

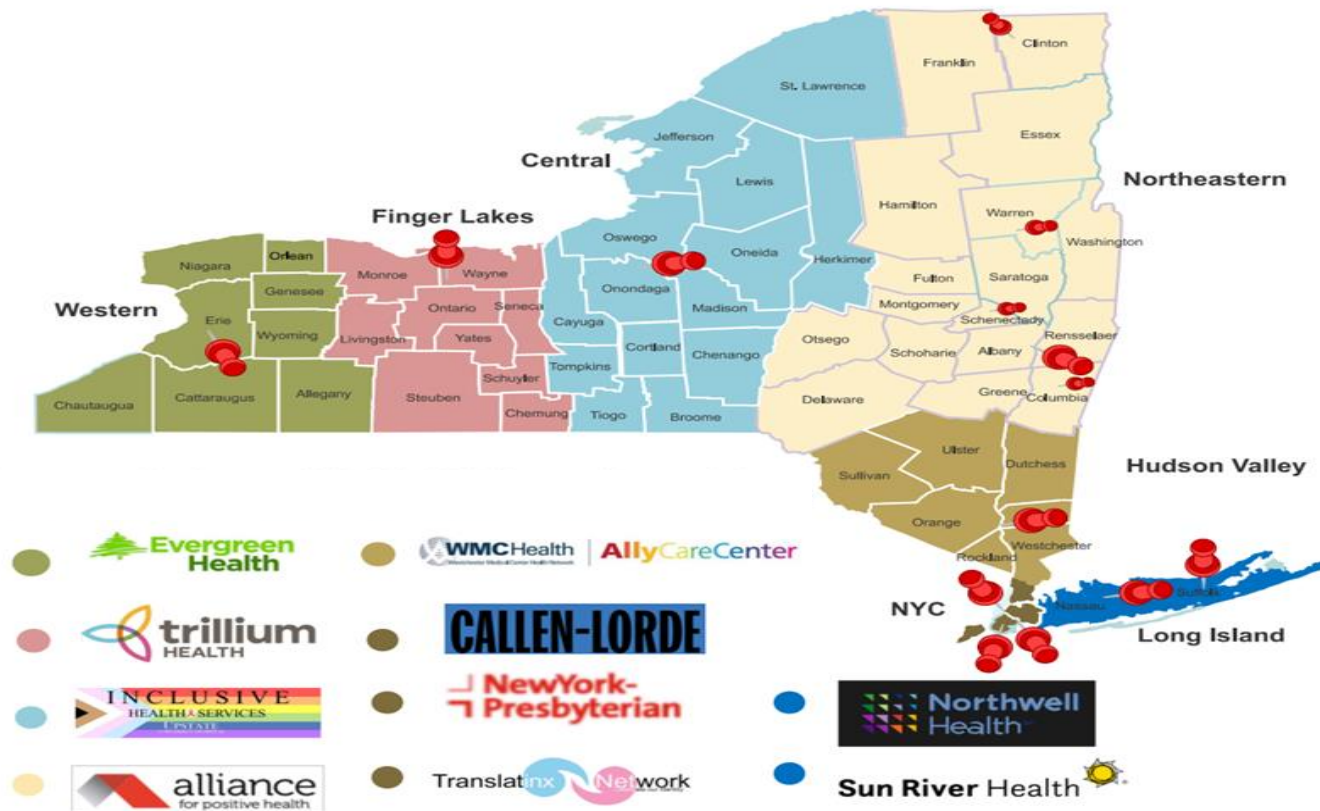
**DIVISION OF HIV AND HEPATITIS HEALTH CARE
NEW YORK STATE DEPARTMENT OF HEALTH – AIDS INSTITUTE**



People Aging with HIV (PAWH) Pilot supports the health of people living with diagnosed HIV over 50 years of age. Services include outreach, non-medical and medical case management, health education, psychosocial support services, insurance navigation, cognitive, physical, and behavioral screening services and other tailored services identified regionally that are consistent with the pilot goals. Program models include both medical facilities and community-based organizations statewide and address barriers and needs of older adults living with HIV so that they can maintain optimal health, including but not limited to sustained viral suppression, improved management of co-morbidities, and improved emotional health and sense of social connectedness.

Eligibility: Ryan White eligible PLWH must have documented proof of being infected with HIV/AIDS; a NYS resident; meet all income and recertification requirements.

Questions related to this pilot project can be directed to: John.Hartigan@health.ny.gov (HIV and Aging, Project Director) or Ashley.Smith@health.ny.gov (PAWH Contract Manager)



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AGENCY/PROGRAM NAME	PROGRAM CONTACTS
CENTRAL NEW YORK	
Upstate University Hospital (Inclusive Health Services)	Contact: Melissa Napierkowski at napierkm@upstate.edu (315) 464-7313 <u>Program highlights:</u> Medical case management, cross training of clinical staff with University Geriatrics, enhanced ICOPE screening for all patients over 50, specialized pharmacy interventions, extensive outreach with area CBOs for referrals.
Trillium Health, Inc. “ARCH” (Age Related Changes with HIV)	Contact: Christen Terrore (RN Coordinator) Email: cterrore2@trilliumhealth.org Phone: (585) 545-7200 <u>Program highlights:</u> Medical case management, group work and expanded support in their “drop in” center, collaboration with University Geriatric Group for enhanced clinical services, and age related pharmacy support.
HUDSON VALLEY	
Westchester Medical Center “Living+”	Contact: Rebecca Glassman, MD at rebecca.glassman@wmchealth.org (914) 493-7700 <u>Program highlights:</u> Medical case management, expanded ICOPE screening for all patients over 50, RN practitioner liaison with regional nursing homes for TA and assist with admissions, and a specialized “memory group” for speech/cognition/memory skills building interventions.
LONG ISLAND / NASSAU	
Northwell Health/ Northshore University Hospital - Center for AIDS Research and Treatment (CART)	Contact: Deborah Woodley at Dwoodley@northwell.edu Referrals: Carmen Rosario at 516-834-3779 <u>Program highlights:</u> Medical case management, comprehensive maturity screening for all patients over 50, psychosocial and technology (digital literacy) support. Psychosocial support and outreach will also be subcontracted in the community through PFY (Long Island Crisis Center).
LONG ISLAND / SUFFOLK	
Sun River Health	Contact: Allison Dubois at adubois@sunriver.org (914) 734-8503 <u>Program highlights:</u> Targeted outreach, social support, insurance navigation, cognitive/behavioral health screening, case management blended with geriatric consultation, and a social work provision through a tailored internship model.
NEW YORK CITY	

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<p>Translatinx Network “TN Connect Program”</p> <p>New York Presbyterian Hospital</p> <p>Callen Lorde – Community Health Project “Prime Time”</p>	<p>Contact: Cristina Herrera at cristina@translatinanetwork.org (646) 882-2000</p> <p><u>Program highlights:</u> Outreach, community case management, health education, specialized support groups and linkages with medical care– although not exclusive, tailored to support those of transgendered experience in a judgment free and loving inclusive environment.</p> <p>Contact: Peter Maugeri at pem9076@nyp.org (646)-354-9951</p> <p><u>Program highlights:</u> Medical case management services, psychosocial support, significant digital literacy support through training and IPAD loaner program for health access, peer support, and enhancing ICOPE screening across their entire 50+ population as a standard of care.</p> <p>Contact: Andrea Martin at amartin@callen-lorde.org (646)-965-5544</p> <p>Program highlights: Medical case management services, psychosocial support, robust assessments and dedicated RN coordination for those enrolled for enhanced service provision.</p>
NORTHEASTERN NEW YORK	
<p>AIDS Council of Northeastern NY dba Alliance for Positive Health</p>	<p>Contact: Kristin Beattie at kbeattie@alliancefph.org (518) 434-4686</p> <p><u>Program highlights:</u> Case management services, psychosocial support, peer services, rotation of staff through various regional offices for coverage of underserved populations, collaborations with both In Our Own Voices for specialty groups serving the BIPOC PAWH community and with Albany Medical Center (on site hours) for expedited ICOPE screening and referrals.</p>
WESTERN NEW YORK	
<p>Evergreen Health Services, Inc. “50 Plus”</p>	<p>Contact: Jenny Carter Domke at jdomke@evergreenhs.org (716) 847-2441</p> <p><u>Program highlights:</u> Case management, group work, peer services, quality of life survey, and partnerships with regional aging services to broaden scope of services for those enrolled.</p>