thank you again for the opportunity to speak today. I am happy to answer any questions you have at this time.