

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE NEW YORK

Medicaid Coverage and Other Health Care Resources

The information in this document is intended primarily to provide people working in subsidized housing and homeless assistance systems basic information about available health care resources. It is also intended to provide context for a discussion on gaps in needed health care services and treatment.

The following resources are covered:

- Federally Qualified Health Centers: Community Health Centers; Health Care for the Homeless
- Rural Health Services
- Veteran Health Resources
- HIV/AIDS Health Resources
- Behavioral Health Resources
- Other Resources for the Uninsured in New York
- Medicaid
- Managed Care

HEALTH CARE RESOURCES AND MEDICAID COVERAGE

A variety of health care resources for low-income people exist at the federal and state level. These resources can take the form of health care directly accessible by individuals or funding that flows through organizations that provide health care and related services. Accessing certain resources requires enrollment (and re-certification) based on specific, documented eligibility criteria. As with housing resources, many health care resources focus on particular populations, such as people experiencing homelessness, people living with HIV/AIDS, veterans, or people with disabilities.

Federally Qualified Health Centers (FQHCs)¹

The Federal Health Center Program serves medically underserved populations or areas, works with special populations, and provides for enhanced Medicaid reimbursement. The four types of health centers are: (1) Community Health Centers; (2) Health Care for the Homeless; (3) Migrant Health Centers; and (4) Public Housing Primary Care Health Centers. Details about Community Health Centers and Health Care for the Homeless Programs are below. According to the Community Health Care Association of New York, **over 60 FQHCs provide care to over 1.6 million patients at over 600 delivery sites across New York.**

Community Health Centers²

Community Health Centers (CHCs) deliver comprehensive, high-quality preventative and primary health care to patients regardless of their ability to pay. They also provide oral health and behavioral health care tailored to the needs of the communities they serve. CHCs offer a sliding fee discount based on income. According to the Health Resources and Services Administration (HRSA), **there are 59 CHCs in New York.**

¹ Community Health Care Association of New York, "Find a Health Center," http://www.chcanys.org/index.php?src=directory&view=Membership_Directory&srctype=hc_map_layout

² U.S. Department of Health and Human Services, "2014 Health Center Profile," <http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2014&state=NY#glist>

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Health Care for the Homeless (HCH) Programs³

HCH Programs emphasize a multi-disciplinary approach to delivering care to homeless persons, combining aggressive street outreach with integrated systems of primary care, mental health and substance abuse services, case management, and clinical advocacy. Emphasis is placed on coordinating efforts with other community health providers and social service agencies.

According to the National Health Care for the Homeless Council, **18 Health Centers in the state of New York operate HCH programs.**

Program Profile: Unity Hospital of Rochester Health Reach Health Care for the Homeless Program (HCHP)

Health Reach HCHP provides comprehensive medical and dental care to homeless individuals and families who are currently experiencing homelessness in the Rochester City and Monroe County area. Services are provided at area homeless shelters, through a Mobile Medical Unit, and at HCHP's clinic location.

Services Provided: HCHP offers comprehensive primary care services, including physicals and health assessments, TB screenings, mental health evaluations, STD and HIV testing and referrals, treatment of acute and chronic health concerns, and substance abuse evaluations and referrals. HCHP offers primary dental services, including complete dental exams, teeth cleaning, X-Rays, fillings, dentures, and extractions. HCHP also offers intensive case management services, including mental health and substance abuse counseling and referrals, emergency, transitional, and permanent housing assistance, DDS benefits/insurance enrollment assistance, food assistance, and clothing assistance.

Community Partners: ABW, Catholic Family Center, Cancer Services Program of Monroe County, Center for Youth Dimitri House, Grace House, House of Mercy, Monroe County Health Department, Open Door Mission, Out of Darkness, RAIHN, Rochester Technical Group (Dental Lab), Salvation Army, St. Mary's Church, Volunteers of America, YWCA.

Program Profile: Hudson River HealthCare, Inc.

Hudson River HealthCare (HRHCare) is a community and migrant health center delivering primary, preventative, and behavioral health care services to patients throughout southeastern New York State, and linking clients to a well-developed and highly responsive referral care network. HRHCare has expanded to include health center sites and mobile medical services in a nine county region.

Services Provided: HRHCare's 17 primary care sites offer comprehensive health care services, including adult, adolescent and pediatric primary care, obstetrical/GYN care, family planning, HIV counseling/testing and referral, mental health care, podiatry, nutrition counseling, health education, translation, transportation, and benefits counseling. Additionally, several of the sites provide nurse midwifery care, dentistry, optometry, and HIV specialty care through the Health Center's Genesis program. HRHCare's Peekskill site offers an alcohol and substance abuse outpatient treatment program, Pathways. Laboratory, x-ray, pharmacy, and emergency services are provided through formal agreements with off-site providers.

³ National Health Care for the Homeless Council, <https://www.nhchc.org/hchdirectory/ny/>

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Special Populations Served: migrant and seasonal farmworkers, alcohol and substance abusers and their families, new immigrant day laborers, expectant mothers, high-risk adolescents, persons living with HIV/AIDS, frail and/or isolated seniors, children at risk for obesity and type II diabetes, public housing residents, and individuals and families experiencing homelessness.

Rural Health Services

Rural Health Networks⁴

A rural health network is a collaboration among rural health care providers that pool resources and identify means to achieve common goals and objectives. A rural health network usually includes at least one rural hospital and links two or more autonomous organizations. These “organizations of organizations” assist health care and related human service providers, consumers, local businesses, and government to coordinate information, services, and planning around local health care needs.

There are 38 Rural Health Networks in New York. [For a list of New York Rural Health Networks, please see Appendix A].

Rural Health Clinics (RHCs)⁵

A Rural Health Clinic is a federally qualified health clinic (but not a part of the FQHC Program) that is certified to receive special Medicare and Medicaid reimbursement. CMS provides advantageous reimbursement to increase rural Medicare and Medicaid patients' access to primary care services.

CMS reimburses RHCs differently than it does other facilities. CMS is required to pay RHCs using a prospective payment system (PPS) rather than a cost-based reimbursement system. RHCs receive an interim payment from Medicare, and at the end of the year, this payment is reconciled using the clinic's cost reporting. For services provided to Medicaid patients, states can reimburse using PPS or by an alternative payment methodology that results in a payment equal to what the RHC would receive under PPS. Regardless of whether the patient sees a mid-level provider or a physician, the RHC must receive the same amount for its services. According to the Centers for Medicare & Medicaid Services, **as of 2015, there were 4 Rural Health Clinics in New York - Community Health Center, Family Health Center of Community Memorial Hospital, Greenville Family Health Care Center, and Tri-County Family - with a total of nine clinical sites.**

Veteran Health Resources⁶

VA Health Care Upstate New York

VA Health Care Network Upstate New York (VISN 2) consists of Albany Stratton, Bath, Canandaigua, Syracuse, and the Western New York Health Care System (Buffalo and Batavia) VA medical centers and twenty-nine community based outpatient clinics (CBOCs). VISN 2 serves more than 130,000 veterans in 49 counties in New York and Pennsylvania offering a wide range of comprehensive inpatient and outpatient medical services. Services include primary and specialty care, nursing home care, mental health and rehabilitation services, and domiciliary care. VISN 2 medical centers are

⁴ Rochester Regional Health System, “About Rural Health Networks,” <http://www.rochestergeneral.org/centers-and-services/wayne-county-rural-health-network/about-rural-health-networks/>

⁵ Centers for Medicare & Medicaid Services, “Rural Health Clinic List by Provider Name,” <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/rhclistbyprovidername.pdf>

⁶ U.S. Department of Veterans Affairs (VA), “VA Health Care Upstate New York,” <http://www.visn2.va.gov/>

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affiliated with numerous colleges and universities in upstate New York. *[For a list of VA health facility locations in Upstate New York, please see Appendix B].*

Health Care for Homeless Veterans (HCHV) Program

VA Health Care Upstate New York operates an HCHV program, which serve as the hub for a myriad of housing and other services which provide the VA a way to outreach and assist homeless Veterans by offering them entry to VA care. The central goal is to reduce homelessness among veterans by conducting outreach to those who are the most vulnerable and are not currently receiving services and engaging them in treatment and rehabilitative programs. HCHV's Contract Residential Treatment Program ensures that Veterans with serious mental health diagnoses can be placed in community-based programs that provide quality housing and services.

Homeless Patient Aligned Care Teams (H-PACTs) Program

VA Health Care Upstate New York operates a Homeless Patient Aligned Care Teams (H-PACTs) Program, which implements a coordinated homeless primary care model that focuses on improving the access, care coordination, and quality of treatment of alcohol and other substance use for veterans experiencing or at risk of homelessness. H-PACTs provides a coordinated "medical home" specifically tailored to the needs of homeless Veterans that integrates clinical care with delivery of social services with enhanced access and community coordination.

Health Care for Re-Entry Veterans Program

The Health Care for Re-Entry Veterans Program helps incarcerated Veterans successfully rejoin the community through supports including those addressing mental health and substance use problems.

Homeless Veterans Dental Initiative

The Homeless Veterans Dental Initiative provides dental treatment for eligible Veterans in a number of programs: Domiciliary Residential Rehabilitation Treatment, VA Grant and Per Diem, Compensated Work Therapy/Transitional Residence, Healthcare for Homeless Veterans (contract bed), and Community Residential Care.

New York State Division of Veterans' Affairs⁷

The New York State Division of Veterans' Affairs provides services, advocacy and counseling for New York's Veterans and their families to ensure they receive benefits granted by law for service in the United States Armed Forces. **County Veterans Service Agencies** operating under the Division provide an array of coordination and direct provision of services to veterans and their families in their counties of residence.

New York State Veterans' Homes⁸

The New York State Veterans' Homes are skilled nursing facilities owned and operated by the New York State Department of Health and the State University of New York for veterans and their dependents. The facilities provide care to all eligible veterans and dependents in need of skilled nursing care and rehabilitative services. Applicants must require skilled nursing care and have entered active duty from the State of New York or be a New York State resident for one year prior to

⁷ New York State Division of Veterans' Affairs, <https://www.veterans.ny.gov/>

⁸ New York State Veterans' Home, <http://www.nysvets.org/>

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application for admission. They must have been honorably discharged from the U.S. Armed Forces after at least 30 days of active service.

HIV/AIDS Health Resources

AIDS Institute⁹

The AIDS Institute, created within the New York State Department of Health (DOH) in 1983, strives to eliminate new HIV, STD, and hepatitis C virus (HCV) infections; ensure early diagnosis and linkage to quality care, support and treatment for all infected New Yorkers; provide support for those affected; and eradicate stigma, discrimination, and disparities in health outcomes. The Institute also promotes the health of LGBT populations, substance users, and the sexual health of all New Yorkers.

The continuum of services developed in New York includes prevention, education, outreach, screening, partner services, health care, harm reduction, and a range of support services, as well as medications and insurance continuation for persons with HIV/AIDS. The continuum includes direct services provided by DOH staff, State support of local health department services, service contracts, Medicaid-supported services, and HIV care programs for the uninsured and underinsured.

Office of HIV Uninsured Care Program

The AIDS Institute's Office of HIV Uninsured Care Programs is comprised of five programs that provide access to free health care – HIV medications, primary care, home care, insurance continuation, and pre-exposure prophylaxis (PrEP) to prevent HIV infection – for New York residents with or at risk of acquiring HIV infection who are uninsured or underinsured.

AIDS Drug Assistance Program (ADAP)¹⁰

The AIDS Drug Assistance Program (ADAP) provides free medications for the treatment of HIV/AIDS and opportunistic infections. The drugs provided through ADAP can help people with HIV/AIDS to live longer and treat the symptoms of HIV infection. ADAP can help people with partial insurance and those who have a Medicaid spenddown requirement.

ADAP Plus (Primary Care)

ADAP Plus (Primary Care) provides free primary care services at selected clinics, hospital outpatient departments, office based physicians and lab vendors. The services include ambulatory care for medical evaluation, early intervention and ongoing treatment.

HIV Home Care Program

The HIV Home Care Program provides coverage for home care services to chronically medically dependent individuals as ordered by their physician. The program covers skilled nursing, home health aide services, intravenous therapy administration, medications and supplies and durable medical equipment when ordered by a doctor for specific conditions. Services must be provided through a home care agency which has enrolled in the program.

⁹ New York State Department of Health, "AIDS Institute," <https://www.health.ny.gov/diseases/aids/>

¹⁰ New York State Department of Health, "HIV Uninsured Care Programs," <http://www.health.ny.gov/diseases/aids/general/resources/adap/>

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ADAP Plus Insurance Continuation Program (APIC)

APIC can pay for commercial health insurance premiums for ADAP eligible clients. APIC will pay for a cost effective health insurance policy. Policies considered for payment must be comprehensive and provide full prescription and primary care coverage without annual coverage caps

Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)

Eligible providers will be reimbursed for a specific set of services provided to eligible individuals, including but not limited to, HIV testing. STI/STD testing and supportive primary care services, consistent with the PrEP clinical guidelines.

Ryan White HIV/AIDS Program¹¹

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The Program works with cities, states and local community-based organizations to provide HIV care and treatment services to more than 512,000 clients each year. Part B of the program particularly provides grant funding to states and territories to improve the quality, availability and organization of HIV health care and support services. **The New York State Department of Health AIDS Institute is the Ryan White Part B grantee in the state.**

Alliance for Positive Health (fka AIDS Council of Northeastern New York)¹²

Alliance for Positive Health is the preeminent provider of HIV/AIDS services in a 15-county region in Upstate New York, with offices in Albany, Hudson Falls, Hudson, Plattsburgh, and Schenectady. It provides support to over 750 persons living with HIV/AIDS and reaches more than 4500 people with intensive prevention interventions each year. Alliance for Positive Health provides a number of services, including case management and emergency health, mental health, and housing services for people living with HIV/AIDS, prevention efforts, and community outreach.

Whitney M. Young, Jr. Health Services¹³

Whitney M. Young, Jr. (WMY) Health Services, an Albany-based non-profit community health organization, provide HIV Primary Care services that are confidential and at no cost. WMY Health's HIV Primary Care team consists of clinical care coordinators, a professional nursing staff, and mental health professionals. The team also works collaboratively with community service providers to enhance patient's overall clinical outcomes. WMY Health also has a number of support groups, and does community outreach and education work.

AIDS Community Resources (ACR) Health¹⁴

ACR Health is a not-for-profit, community-based organization providing prevention, education, and support services to those infected with and affected by HIV/AIDS in the Central, Northern, and Mohawk Valley regions of New York State.

¹¹ New York State Department of Health AIDS Institute, "Ryan White 2012 Statewide Coordinated Statement of Need and Comprehensive Plan," June 2012, <http://www.health.ny.gov/diseases/aids/providers/reports/scsn/docs/scsn.pdf>

¹² Alliance for Positive Health, <http://www.allianceforpositivehealth.org/>

¹³ Whitney M. Young, Jr. Health, <http://www.wmyhealth.org/>

¹⁴ AIDS Community Resources (ACR) Health, <http://acrhealth.org/>

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Friends of Dorothy House¹⁵

Friends of Dorothy House in Syracuse is a Catholic Worker House initiative to be supportive of people with AIDS. Friends of Dorothy House offers home-based care to people with AIDS in a variety of ways, including recuperative or hospice care, supportive housing, and emergency assistance. Primary focus is on hospice care, and Friends of Dorothy House is able to take in one to two cases for hospice care at a time.

Southern Tier AIDS Program (STAP)¹⁶

STAP is a not-for-profit separately incorporated community service program serving an eight-county region in southern New York State: Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Tioga and Tompkins Counties. STAP is the primary provider of HIV/AIDS-specific services in the region. STAP provides free, confidential supportive services to HIV-infected individuals, their families, loved ones, caregivers, and friends. STAP works closely with community organizations to provide client services, prevention education, and outreach programs appropriate to their largely rural catchment area.

Trillium Health¹⁷

Trillium Health provides comprehensive care and support for individuals living with complex social and medical issues, including HIV/AIDS. Services include primary medical care and lab services, on-site pharmacy, care management services, insurance assistance, supportive services (housing, transportation, support groups), behavioral wellness, health outreach education and prevention, STI testing, and harm reduction. Trillium Health also offers specialized LGBT care (including Pre- and Post-Exposure Prophylaxis), conducts LGBT-community outreach, and has staff trained on LGBT issues and Trans-Sensitivity.

University of Rochester: Center for Health and Behavioral Training (CHBT)¹⁸

The Center for Health and Behavioral Training (CHBT) provides training in the prevention and management of STDs, TB, HIV/AIDS and the use of behavioral and social science to strengthen prevention programs. CHBT also provides free, walk-in clinical services, including testing for HIV/AIDS and other STI's, and Hepatitis B vaccinations.

Mental and Behavioral Health Resources

New York State Office of Mental Health¹⁹

New York State Office of Mental Health (OMH) operates psychiatric centers across the State, and also regulates, certifies and oversees more than 4,500 programs, which are operated by local governments and nonprofit agencies. The programs include various inpatient and outpatient programs, emergency, community support, residential and family care programs. Two of the mental and behavioral health programs operated by OMH – Assertive Community Treatment (ACT) Teams and Personalized Recovery Oriented Services (PROS) – are profiled below.

¹⁵ Friends of Dorothy House, <http://friendsofdorothyhouse.org/>

¹⁶ Southern Tier AIDS Program, <https://www.stapinc.org/>

¹⁷ Trillium Health, <https://www.trilliumhealth.org/>

¹⁸ University of Rochester Center for Health and Behavioral Training, <https://www.chbt.org/index.html>

¹⁹ New York State Office of Mental Health, <https://www.omh.ny.gov/omhweb/about/>

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Assertive Community Treatment (ACT) Teams

Assertive Community Treatment (ACT) is an Evidence-Based Practice Model designed to provide treatment, rehabilitation and support services to individuals who are diagnosed with a severe mental illness and whose needs have not been sufficiently met by more traditional mental health services. In New York, ACT teams provide comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings, rather than in hospital or clinic settings. ACT teams are multi-disciplinary and include members from the fields of psychiatry, nursing, psychology, social work, substance abuse and vocational rehabilitation.

There are 40 Assertive Community Treatment teams serving Upstate New York. *[For a list of ACT Teams in New York, please see Appendix C].*

Personalized Recovery Oriented Services (PROS)

Personalized Recovery Oriented Services (PROS) is a comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. There are four components to the PROS program: Community Rehabilitation and Support (CRS); Intensive Rehabilitation (IR); Ongoing Rehabilitation and Support (ORS); and Clinical Treatment, an optional component of a PROS program.

- The **CRS component** includes services designed to engage and assist individuals in managing their illness and restoring those skills necessary for living successfully in the community.
- The **IR Component** is composed of four different services.
 - Intensive Rehabilitation Goal Acquisition - Services are designed to assist an individual to attain a specific goal within a certain area, such as education or housing
 - Intensive Relapse Prevention - Provide targeted interventions to reduce the risk of hospitalization or involvement in the criminal justice system
 - Family Psychoeducation
 - Integrated Dual Disorder Treatment (IDDT)
- The **ORS component** provides supports to assist individuals in managing their symptoms in the competitive workplace.
- PROS can also provide **Clinical Treatment** services designed to help stabilize, ameliorate, and control disabling symptoms. Clinical Treatment provides a recovery focused, disability management approach with medication management, health assessment, clinical counseling and therapy, symptom monitoring, and treatment for co-occurring disorders, all integrated with PROS rehabilitative service to provide comprehensive care.

The Office of Mental Health worked with counties, mental health service providers, and consumer groups to design the PROS mental health program. The PROS license gives counties and providers the ability to integrate multiple programs into a comprehensive rehabilitation service.

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Other Health Resources for Uninsured New York Residents

Free Clinics²⁰

Free health and medical clinics offer services free of cost or for a nominal fee to persons who have limited income, no health insurance, or do not qualify for Medicaid or Medicare. According to Free Clinics of New York, **more than 100 free clinics serve tens of thousands of uninsured residents each year in Upstate New York.**

Clinic Profile: Lighthouse Free Medical Clinic²¹

Lighthouse Free Medical Clinic is a nonprofit, drop-in clinic that provides free, routine health care and preventive services to uninsured patients on Buffalo's East Side. The clinic is entirely managed and funded through the work of eight University at Buffalo (UB) medical students each year, working in partnership with the community service organization Group Ministries. The services they provide include: physicals; routine care (sick visits); referrals; screenings for chronic conditions such as diabetes and hypertension; support for social and economic problems; counseling and treatment for sexually transmitted diseases, including HIV; nutrition counseling; and health insurance information/enrollment assistance. Medical students work as part of an interdisciplinary team that includes the local health department and UB students preparing to be dietitians, social workers, dentists and pharmacists.

Hospital Charity Care²²

The patient financial assistance section in New York's Charity Care law establishes a sliding fee scale rate for all patients living at or below 300% of the Federal Poverty Level. Under this provision, hospitals cannot charge more than \$150 to patients with incomes at or below the FPL, and charges for patients with income up to 300% of the FPL cannot exceed the Medicaid rate for services received.

Cancer Services Program of New York State²³

Cancer Services Program, which operates in every county, offers free testing, referrals to specialists, and other support to uninsured residents with cancer. Assistance provided includes pap tests, mammograms, colorectal screening tests, free clinical breast exams and more for eligible residents. Clients that receive positive screening tests are referred to treatment if needed, receive diagnostic testing, and may be enrolled in the state and federal government Medicaid Cancer Treatment Program if they meet income and insurance limits.

Medicaid Cancer Treatment Program (MCTP)²⁴

New York's Medicaid plan covers comprehensive cancer treatment for uninsured individuals who may otherwise be ineligible for Medicaid. MCTP covers individuals with breast and/or cervical cancer, colorectal and/or prostate cancer, or pre-cancerous conditions. In addition to being ineligible for

²⁰ Free Clinics of New York, http://www.freeclinics.com/sta/new_york

²¹ Jacobs School of Medicine and Biomedical Sciences, "Lighthouse Free Medical Clinic," https://medicine.buffalo.edu/about/community_outreach/lighthouse.html

²² Western New York Law Center, New York Health Access, "Resources for Uninsured and Underinsured," <http://www.wnylc.com/health/entry/54/>

²³ New York State Department of Health, "New York State Cancer Services Program," <http://www.health.ny.gov/diseases/cancer/services/>

²⁴ New York State Department of Health, "Medicaid Cancer Treatment Program," <https://www.health.ny.gov/diseases/cancer/treatment/mctp/>

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regular Medicaid benefits, individuals must be screened and diagnosed by the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection program to qualify for MCTP services. Individuals who are determined eligible will receive Medicaid coverage for as long as they need cancer treatment.

Medicaid Buy-In Program for Working People with Disabilities²⁵

The Medicaid Buy-In program offers Medicaid coverage to people with disabilities who are working and earning more than the allowable limits for regular Medicaid the opportunity to retain their health care coverage through Medicaid. This program allows working people with disabilities to earn more income without the risk of losing vital health care coverage.

NEW YORK HEALTH CARE FUNDING AND MANAGEMENT

Medicaid

New York State Medicaid Plan²⁶

Overview: Historically, Medicaid eligibility was restricted to specific categories of low-income individuals, such as children, their parents, pregnant women, the elderly, or individuals with disabilities. In most states, adults without dependent children were ineligible for Medicaid, regardless of their income, and income limits for parents were very low. The Affordable Care Act (ACA) extended Medicaid to nearly all nonelderly adults with incomes at or below 138% of the poverty level (about \$32,500 for a family of four in 2013). All states had previously expanded eligibility for children to higher levels than adults through Medicaid and the Children's Health Insurance Program (CHIP). **New York implemented Medicaid expansion, effective January 1, 2014.**

Adults in New York with incomes up to 138% of the Federal Poverty Level are now eligible for Medicaid. Pregnant women and children under the age of one are eligible with an income of up to 218% of poverty level. Children are eligible for Medicaid with a household income up to 149% of the poverty level, but the state also has separate CHIP coverage available for children with household incomes up to 400% of poverty level – the highest threshold in the country.

As of May 2015, 6,434,993 New York residents were covered by Medicaid. During the 2015 open enrollment period, New York State enrolled 357,456 people in Medicaid/CHIP (new enrollments) and 408,841 people in private plans (including new enrollments and renewals). Since the expansion of Medicaid in New York, Medicaid enrollment has grown by 13% and the uninsured rate reached a new low of 8.3% in 2015.

How Care is Delivered in New York Medicaid: New York is undertaking its largest effort yet to transform the state's Medicaid health care delivery and payment system through the Delivery System Reform Incentive Payment (DSRIP) program. DSRIP is the main mechanism by which New York State is working to implement its Medicaid Redesign Team (MRT) Waiver Amendment, which was approved in April 2014. DSRIP's purpose is to promote community-level collaborations and restructure the health care delivery system by reinvesting in the Medicaid program, with the goal of reducing avoidable hospital use by 25% over 5 years.

²⁵ New York Department of Health, "Medicaid Buy-in Program for Working People with Disabilities," https://www.health.ny.gov/health_care/medicaid/program/buy_in/

²⁶ HealthInsurance.Org, "New York Medicaid," <https://www.healthinsurance.org/new-york-medicaid/>

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By reforming its Medicaid payment system, New York is working to transform its Medicaid delivery system to provide more patient-centered, coordinated care and meet federal and state goals to increase access to health care for the Medicaid population, improve the quality of health services, and expand coverage to additional low-income residents.

New York Home and Community Based Services Waiver Programs²⁷

New York has eleven Medicaid 1915(c) HCBS Waivers:

NY Care at Home I/II (4125.R04.00)

Provides case management, bereavement services, expressive therapies, family palliative care education (training), home and vehicle modifications, massage therapy, pain and symptom management, and respite for **physically disabled individuals ages 0-17**.

NY CAH VI (40200.R02.00)

Provides case management, respite and assistive technology for **people with mental retardation and/or developmental disabilities (MR, DD) and autism ages 0-17**.

NY Traumatic Brain Injury (0269.R03.00)

Provides service coordination, assistive technology, community integration counseling, community transitional, environmental mods, home and community support, independent living skills and training, positive behavioral interventions and support, respite, structured day program, substance abuse program, and transportation for **aged and disabled individuals with brain injury 18 and older**.

NY OMH SED (0296.R03.00)

Provides for crisis response, family support, individualized care coordinator (case management), intensive in-home, respite, skill building for **individuals w/mental illness and serious emotional disturbance (SED) ages 5-21**.

NY OPWDD Comprehensive (0238.R04.00)

Provides day habilitation, live-in caregiver, prevocational, residential habilitation, respite, supported employment, agency w/choice/FMS, consolidated supports and services, support brokerage, assistive technology-adaptive devices, community habilitation, community transition, environmental mods (home accessibility), family education and training, intensive behavioral services, pathway to employment, and plan of care support services for **individuals w/autism, intellectual and/or developmental disabilities (ID/DD) of all ages**.

NY CAH III (40163.R04.00)

Provides case management, respite, and assistive technology to **individuals w/autism, MR, DD ages 0-17**.

²⁷ Medicaid.Gov, "NY Waiver Factsheet," <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/Waiver-Description/Factsheet/NY-Waiver-Factsheet.html>

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NY Long Term Home Health Care Program (0034.R06.00)

Provides respite, assistive technology, community transitional services, congregate and home delivered meals, environmental mods, home and community support services, home maintenance, medical social services, moving assistance, nutritional counseling/education services, respiratory therapy, social day care transportation, and social day care for **individuals ages 65 and older and physically disabled ages 0 – 64.**

NY Nursing Home Transition and Diversion Medicaid Waiver (0444.R01.00)

Provides respite, service coordination, assistive technology, community integration counseling, community transitional services, congregate and home delivered meals, environmental mods, home and community support services, home visits by medical personnel, independent living skills training, moving assistance services, nutritional counseling/education services, peer mentoring, positive and behavioral interventions and supports, respiratory therapy, structured day program, and wellness counseling for **individuals ages 65 and older and physically disabled individuals ages 18–64.**

NY Bridges to Health for Children w/SED (0469.R01.00)

Provides day habilitation, health care integration, skill building, special needs community advocacy and support, accessibility mods, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports and services, immediate crisis response services, intensive in-home supports and services, planned respite, and vocational services for **individuals w/mental illness ages 19-20 and w/ SED ages 0-18.**

NY Bridges to Health for Children w/DD (0470.R01.00)

Provides day habilitation, health care integration, skill building, special needs community advocacy and support, accessibility mods, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports and services, immediate crisis response services, intensive in-home supports and services, planned respite, and vocational services for **individuals w/autism, DD, ID ages 0-20.**

NY Bridges to Health for Children who are Medically Fragile (0471.R01.00)

Provides day habilitation, health care integration, skill building, special needs community advocacy and support, accessibility mods, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports and services, immediate crisis response services, intensive in-home supports and services, planned respite, vocational services for **medically fragile individuals ages 0-20.**

Managed Care²⁸

Background

- In 1997, the **Partnership Program 1115 waiver** authorized the statewide **Medicaid Managed Care program**, which covers acute, primary, specialty, limited long term care and limited behavioral health through managed care organizations (MCO) and primary care case management (PCCM) options.

²⁸ Medicaid.Gov, "Managed Care in New York," <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/new-york-mcp.pdf>

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE NEW YORK

Medicaid Coverage and Other Health Care Resources

- Low-income adults and children are enrolled on a mandatory basis, and children in foster care may enroll on a voluntary basis.
- In 1998, New York launched its first program for Medicaid eligibles using long term services and supports (LTSS) in select counties, including adults with disabilities and dual eligibles (i.e. persons in receipt of both Medicare and Medicaid). The **Managed Long Term Care (MLTC) program**, also referred to as “partial capitation”, covers institutional and community-based long term services and supports only; Medicaid-covered primary and acute care are covered (but carved out) on a fee-for-service basis.
 - In 2006 and 2007, the state expanded managed care options to full dual eligibles through the **Medicaid Advantage** and **Medicaid Advantage Plus** programs, which operate in limited regions and offer both Medicare and Medicaid benefits through Medicare Advantage plans that contract with the state.
 - Both programs cover most acute care and LTSS plus limited behavioral health; however, some Medicaid LTSS and prescription drugs in Medicaid Advantage are paid on a fee-for-service basis.
- New York also operates eight **Program for the All-Inclusive Care for the Elderly (PACE)** programs, which provide all Medicaid and Medicare services to individuals age 55 and over who meet a nursing home level of care.

Medicaid Redesign and Managed Care in New York

- In 2011, New York launched a **Medicaid Redesign** effort that includes a number of initiatives to curb spending and increase quality, one of which called for mandatory enrollment into managed long term care plans for (1) those in need of more than 120 days of community-based long term care, (2) dual eligible individuals over age 21, and (3) nursing home eligible individuals who are not also eligible for Medicare.
- New York also launched a **Financial Alignment Demonstration**, referred to as **Fully-Integrated Duals Advantage**, which will enroll 170,000 dually eligible members into fully integrated managed care products; those who are already enrolled in MLTC plans will have Medicare benefits added to their managed care plan’s portfolio.
- New York is “carving in” behavioral health services that had previously been excluded from managed care, including State Plan Services and specialized community-based services such as peer support, respite, crisis and employment.
 - The behavioral health services will be managed by either: (a) Special Needs Health and Recovery Plans for individuals with significant behavioral needs, or (b) mainstream managed care plans that meet rigorous standards for providing behavioral services, independently or in partnership with a behavioral health organization.
- In 2012, New York received approval to fully implement the transition and enrollment of recipients requiring community-based long term care into **Managed Long Term Care Plans (MLTCPs)** or **Care Coordination Models (CCMs)**. This initiative amends the Partnership Plan Medicaid Section 1115 Demonstration waiver to require all dual-eligible individuals who are aged 21 or older and are in need of community-based long term care services for more than 120 days to be enrolled into Partial MLTCPs or CCMs.

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE NEW YORK

Medicaid Coverage and Other Health Care Resources

APPENDIX A: RURAL HEALTH NETWORKS IN NEW YORK STATE²⁹

NAME OF RURAL HEALTH NETWORK
ADIRONDACK RURAL HEALTH NETWORK
ADIRONDACK WELLNESS NETWORK
ARDENT SOLUTIONS
BASSETT NETWORK
CAYUGA COUNTY COMMUNITY HEALTH NETWORK, INC.
CHAUTAUQUA COUNTY HEALTH NETWORK, INC.
CHENANGO HEALTH NETWORK
COLUMBIA COUNTY COMMUNITY HEALTHCARE CONSORTIUM, INC.
DELAWARE COUNTY RURAL HEALTHCARE ALLIANCE
EASTERN ADIRONDACK HEALTH CARE NETWORK
EASTERN DUTCHESS COUNTY RURAL HEALTH NETWORK
FORT DRUM REGIONAL HEALTH PLANNING ORGANIZATION
FRANKLIN COMMUNITY HEALTH NETWORK
GENESEE VALEEEY HEALTH PARTNERSHIP
HAMILTON-BASSETT-CROUSE HEALTH NETWORK, INC.
HEALTHY COMMUNITY ALLIANCE, INC.
HERKIMER COUNTY HEALTHNET, INC.
HUDSON RIVER HEALTHCARE (HRHCARE)
HUDSON HEADWATERS HEALTH NETWORK
LAKE PLAINS COMMUNITY CARE NETWORK, INC.
MID-HUDSON FAMILY HEALTH INSTITUTE
MID-HUDSON RURAL INTEGRATED DELIVERY SYSTEM
NORTH COUNTRY BEHAVIORAL HEALTHCARE NETWORK
NORTHERN NEW YORK RURAL HEALTH CARE ALLIANCE, INC.
RURAL HEALTH COMMUNITY SYSTEMS, INC.
RURAL HEALTH EDUCATION SYSTEMS, INC.
RURAL HEALTH NETWORK OF OSWEGO COUNTY
RURAL HEALTH NETWORK OF SOUTH CENTRAL NEW YORK INC.
ST. LAWRENCE COUNTY HEALTH INITIATIVE, INC.
SEVEN VALLEYS HEALTH COALITION, INC.
SOUTHERN TIER HEALTH CARE SYSTEM, INC.
STEUBEN RURAL HEALTH NETWORK
SULLIVAN COUNTY RURAL HEALTH NETWORK
S2AY RURAL HEALTH NETWORK
THOMPSON HEALTH
TOMPKINS HEALTH NETWORK
WAYNE COUNTY RURAL HEALTH NETWORK

²⁹ Rochester Regional Health System, "About Rural Health Networks," <http://www.rochestergeneral.org/centers-and-services/wayne-county-rural-health-network/about-rural-health-networks/>

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE NEW YORK

Medicaid Coverage and Other Health Care Resources

APPENDIX B: VA HEALTH FACILITIES IN VA HEALTH CARE UPSTATE NEW YORK (VISN 2)³⁰

VA HEALTH CARE SYSTEM	
VA WESTERN NEW YORK HEALTHCARE SYSTEM	Buffalo
VA MEDICAL CENTERS	
ALBANY VA MEDICAL CENTER: SAMUEL S. STRATTON	Albany
BATH VA MEDICAL CENTER	Bath
CANANDAIGUA VA MEDICAL CENTER	Canandaigua
SYRACUSE VA MEDICAL CENTER	Syracuse
VA WESTERN NEW YORK HEALTHCARE SYSTEM AT BATAVIA	Batavia
VA WESTERN NEW YORK HEALTHCARE SYSTEM AT BUFFALO	Buffalo
OUTPATIENT CLINIC	
BEHAVIORAL HEALTH FACILITY	Syracuse
COMMUNITY BASED OUTPATIENT CLINIC	
AUBURN VA OUTPATIENT CLINIC	Auburn
BAINBRIDGE VA OUTPATIENT CLINIC	Bainbridge
BINGHAMTON VA OUTPATIENT CLINIC	Binghamton
CANI	Watertown
CATSKILL VA OUTPATIENT CLINIC	Catskill
CLIFTON PARK VA OUTPATIENT CLINIC	Clifton Park
COUDERSPORT	Coudersport
DUNKIRK VA OUTPATIENT CLINIC	Dunkirk
ELMIRA VA OUTPATIENT CLINIC	Elmira
FONDA VA OUTPATIENT CLINIC	Fonda
GLENS FALLS VA OUTPATIENT CLINIC	Glens Falls
JAMESTOWN VA OUTPATIENT CLINIC	Jamestown
KINGSTON VA OUTPATIENT CLINIC	Kingston
LACKAWANNA VA OUTPATIENT CLINIC	Lackawanna
LOCKPORT VA OUTPATIENT CLINIC	Lockport
MALONE VA OUTPATIENT CLINIC	Malone
MASSENA VA OUTPATIENT CLINIC	Massena
NIAGARA FALLS VA OUTPATIENT CLINIC	Niagara Falls
OLEAN VA OUTPATIENT CLINIC	Olean
OSWEGO VA OUTPATIENT CLINIC	Oswego
PLATTSBURGH VA OUTPATIENT CLINIC	Plattsburgh
ROCHESTER VA OUTPATIENT CLINIC	Rochester
ROME – DONALD J. MITCHELL VA OUTPATIENT CLINIC	Rome
SARANAC LAKE	Saranac
SCHENECTADY VA OUTPATIENT CLINIC	Schenectady
SPRINGVILLE	Springville
TOMPKINS/CORTLAND COUNTY	Freeville

³⁰ U.S. Department of Veterans Affairs (VA), "VA Health Care Upstate New York," <http://www.visn2.va.gov/>

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE NEW YORK

Medicaid Coverage and Other Health Care Resources

VA HEALTH CARE SYSTEM	
TROY VA OUTPATIENT CLINIC	Troy
WATERTOWN VA OUTPATIENT CLINIC	Watertown
WELLSBORO	Wellsboro
WELLSVILLE VA OUTPATIENT CLINIC	Wellsville
WESTPORT	Westport
COMMUNITY BASED OUTPATIENT CLINIC	
ALBANY VET CENTER	Albany
BINGHAMTON VET CENTER	Binghamton
BUFFALO VET CENTER	Buffalo
ROCHESTER VET CENTER	Rochester
SYRACUSE VET CENTER	Syracuse
WATERTOWN VET CENTER	Watertown

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE NEW YORK

Medicaid Coverage and Other Health Care Resources

APPENDIX C: ASSERTIVE COMMUNITY TREATMENT (ACT) TEAMS IN UPSTATE NEW YORK³¹

ACT TEAM	CITY
ALBANY COUNTY ACT PROGRAM	Albany
MELILLO CENTER ASSERTIVE COMMUNITY TREATMENT PROGRAM	Glen Cove
BUFFALO PSYCHIATRIC CENTER ACT PROGRAM	Buffalo
CATHOLIC CHARITIES OF BROOME COUNTY ACT TEAM	Binghamton
BI COUNTY ACT TEAM	Hicksville
CENTRAL NASSAU GUIDANCE AND COUNSELING SERVICES (CNGCS) ACT TEAM – ASSERTIVE COMMUNITY TREATMENT	Hicksville
FINGER LAKES ACT TEAM	Geneva
MID LAKES ACT TEAM	Watkins Glen
SOUTHERN TIER ACT TEAM	Elmira
CENTRAL ISLIP ACT	Central Islip
FAMILY SERVICE LEAGUE'S ACT-WEST TEAM	Central Islip
THE FREEDOM PROJECT	Riverhead
FEDERATION OF ORGANIZATIONS ACT PROGRAM	Ozone Park
FEDERATION OF ORGANIZATIONS BABYLON ACT PROGRAM	Wes Babylon
ASPIRE	Buffalo
IMPACT	Buffalo
STRIVE – FREDONIA	Fredonia
SPECTRUM HUMAN SERVICES ACT PROGRAM	Buffalo
MENTAL HEALTH ASSOCIATION OF ULSTER COUNTY ACT PROGRAM	Kingston
ROCKLAND ACT PROGRAM	Valley Cottage
MENTAL HEALTH ASSOCIATION OF WESTCHESTER COUNTY ACT PROGRAM	Tarrytown
MOHAWK VALLEY PSYCHIATRIC CENTER ACT	Utica
MONTEFIORE MOUNT VERNON HOSPITAL ACT PROGRAM	Mount Vernon
ELMHURST ACT PROGRAM	Astoria
ONONDAGA CASE MANAGEMENT ACT PROGRAM	Syracuse
OSWEGO HOSPITAL, INC.	Oswego
PEDERSON-KRAG CENTER ACT TEAM EAST	Smithtown
PEDERSON-KRAG CENTER ACT TEAM WEST	Huntington
PILGRIM ACT TEAM	Patchogue
ACT IN ORANGE COUNTY	Middletown
DUTCHESS ACT TEAM	Poughkeepsie
SOUTH SHORE ASSOCIATION FOR INDEPENDENT LIVING (S.A.I.L) ACT II	Baldwin
S.A.I.L. ACT PROGRAM	Baldwin
ACT PROGRAM – ST. VINCENT'S WESTCHESTER DIVISION	Harrison
UNITY ACT	Rochester
UNITED HELPERS ACT TEAM	Canton
PROJECT ACT	Rochester
STRONG TIES ACT PROGRAM	Rochester
WESTCHESTER MEDICAL CENTER BEHAVIORAL HEALTH ACT PROGRAM	Valhalla

³¹ New York State Office of Mental Health, "Assertive Community Treatment: NY State ACT Teams Directory," <http://bi.omh.ny.gov/act/index>