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ADVANCING HIV PREVENTION
THROUGH HEALTH DEPARTMENTS
**HEALTH HOMES
FOR PEOPLE LIVING
WITH HIV/AIDS**

HIV PREVENTION EDUCATIONAL SERIES



A Wisconsin Case Study

Wisconsin operates the country's first and only health home program for Medicaid beneficiaries living with HIV/AIDS. The state developed and implemented its HIV/AIDS health home program in response to state legislation requiring the Medicaid agency to design a reimbursement mechanism for care coordination for this population. The Centers for Medicare and Medicaid Services (CMS) approved Wisconsin's Health Home State Plan Amendment (SPA) in January 2013, making the health home program retroactively effective beginning October 1, 2012.

Wisconsin's health home SPA designates AIDS services organizations (ASO) as the only provider type eligible to operate a HIV health home. Eligible AIDS service organizations must be able to provide clinical services on-site or through contracts.¹ The AIDS Resource Center of Wisconsin (ARCW), an ASO, operates the three health home sites in the state.² Currently, ARCW is the only ASO operating in Wisconsin.

Aspects of the health home state plan option — the required core services and a payment stream for care management—facilitated the formalization of ARCW's care coordination processes. This, in turn, enabled ARCW to more fully integrate the comprehensive services they deliver to people living with HIV/AIDS (PLWHA). The Wisconsin HIV/AIDS health home program has improved how care is delivered at the practice level and offers lessons learned for other states considering an integrated care model for PLWHA or other populations with complex chronic conditions. Although the enhanced federal match for health home services ended in 2014, Wisconsin absorbed the additional state contribution for health home service payments into its Medicaid budget and continues to operate Medicaid health homes for its eligible HIV/AIDS population.



What Is A Health Home?

Section 2703 of the Affordable Care Act provides states with a Medicaid State Plan Option to coordinate comprehensive and integrated health care services to Medicaid beneficiaries living with chronic conditions through the implementation of "health homes." This provision was created through the addition of Section 1945 to the Social Security Act.

States wishing to take up the health home state plan option must file a state plan amendment (SPA) for approval by the Centers for Medicare & Medicaid Services (CMS).

A health home must provide the following core services:

- comprehensive care management;
- care coordination;
- health promotion;
- comprehensive transitional care;
- individual and family support services; and
- referral to community or social support services.

States with an approved health home SPA receive a 90 percent enhanced Federal Medical Assistance Percentage (FMAP) match on health home core services for the first eight quarters that the SPA is effective.

Source: Affordable Care Act, Sec. 2703; Centers for Medicare and Medicaid Services, "Health Homes," accessed July 17, 2015, www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Integrating-Care/Health-Homes/Health-Homes.html.

1. Interview with Eileen McRae, Wisconsin Department of Health Services, August 27, 2015.

2. ARCW currently operates health home sites in Brown, Kenosha, and Milwaukee Counties. In the future, ARCW has plans to open a fourth health home location in Dane County.



Wisconsin HIV Health Homes Policies: Development and Implementation

Act 221, passed by the Wisconsin Legislature in 2009,³ directed the state's Department of Health Services (which houses the Medicaid agency) to propose a mechanism for reimbursement of care coordination services provided to Medicaid beneficiaries living with HIV/AIDS. This legislation also set forth requirements that providers must meet in order to be reimbursed for providing care coordination services. The Wisconsin Medicaid agency considered several authorities for implementing Act 221, including both a section 1115 demonstration waiver⁴ and the Affordable Care Act section 2703 health home state plan option. The state elected the health home option over an 1115 demonstration waiver due to concerns about the cost neutrality requirements⁵ of 1115 waivers. Wisconsin Medicaid and the Division of Public Health's HIV/AIDS Program worked collaboratively with ARCW to develop the payment methodology, reimbursement rates, and participation criteria included in the Health Home SPA.

Wisconsin's SPA limits health home practice sites to four counties (Brown, Dane, Kenosha, and Milwaukee Counties); however, all Medicaid beneficiaries are eligible to participate in a health home if they are living with HIV and currently have one other chronic condition, or are at risk for developing a second chronic condition, regardless of their county of residence. Health home participants cannot receive care management services through any other Medicaid-funded programs.

In order to register an eligible patient in the health home program, a health home provider completes a comprehensive assessment and care plan with the patient and obtains the patient's agreement to participate. Patients have the option to stop participating at any time. Persons enrolled in a Medicaid health maintenance organization (HMO) must first disenroll from the HMO and enroll into Medicaid fee-for-service before they can participate in the health home program. Currently, nearly 300 individuals are served by Wisconsin's health home program.

Health homes are reimbursed for care coordination services through two payment streams:

- A flat rate annual payment of \$ 359.37 to conduct annual comprehensive assessments and establish or review/update care plans; and
- A monthly case rate of \$102.95 for each enrollee who receives at least one care management service per month.⁶ The case rate is the same regardless of the frequency or intensity of care management activities provided within the month.



Health homes must submit claims to Medicaid in order to receive these payments.

The Wisconsin Medicaid agency is currently evaluating the HIV/AIDS health home program to gauge the effects of health home services on the target population's service utilization and health outcomes, as well as on cost of care for PLWHA.

3. State of Wisconsin, 2009 Senate Bill 647, 2009 Wisconsin Act 221, published May 19, 2010. <https://docs.legis.wisconsin.gov/2009/related/acts/221.pdf>.

4. Section 1115 of the Social Security Act allows states to submit waivers to implement innovative pilot or demonstration projects designed to improve their Medicaid program. Section 1115 waivers must be approved by the Secretary of Health and Human Services.


5. Section 1115 waivers must be cost neutral for the federal government, meaning demonstrations implemented through the waiver may not cost more than the federal government would have spent in absence of the waiver.

6. To learn more about the Wisconsin health home program's criteria for patient eligibility, please see their State Plan Amendment at <http://www.medic-aid.gov/state-resource-center/medicaid-state-plan-amendments/downloads/wi/wi-12-008-hhsa.pdf>.



From Co-location to Integration: Health Home Practice-level Changes to Support Whole Person Care

Prior to the implementation of Wisconsin’s Medicaid health home program for PLWHA, ARCW clinics provided co-located comprehensive, coordinated care to patients. Each ARCW practice site has been recognized as a National Committee for Quality Assurance level 3 patient-centered medical home (PCMH) since 2010.^{7,8} Wisconsin’s health home program requires that participating providers either be recognized as a PCMH through a national accreditation program or meet other state-specific criteria as described in its Health Home SPA.



AIDS Resource Center of Wisconsin

The AIDS Resource Center (ARCW) serves more than 3,000 people living with HIV/AIDS by providing health and social services. ARCW operates the ARCW Medical Center with locations in Milwaukee, Kenosha, and Brown counties – all of which offer integrated and comprehensive medical, dental, behavioral, and pharmacy health services either on-site or telephonically. Within their medical facility in Milwaukee, ARCW has also integrated on-site social services, which include case management, legal aid, rent, utility and housing assistance, and access to the ARCW food pantry. Additionally, ARCW provides mobile HIV testing throughout the state.

ARCW provides direct health care services to over 1,500 people living with HIV/AIDS, including nearly 300 Medicaid beneficiaries participating in the health home program. All ARCW patients benefit from the care model enabled, in part, by health home innovations.

Source: Interview with Michael Gifford and Bill Keeton ARCW, June 25, 2015; Image available at: http://www.arcw.org/medical-clinic/medical_clinic_locations/.

7. The AIDS Resource Center of Wisconsin (ARCW), "ARCW Designated Patient Centered Medical Home by National Committee on Quality Assurance," accessed July 9, 2015, http://www.arcw.org/about-us/arcw_medical_center__a_nationally_recognized_medical_home/.

8. More information on National Committee on Quality Assurance (NCQA) Patient-Centered Medical Home Recognition available here: <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx>.

Three D HIV Prevention Educational Series: Advancing HIV Prevention Through Health Departments



Meeting the health home core service requirements facilitated the formalization of ARCW's care processes. This, in turn, enabled them to more fully integrate the delivery of the comprehensive services they already provided to PLWHA. The Medicaid health home payments have "provided a clear funding stream for care management and care coordination services that we provide to Medicaid beneficiaries," says Mike Gifford, President and Chief Executive Officer of ARCW.⁹ While fewer than 300 Medicaid beneficiaries living with HIV/AIDS are enrolled in the health home program, ARCW provides the same integrated, patient-centered care to all patients, regardless of insurance status.¹⁰ ARCW has begun conversations with other payers about dedicated financial support for these care management and care coordination services.

ARCW's Milwaukee site offers comprehensive services, including medical, dental, and behavioral health facilities, social services, including legal and housing services and a food pantry, case management services and a pharmacy.¹¹ Its integrated model of care provides patients with easier access to these comprehensive services. For example, a pharmacist is located in the primary care clinic full time to provide consultations and medication reconciliations. ARCW also integrates mental health therapists into the primary care clinic to conduct on-demand screenings and treatment; at each visit, every patient is now screened for substance use disorders and depression. ARCW's two other health home locations offer the same integrated services; however, some services are available telephonically rather than in-person.¹²

ARCW's staffing and infrastructure have evolved since its participation in the Wisconsin health home program. ARCW has augmented the size and diversity of its care teams and support staff, adding psychiatrists, referral specialists, a medical home coordinator, and a data analyst to increase its capacity to track and measure performance. Additionally, ARCW has refined its electronic health record (EHR) system to align with an integrated model of care, including transitioning to new dental software that is compatible with its medical EHR.¹³

ARCW has also incorporated HIV prevention activities into its integrated model of care; the organization operates a needle exchange program as well as a statewide mobile testing program for HIV, Hepatitis C, and sexually transmitted infections. When a patient tests positive for HIV, ARCW's prevention staff connects those clients to primary, specialty and social services providers within their system.¹⁴

ARCW is continually working to improve upon its model of care to meet the needs of its patients. Among its key quality metrics, ARCW reports that 85 percent of its patients are virally suppressed¹⁵ and, as of 2013, 87 percent of patients have undergone a depression screening.¹⁶

9. Interview with Michael Gifford and Bill Keeton, ARCW, June 25, 2015.

10. Interview with Michael Gifford and Bill Keeton, ARCW, June 25, 2015.

11. The AIDS Resource Center of Wisconsin (ARCW), "ARCW Medical Clinic", accessed July 9, 2015, <http://www.arcw.org/medical-clinic/>; and Interview with Michael Gifford and Bill Keeton, ARCW, June 25, 2015.

12. Interview with Michael Gifford and Bill Keeton, ARCW, June 25, 2015.

13. Interview with Michael Gifford and Bill Keeton, ARCW, June 25, 2015.

14. Interview with Michael Gifford and Bill Keeton, ARCW, June 25, 2015.

15. Interview with Michael Gifford and Bill Keeton, ARCW, June 25, 2015.



Lessons for States from Wisconsin’s Health Home Program



Stakeholders involved in Wisconsin’s HIV/AIDS health home program offer recommendations for other states considering the health home state plan option as a strategy to support integrated care for Medicaid beneficiaries living with HIV/AIDS. These lessons may also apply to states considering a health home program for patients with other complex, chronic conditions:

<p>Build on existing resources.</p>	<p>Integrated care and care management are critical when caring for populations with complex, chronic conditions, such as HIV/AIDS. Wisconsin developed its Medicaid Health Homes SPA to build on ARCW’s robust set of co-located physical and behavioral health, dental, case management and social service infrastructure, as well as connections to community-based organizations. The health home requirements and financial support helped ARCW further enhance its care coordination model to ensure that health homes enrollees have access to comprehensive, whole-person care.</p>
<p>Consider the composition of the existing health care delivery system.</p>	<p>Medicaid health homes are designed to deliver care management and care coordination services. Medicaid also finances care coordination through other programs, including Medicaid-contracted managed care organizations and targeted case management programs. Medicaid rules prohibit multiple programs from simultaneously providing the same (or similar) services to the same beneficiary, as the services would be duplicative. In Wisconsin, existing Medicaid beneficiaries who wish to participate in the health home program must first disenroll from their current managed care plan and enroll in Medicaid fee-for-service. Initially, this transition was challenging, as it was both administratively complicated and required significant education to help patients evaluate the benefits provided through the health home program versus managed care.</p>
<p>Integration of clinical and social services is key.</p>	<p>ARCW has evolved its model of care from co-location—where a multidisciplinary group of providers is physically located at the same site—to integration of services—where diverse providers collaborate as a cohesive practice to coordinate patient care. This evolution required ARCW to increase the size and diversity of its care teams and support staff, provide staff with resources and trainings on integrated care, and resolve technological issues that had previously hindered the use of a single electronic health record system by the entire organization. Although ARCW notes that the development and implementation of new provider workflows is not easy, ARCW leadership feel that integration has “made significant differences in improving the quality of care” the clinics provide.</p>
<p>Plan for sustainability.</p>	<p>Even as the state first considered pursuing the health home state plan option, the Wisconsin Department of Health Services’ budget office anticipated the end of the enhanced federal match after eight quarters. The agency planned ahead to ensure that the health homes care coordination payments could be absorbed into the state Medicaid budget.</p>

16. The AIDS Resource Center of Wisconsin (ARCW), “INNOVATION: ARCW 2013 Annual Report”, accessed July 9, 2015, http://www.arcw.org/content/content/files/ARCW_AR_2013_WEB.pdf.

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