



Nebraska Medicaid 1115 Waiver for HIV

What the Waiver Does

An 1115 waiver gives a state flexibility to expand its Medicaid program. The waiver is particularly important for the HIV/AIDS community because of the cruel “catch 22” of current Medicaid law, which requires people living with HIV to wait until they are disabled by AIDS to qualify for Medicaid. Starting in 2014, most people with income at or below 133% of the federal poverty level will be eligible for the program. While this is great news for the HIV/AIDS community, there are still three years until the Medicaid expansion, and people living with HIV cannot wait until 2014 to access lifesaving care and treatment.

How will an 1115 Waiver help Nebraska?

Provide cost-effective, “budget neutral” early intervention

- Early intervention and immediate linkage to care for people diagnosed with HIV will help defray far more costly late intervention by:
 - Reducing transmission rates*
 - Reducing costly hospitalizations and other costs associated with disease progression
 - Reducing expenditures by disproportionate share hospitals
 - Reducing Social Security Disability costs
 - Increasing productivity and employment

Maximize effectiveness of state dollars by leveraging federal funds

- Nebraska implemented an AIDS Drug Assistance Program (ADAP) waiting list due to budget constraints and increased need attributable to job loss, loss of insurance coverage and new people diagnosed with HIV. The need for Nebraska’s Ryan White Program and ADAP far outpaces current funding.
- Because Medicaid is funded jointly by the federal government and the states, moving people from ADAP to Medicaid through the 1115 waiver would allow Nebraska to maximize dollars to address the HIV access to care and public health crisis by leveraging federal matching funds.

Allow states to implement Medicaid expansion incrementally

- In 2014, most people up to 133% FPL will be eligible for Medicaid
- Incremental expansion allows for a smooth transition to full Medicaid expansion, phases-in integration of providers and consumers and will help Nebraska realize the cost-effective benefits of early intervention immediately.

*The journal, *Science*, recently named the study “HIV Treatment as Prevention” the Scientific Breakthrough of 2011. The study found that antiretroviral treatment for HIV-infected people also reduces HIV transmission rates by 96%. Dr. Susan Swindells, a Nebraska resident and UNMC doctor, was a co-investigator of the study.

Please contact Jordan Delmundo at Nebraska AIDS Project (402.552.9260 or jordand@nap.org) with questions.