San Francisco Eligible Metropolitan Area (EMA) - Ryan White Funded Home Health Care and Community Based Care Service Categories

San Francisco EMA HIV Health Services Planning Council (HHSPC)
May 19, 2014
Prepared By HIV Health Services Staff (HHS):
Celinda Cantú, HHS Data Administrator
Dean Goodwin, HHS Administrator

Agenda & Purpose of Presentation

- Review Health Resource Service Administration's (HRSA) Service Category Definitions for Home Health Care & Home & Community Based Health Services
- History of HHS Funding
- What are differences between service categories
- Demographic of People Living With HIV (PLWH) served in categories
- Review of Services Trends & Impact of ACA on service categories
- Points to consider for upcoming HHSPC Prioritization & Allocation Summit
- Q & A

HRSA Definitions of Services

Home Health Care

The provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

Home and Community-based Health Services

Skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals.

Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services.

Inpatient hospitals services, nursing home and other long term care facilities are **NOT** included.

History of Funding

- Home Health Care has been part of the HHSPC Ryan White funded system of care for many years, and was last put out to bid in 2010.
- In 2009 the State budget was cut, and all State GF to the Office of AIDS for direct HIV services was eliminated. Prior to 2009, the SOA passed thru a portion of their RWPB dollars directly to the county and also funded several direct HIV client services programs that were contracted directly to providers (in combination with some of the State GF).
- In 2009, the state passed RWPB funds directly to local health jurisdictions (counties) in a block grant amount, which they referred to as a Single Allocation Model (SAM). Counties were allowed to spend these funds on any HRSA approved service category.
- Prior to 2009, the SOA had directly funded the Therapeutic Monitoring Programs, RALF Programs and the AIDS Case Management program which are delivered in homes of clients.
- In 2009, the HHSPC utilized Ryan White Funds to support these programs (due to the increase in the Stop Loss funding at that time). Previously there were three AIDS Case Management programs funded to provide this work. One program, expecting the cut, transferred clients to another program within their agency. Another was hospital-based and made the decision to not contract with the city, because of requirements to become a city vendor. The third continues and has been funded as part our system of care since 2009 in the Home and Community Based Health Services category.

What are the difference between two categories?

Home Health Care

- Greatest amount of service provision is primarily done by professional health care staffing focusing on medical therapies and adherence counseling.

Home and Community-based Health Services

- Skilled health services furnished to the individual in the individual's home based on a written plan of care established by a **case management team** that includes appropriate health care professionals.

Subtle differences are in composition of staffing levels for service provision in individual's home setting.

HHS Program Descriptions

- Home Health Care
  - Program provide home health care services, education and supporting treatment (medication) adherence to people living with HIV/AIDS and to allow them to continue to live independently at home, and avoid institutionalization as well as to reduce barriers to successful treatment adherence. Services include: 1) Skilled nursing for disease management, medication education, treatment adherence/medication monitoring; 2) Medical social work for community resources and linkages to reduce barriers to treatment adherence; 3) Physical and Occupational therapy to stabilize or improve functional activity; 4) Speech therapy for speech and swallow evals/training; and 5) Home Health aide services for personal care.
  - Program provides multiple services: 1) attendant care at residential hotels to maintain the independence of clients living in single room occupancy (SRO) and other marginal dwellings, and prevent or avoid relapsing into homebound status or institutional care; 2) in-home respite and attendant care to relieve caregivers and provide limited attendant care to those needing periodic support.
  - Definition of unit of service:
    - Attendant Care Day
    - Homemaker Service Day
    - RN/MSW Professional Visit
    - Specialized Patient Day
    - RN/MSW/OT/PT/ST Professional Visit
    - Home Health Aide Paraprofessional Visit

HHS Program Descriptions & Target Populations

- Home and Community-based Health Services
  - Program provides culturally competent, Registered Nurse and Masters-level Social Work Case Management, Home Health Aide and Homemaker services to prevent hospitalizations and maintain clients in their homes.
  - Definition of unit of service:
    - Certified Nursing Assistant/Home Health Aide Care Day
    - Homemaker Paraprofessional Service Day
    - RN/MSW Professional Visit

Who accesses these services? (1 of 2)

Demographics from 2013 HHS Summary Sheets

Gender	UDC	% of UDC
Female	42	18.6%
Male	174	77.0%
Transgender	10	4.4%
UDC	226	100%

Race/Ethnicity	UDC	% of UDC
White	113	50.0%
Black	63	27.9%
Latino/a	30	13.3%
Asian & Pacific Islander	10	4.4%
Native American	5	2.2%
Multi-Ethnic	4	1.8%
Unknown	1	0.4%
UDC	226	100%

Age	UDC	% of UDC
13 - 24 years	1	0.4%
25 - 44 years	36	15.9%
45 - 64 years	164	72.6%
65 years or older	25	11.1%
UDC	226	100%

Who accesses these services? (2 of 2)

Demographics from 2013 HHS Summary Sheets

Household Poverty Level	UDC	% of UDC
0 - 100	125	55.3%
101 - 200	82	36.3%
201 - 300	9	4.0%
301 - 400	5	2.2%
401 - 500	2	0.9%
501 and above	1	0.4%
Unknown	2	0.9%
UDC	226	100%

Insurance Status	UDC	% of UDC
Private	7	3.1%
Medicare	54	23.9%
Medicaid	181	80.1%
Other public	12	5.3%
No insurance	31	13.7%
Other	43	19.0%
Unknown	9	4.0%
UDC	226	149.1%

Services Trends – Summary Sheets 2013

- One program experienced difficulty in meeting their target UOS, because of clients qualifying for Medi-Cal and are no longer billable for Ryan White funding. A pilot program created during last half of the past fiscal year, added a treatment adherence component that was not a billable Medi-Cal service. Approximately 90% of the clients in the pilot program had undetectable viral loads by the end of the term.
- Fewer clients need paraprofessional services (attendant care) and more need professional, skilled services (nursing).
- Need for specialized home care for PLWHA with cognitive impairment.
- PLWHA prefer to remain in the community rather than being institutionalized, resulting in larger numbers of frail and impaired patients living in substandard and unsafe housing and requiring Home Health Care. Collaboration with dementia care programs necessary to support these patients in the community.

Impact of ACA & Medi-Cal Expansion

- 90% of 2013 clients served with Ryan White funds would appear eligible to transition to Medi-Cal and another 5% will be eligible for ACA coverage.
- Low Medi-Cal reimbursement levels for Home Care (30 cents on the dollar) result in most Home Health agencies not accepting Medi-Cal patients.
- Change in funding coverage may lead to provider to client ratios adjustments; case managers' case loads may increase leading to shorter visits and less time for client education and treatment adherence counseling.

Prioritization & Allocation Summit - Considerations

- Major increase in third party reimbursement for service categories with “new” Ryan White client largely unknown.
- Ryan White funds used for clients not eligible for Medi-Cal or other insurance programs due to immigration status and other criteria.
- Service categories definitions are restrictive, difficult to assess the true service need and provider service capacity.
- HIV Health Services is tracking client data and utilization and has begun meeting with providers in this category to discuss issues related to clients migrating from Ryan White to Medi-Cal and impact for future funding.

Questions???