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FACT SHEET

Aligning Services to Meet New HIV/AIDS Policy Priorities

New HIV/AIDS policy priorities are promoting more collaborative, coordinated care. Aligning health care services with community-based organization (CBO) services—such as reaching hard-to-reach populations, providing culturally competent care, and linking people to community resources—is essential to meeting these priorities.

National/Federal Priorities

The *National HIV/AIDS Strategy for the United States: Updated to 2020* **(NHAS).** NHAS emphasizes the importance of aligning health care and supportive services. It includes the step, "Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing."[1] The NHAS *Community Action Plan Framework[2]* outlines actions that CBOs and others can take to further NHAS goals.

Centers for Disease Control and Prevention (CDC) Priorities. The CBO-HCO collaboration is also important to meet CDC's HIV prevention priorities such as increasing HIV testing, linking people to HIV care, distributing condoms, and reducing risk.[3] CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Strategic Plan (http://bit.ly/2yHcymD) includes assisting CBOs to work more closely with federal qualified health centers (FQHCs), patient centered medical homes, accountable care organizations, and other HCOs to improve testing and linkage to care and treatment.[4]

National Affordable Care Act (ACA) Initiatives. The ACA provides many new opportunities that encourage coordinated, collaborative care. The CMS Innovation Center (https://innovation.cms.gov/) is testing a growing portfolio of new models, such as Accountable Care Organizations (ACOs) and medical homes/health homes, in which care providers coordinate to meet each patient's overall health needs.

Health Resources & Services Administration (HRSA) Priorities. With the Centers for Medicare & Medicaid Services, HRSA is supporting selected FQHCs to become medical homes.[5]

State/Local Priorities

State and Local AIDS Strategies. Some state and local governments and consortiums have developed their own plans to meet the goals of NHAS.[1] Examples include the State of New York's "End AIDS" plan[6] and the "Getting to Zero" consortium in San Francisco.[7]

State health reform. Medicaid Health Homes, established as part of the ACA, are designed for Medicaid enrollees with chronic conditions. As of December, 2015, 19 states and the District of Columbia had a total of 27 approved Medicaid health homes.[8] States vary in the specific chronic conditions they include. Several states specify HIV as an included condition or include all ACA conditions including HIV.[9] Linking HCO and CBO services is also important for states participating in CMS's State Innovation Models program (28 states and Washington, DC).[10]

Prepared by: Meaningful Evidence, LLC for NMAC's Capacity Building Division

1. NHAS: www.hiv.gov. 2. NHAS Community Action Plan Framework: www.hiv.gov. 3. CDC, *HIV Prevention in the United States: New Opportunities, New Expectations*, www.cdc.gov. 4. CDC, Strategic Plan through 2020: www.cdc.gov. 5. FQHC Advanced Primary Care Practice Demonstration: https://innovation.cms.gov. 6. New York "End AIDS" Plan: www.health.ny.gov. 7. San Francisco "Getting to Zero" Plan: www.sfhiv.org. 8. "Approved Medicaid Health Home State Plan Amendments": www.medicaid.gov. 10. The Kaiser Commission on Medicaid and the Uninsured, "Medicaid Health Homes: A Profile of Newer Programs": http://kff.org. 10. The Henry K. Kaiser Family Foundation. "The State Innovation Models (SIM) Program: A Look at Round 2 Grantees." http://kff.org.