

Health Resources and Services Administration Core Medical Services Waiver

March 11, 2015



What We Are Discussing

- What is the HRSA Core Medical Services Waiver
- Distinction of Core vs. Support Services
- Waiver Application Process
- Utilization Data
- Statewide Picture
- Deliverables Needed from CPG

HRSA Core Medical Services Waiver

The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires that grantees (Parts A, B, and C) expend 75% of funds on core medical services, including antiretroviral drugs. The statute also grants the Secretary authority to waive this requirement if there are no waiting lists for the AIDS Drug Assistance Program (ADAP) and core medical services are available to all individuals identified and eligible under the Act in an applicant's service area.

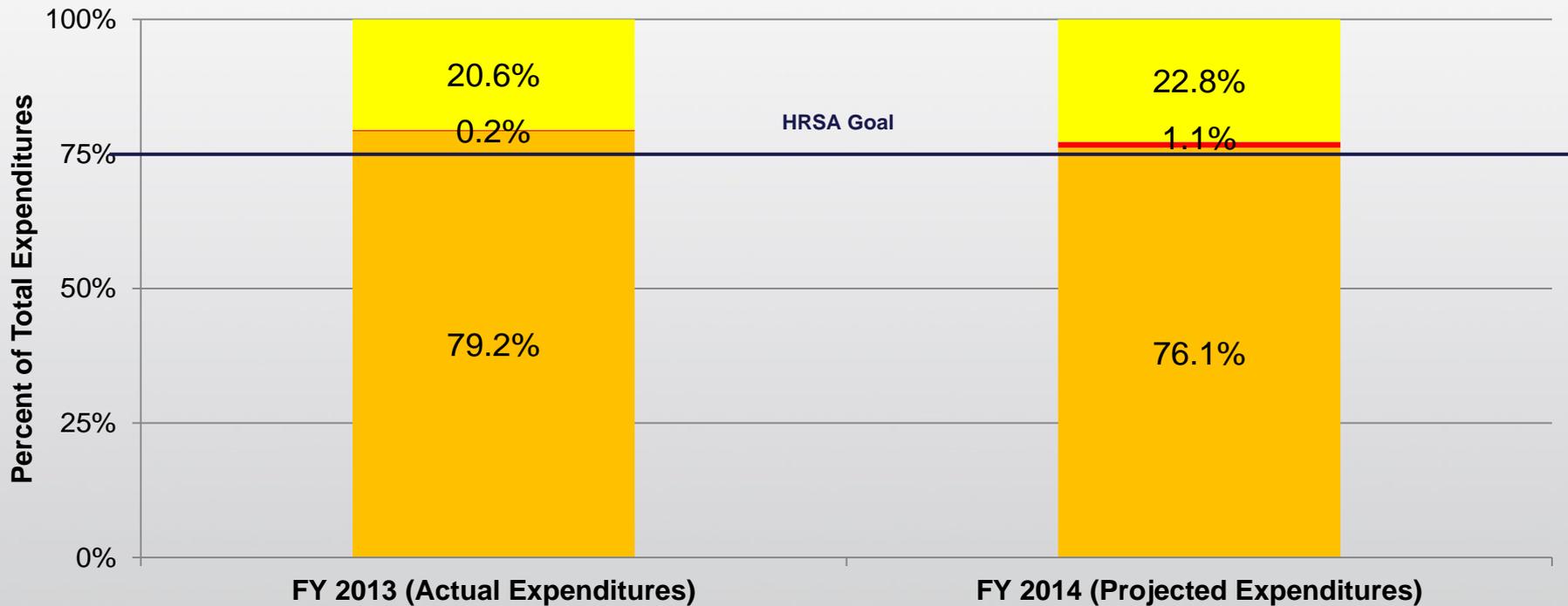
Core Medical vs. Support Services

CORE MEDICA SERVICES	SUPPORT SERVICE
Outpatient/Ambulatory Medical Care	Case Management (non-medical)
AIDS Drug Assistance Program (ADAP)	Child Care Services
AIDS Pharmaceutical Assistance Program (local)	Emergency Financial Assistance
Early Intervention Services	Food Bank/Home-delivered Meals
Health Insurance Premium and Cost-sharing Assistance	Health Education/Risk Reduction
Home Health Care Services	Housing Services
Home and Community-based Health Services	Legal Services
Hospice Care	Linguistic Services
Mental Health Services	Medical Transportation Services
Medical Nutrition Therapy	Outreach Services
Medical Case Management Services	Psychosocial Support Services
Oral Health Services	Referral for Health Care/Supportive Services
Substance Abuse Treatment Services (Outpatient)	Rehabilitation Services
	Respite Care
	Substance Abuse Treatment – Residential
	Treatment Adherence Counseling

Main Components of the Application

- Care and Treatment Service Inventories
- Client Service Utilization Data
- Evidence of Public Process that applicant sought input from consumers and providers of core medical services
- Narrative
 - Issues that influenced decision to request a waiver
 - Description of how the data supports the assertion that core medical services are available and accessible
 - Explanation how approval of waiver will contribute to applicant's ability to address service needs of clients
 - Proof that request is consistent with the SCSN, Comp Plan and Priorities
- There is no penalty if we apply and are granted the waiver but actually do not need the waiver

Core Medical & Support Services Expenditures for California's Part B Grant



■ AIDS Drug Assistance Program ■ All Other Core Medical ■ Support Services



Key Issues and Reasons to Apply

- Expenditures are going down
- As a result of ACA, clients have access to many of the core medical services through private insurance and Medi-Cal.
- The need for support services to help clients stay in care is very strong – housing, non-medical case management, food bank, transportation, etc.

Status of Part A - Waiver Applications

EMA/TGA	Applied in past	Approved	Applying for 2015/16
San Francisco	Yes	Yes	Yes
Orange	Yes	Yes	Yes
San Diego	Yes	Yes	Approved
Sacramento	Yes	Yes	Undecided
Santa Clara	No	n/a	No
Inland Empire	No	n/a	Yes
Oakland	No	n/a	Yes
Los Angeles	No	n/a	Yes

Community Engagement Next Steps

- Draft the application
- Share the application with CPG via webinar in next few months
- Share w/local planning councils
- Possibly share on website for public comment period

Deliverables needed from CPG for Application

- Letter from Community Co-Chairs (drafted by OA)
 - Describes community input process
 - Describes who participated
 - States support of application based on information provided to the CPG

Questions?