

**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 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 (Project Director, HIV and Aging Initiatives)
Ashley.Smith@health.ny.gov (Contract Manager, PAWH Pilot)

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 community-based organizations for referrals.
FINGER LAKES	
Trillium Health, Inc. “ARCH” (Age Related Changes with HIV)	Contact: Kathleen Hopkins at khopkins@trilliumhealth.org (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 technical assistance and support with admissions, and a specialized “memory group” for speech/cognition/memory skills building interventions.
LONG ISLAND / NASSAU	

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<p>Northwell Health/ Northshore University Hospital - Center for AIDS Research and Treatment (CART) “HIV Aging Program – HAP”</p>	<p>Contact: Deborah Woodley at Dwoodley@northwell.edu Referrals: Carmen Rosario at (516) 834-3779</p> <p><u>Program highlights:</u> Medical case management, comprehensive maturity screening for all patients over 50, psychosocial and technology (digital literacy) support.</p>
LONG ISLAND / SUFFOLK	
<p>Sun River Health</p>	<p>Contact: Maria Mezzatesta, LCSW-R at mmezzatesta@sunriver.org 631-866-2030 x86013</p> <p><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.</p>
NEW YORK CITY	
<p>Translatinx Network “TN Connect Program”</p>	<p>Contact: Cristina Herrera at cristina@translatinanetwork.org (646) 882-2000</p> <p><u>Program highlights:</u> Outreach, non-medical 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>New York Presbyterian Hospital</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>Callen Lorde – Community Health Project “Prime Time”</p>	<p>Contact: Ashwini Hardikar at ahardikar@callen-lorde.org (212) 271-7166</p> <p><u>Program highlights:</u> 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 Stelling at kstelling@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, collaboration with Albany Medical Center (on site hours) for expedited ICOPE screening and referrals.</p>

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WESTERN NEW YORK

Evergreen Health Services, Inc.
"50 Plus"

Contact: Jenny Carter Domke at jdomke@evergreenhs.org
(716) 847-2441

Program highlights: Case management, group work, peer services, quality of life survey, and partnerships with regional aging services to broaden scope of services for those enrolled.