

New Haven EMA

RYAN WHITE HIV/AIDS PROGRAM A PLANNING COUNCIL PRIMER

Uniqueness of Planning Councils

- ▶ One of the important aspects of the Ryan White HIV/AIDS Program (RWHAP) is its focus on community health planning for HIV care and treatment. Community health planning is a deliberate effort to involve diverse community members in “an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community.”
- ▶ No other federal health or human services program has a legislatively required planning body that is the decision maker about how funds will be used, has such defined membership composition, and requires such a high level of consumer participation (at least 33 percent).

The Value of Planning Councils

- ▶ Community involvement in decision making about HIV services
- ▶ A consumer voice in decisions about services
- ▶ Collaboration among diverse stakeholders, including consumers and other people living with HIV, providers, the local health department, researchers, and other community members, with everyone sitting at the same table and working together to make the best decisions for the community
- ▶ Positive impact on the service system, including improvements in access to and quality of care, and contributions to positive client outcomes including viral suppression.

The Purpose of this Primer

This Primer is designed to help Ryan White HIV/AIDS Program (RWHAP) Part A planning council members better understand the roles and functioning of planning councils.

The Primer explains what RWHAP does, and describes what planning councils do in helping make decisions about what RWHAP services to fund and deliver in their geographic areas.

The Primer is intended to be a basic reference to help prepare planning council members to actively engage in planning council activities, and effectively carry out their legislatively defined community health planning duties.

The Ryan White HIV/AIDS Program

- ▶ 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 half a million people each year. The Program reaches over half of all people diagnosed with HIV in the United States.

The Ryan White HIV/AIDS Program

- ▶ RWHAP is administered by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA). The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care by strengthening the healthcare workforce, building healthy communities and achieving health equity.

The Ryan White HIV/AIDS Program

- ▶ The RWHAP legislation supports grants under the five sections of the Act: Parts A, B, C, D, and F. Next we will discuss each of these parts and what they do. The majority of the funding that goes to RWHAP Part A and Part B is awarded under a formula based on the number of living HIV and AIDS cases in these areas.

The 5 Parts of the RWHAP

RWHAP Part A: Grants to metropolitan areas hardest hit by the epidemic for HIV medical care and support services

RWHAP Part B: Grants to states and territories for HIV medical care and support services, including HIV-related medications through the AIDS Drug Assistance Program (ADAP)

RWHAP Part C: Community-based early intervention services grants for HIV medical care and support services

RWHAP Part D: Community-based grants for family-centered primary and specialty medical care and support services for infants, children, youth, and women living with HIV

RWHAP Part F: Support for five programs—Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), HIV Dental Programs, and the Minority AIDS Initiative (MAI)

RWHAP Part A: Grants to Eligible Metropolitan and Transitional Areas

- ▶ RWHAP Part A funds go to local areas that have been hit hardest by the HIV epidemic. The goal of RWHAP Part A is to provide optimal HIV care and treatment for low-income and uninsured people living with HIV to improve their health outcomes.

RWHAP Part A: Grants to Eligible Metropolitan and Transitional Areas

- ▶ Almost three quarters of people living with HIV in the U.S. live in RWHAP Part A-funded areas. These areas are called eligible metropolitan areas (EMAs) or transitional grant areas (TGAs):
 - ▶ EMAs are metropolitan areas with at least 2,000 new cases of AIDS reported in the past five years and at least 3,000 cumulative living cases of AIDS as reported by the Centers for Disease Control and Prevention (CDC) in the most recent calendar year for which data are available. As of early 2018, there were 24 EMAs.
 - ▶ TGAs are metropolitan areas with between 1,000 and 1,999 new cases of AIDS reported in the past five years and at least 1,500 cumulative living cases of AIDS as reported by the CDC in the most recent calendar year for which data are available. As of early 2018, there were 28 TGAs.

RWHAP Part A: Grants to Eligible Metropolitan and Transitional Areas

- ▶ RWHAP Part A funds go to the chief elected official (CEO) of the major city or county government in the EMA or TGA. The CEO is usually the mayor; however sometimes the CEO is the county executive, chair of the board of supervisors, or county judge. The CEO is legally the recipient of the grant, but usually chooses a lead agency such as a department of health or other entity to manage the grant. That entity is also called the recipient. The recipient manages the grant by making sure RWHAP funds are used according to the RWHAP legislation, program policy guidance, and grants policy. The recipient works with the RWHAP Part A planning council/planning body, which is responsible for making decisions about service priorities and resource allocation of RWHAP Part A funds.

POP QUIZ!

- ▶ Who is the CEO of this EMA?
- ▶ Toni Harp, Mayor of the City of New Haven



RWHAP Part B: Grants to States and Territories

- ▶ RWHAP Part B provides funds to improve the quality, availability, and organization of HIV health care and support services in states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the U.S. Pacific Territories and Associated Jurisdictions.

RWHAP Part C: Community-Based Early Intervention Services

- ▶ RWHAP Part C funds local, community-based organizations to provide comprehensive primary health care and support services in an outpatient setting for people living with HIV.

RWHAP Part D: Services for Women, Infants, Children, and Youth

- ▶ RWHAP Part D funds are used to provide family-centered primary medical care and support services to women, infants, children, and youth living with HIV. RWHAP Part D funds are competitive grants that go directly to local public or private healthcare organizations including hospitals, and to public agencies.

RWHAP Part F: SPNS, AETC, Dental Programs, and MAI

- ▶ RWHAP Part F provides grant funding that supports several research, technical assistance, and access-to-care programs
 - ▶ Special Projects of National Significance (SPNS)
 - ▶ AIDS Education and Training Centers (AETCs)
 - ▶ HIV/AIDS Dental Reimbursement Program
 - ▶ Community Based Dental Partnership Program
 - ▶ Minority AIDS Initiative (MAI)

RYAN WHITE PART A PARTICIPANTS

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The chief elected official (CEO), who receives the funds on behalf of the EMA or TGA



The recipient, the entity chosen by the CEO to manage the grant and make sure funds are used appropriately



The planning council (or planning body), which conducts planning, decides how to allocate resources, and works to ensure a system of care that provides equitable access to care and needed services to all eligible people living with HIV in the EMA or TGA



The HRSA HIV/AIDS Bureau's Division of Metropolitan HIV/ AIDS Programs (HAB/DMHAP), the federal government entity within HRSA that makes sure the RWHAP Part A program is implemented appropriately.

THE RWHAP PART A AWARDS PROCESS

- ▶ Each year Congress appropriates funds for the Ryan White HIV/AIDS Program, including RWHAP Part A. The money for RWHAP Part A is divided into formula and supplemental funds and Minority AIDS Initiative (MAI) funds.
 - ▶ **Formula funds** are awarded to EMA or TGAs based on the number of persons living with HIV and AIDS in the EMA or TGA.
 - ▶ **Supplemental funds** are awarded to the EMA or TGA based on increasing prevalence rates, documented demonstrated need and service gaps, and a demonstrated disproportionate impact on vulnerable populations.
 - ▶ **RWHAP Part A MAI funds** are allocated based on each EMA's or TGA's percentage of all living HIV disease cases among racial and ethnic minorities.
- ▶ EMAs or TGAs must submit a grant application to HRSA to receive RWHAP Part A formula, supplemental, and MAI funds. The recipient should prepare the application with planning council/planning body input. The funding year begins on March 1.

Planning Council and Recipient: Separate Roles and Mutual Goals

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Planning Council and Recipient: Separate Roles and Mutual Goals

- ▶ The planning council and the recipient work together on identifying the needs of people living with HIV (by conducting a needs assessment) and preparing a CDC and HRSA Integrated HIV Prevention and Care Plan, formerly known as a comprehensive plan (which is a long-term guide on how to meet those needs).
- ▶ Both also work together to make sure that other sources of funding work well with RWHAP funds and that RWHAP is the “payor of last resort.” This means that other available funding should be used for services before RWHAP dollars are used to pay for them.
- ▶ The planning council decides what services are priorities for funding and how much funding should be provided for each service category, based upon the needs of people living with HIV in the EMA/TGA.
- ▶ The recipient is accountable for managing RWHAP Part A funds and awarding funds to agencies to provide services that are identified by the planning council as priorities, usually through a competitive “Request for Proposals” (RFP) process.
- ▶ The planning council cannot do its job without the help of the recipient, and the recipient cannot do its job without the help of the planning council.

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	<i>Optional</i>
Development of Service Standards		✓	✓
Clinical Quality Management		✓	<i>Contributes but not responsible</i>
Assessment of the Efficiency of the Administrative Mechanism			✓

Roles/Duties of the CEO, Recipient, and Planning Council

Planning Council Duties

- ▶ The planning council (and its staff) must carry out many complex tasks as listed on the previous slide. Here we will discuss each of these duties in more detail.
- ▶ The first step is to set up rules and structures to help the planning council to operate smoothly and fairly (**planning council operations**). This includes bylaws, grievance procedures, conflict of interest policies and procedures, procedures that ensure open meetings, and an open nominations process to identify nominees for the planning council.
- ▶ It also includes a committee structure. Planning councils must be trained in planning, and new members must receive orientation to their roles and responsibilities and those of the recipient.

Planning Council Duties (continued)

- ▶ The planning council must find out about what services are needed and by which populations, as well as the barriers faced by people living with HIV in the EMA or TGA (**needs assessment**).
- ▶ Next—based on needs assessment, utilization, and epidemiologic data—it decides what services are most needed by people living with HIV in the EMA or TGA (**priority setting**) and decides how much RWHAP Part A money should be used for each of these service categories (**resource allocations**).
- ▶ The planning council may also provide guidance to the recipient on service models, targeting of populations or service areas, and other ways to best meet the identified priorities (**directives**).

Planning Council Duties (continued)

- ▶ The planning council works with the recipient to develop a long-term plan on how to provide these services **(integrated/comprehensive planning)**.
- ▶ The planning council reviews service needs and ways that RWHAP Part A services work to fill gaps in care with other RWHAP Parts through the Statewide Coordinated Statement of Need (SCSN) as well as with other programs like Medicaid and Medicare **(coordination)**.
- ▶ The planning council also evaluates how providers are selected and paid, so that funds are made available efficiently where they are most needed **(assessment of the efficiency of the administrative mechanism)**.

Planning Council Bylaws

- ▶ Each planning council must have written rules, called bylaws, which explain how the planning council operates. Bylaws must be clear and exact. They should include at least the following:
 - ▶ Mission of the planning council
 - ▶ Member terms and how members are selected (open nominations process)
 - ▶ Duties of members
 - ▶ Officers and their duties
 - ▶ How meetings are announced and run, including how decisions are made
 - ▶ What committees the planning council has and how they operate
 - ▶ Conflict of interest policy
 - ▶ Grievance procedures
 - ▶ Code of Conduct for members
 - ▶ How the bylaws can be amended

Planning Council Membership

- ▶ The planning council needs a membership committee and a clear and open nominations process to choose new planning council members and to replace members when a member's term ends or the person resigns. This includes making sure that the planning council membership overall and the consumer membership meet the requirements of **reflectiveness**—having characteristics that reflect the local epidemic in such areas as race, ethnicity, gender, and age, and **representation**—filling the required membership categories as stated in the legislation. The next slide will cover these required membership categories.



PEOPLE LIVING WITH HIV & COMMUNITY

- Members of affected communities*
- Non-elected community leaders
- Representatives of recently incarcerated people living with HIV
- Unaffiliated consumers



HEALTH & SOCIAL SERVICE PROVIDERS

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers



PUBLIC HEALTH & HEALTH PLANNING

- Public health agencies
- Healthcare planning agencies
- State agencies**



FEDERAL HIV PROGRAMS

- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients†
- Recipients under other federal HIV programs†

Required Planning Council Membership Categories

NEEDS ASSESSMENTS

- ▶ The planning council works with the recipient to identify service needs by conducting a needs assessment. This involves first finding out how many persons living with HIV (both HIV/non-AIDS and AIDS) are in the area through an epidemiologic profile. Usually, an epidemiologist from the local or state health department provides this information. Next the council determines the needs of populations living with HIV and the capacity of the service system to meet those needs. This assessment of needs is done through surveys, interviews, key informant sessions, focus groups, or other methods.

NEEDS ASSESSMENTS

- ▶ The needs assessment seeks to determine:
 - ▶ **Service needs and barriers for people living with HIV who are in care**
 - ▶ **The number, characteristics, and service needs and barriers of people living with HIV who know their HIV status and are not in care**
 - ▶ **The estimated number, probable characteristics, and barriers to testing for individuals who are HIV-infected but unaware of their status**
 - ▶ **The number and location of agencies providing HIV-related services in the EMA or TGA—a resource inventory of the local “system of care”**
 - ▶ **Local agencies’ capacity and capability to serve people living with HIV, including capacity development needs**
 - ▶ **Service gaps for all people living with HIV and how they might be filled, including how RWHAP service providers need to work with other providers, like substance abuse treatment services and HIV prevention agencies.**

Priority Setting and Resource Allocation

- ▶ The planning council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources. This means the members decide which services are most important to people living with HIV in the EMA or TGA (**priority setting**) and then agree on which service categories to fund and how much funding to provide (**resource allocations**). In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA or TGA, without regard to who funds those services.

Priority Setting and Resource Allocation

- ▶ The planning council makes decisions about priorities and resource allocations based on many factors, including:
 - ▶ Needs assessment findings
 - ▶ Information about the most successful and economical ways of providing services
 - ▶ Actual service cost and utilization data (provided by the recipient)
 - ▶ Priorities of people living with HIV who will use services
 - ▶ Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape
- ▶ The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders— since RWHAP is the “payor of last resort” and should not pay for services that can be provided with other funding

Integrated and Comprehensive Planning

- ▶ The planning council works with the recipient in developing a written plan that defines short- and long-term goals and objectives for delivering HIV services and strengthening the system of care in the EMA or TGA. This is called a comprehensive plan in the legislation, but is now called the CDC and HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN).
- ▶ The plan should ensure attention to each stage of the HIV care continuum, which measures the steps or stages of HIV medical care from diagnosis to linkage to care, retention in care and treatment, prescribing of HIV medications, and achieving the goal of viral suppression (a very low level of HIV in the body). We will look at this on the next slide.

Integrated and Comprehensive Planning

HIV Care Continuum



POP QUIZ!

- ▶ What are the percentages we are aiming for with the comprehensive plan?
- ▶ **90/90/90**



Coordination with Other RWHAP Parts and Other Services

- ▶ The planning council is responsible for ensuring that RWHAP Part A resource allocation decisions account for and are coordinated with other funds and services. The planning tasks described earlier (needs assessment, priority setting and resource allocation, integrated/ comprehensive planning) require getting lots of input, including finding out what other sources of funding exist. This information helps avoid duplication in spending and reduce gaps in care. For example, the needs assessment should find out what HIV prevention and substance abuse treatment services already exist. Integrated/ comprehensive planning helps the planning council consider the changing healthcare landscape and the implications for HIV services

Assessment of the Efficiency of the Administrative Mechanism

- ▶ The planning council is responsible for evaluating how rapidly RWHAP Part A funds are allocated and made available for care. This involves ensuring that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and whether the amounts contracted for each service category are the same as the planning council's allocations. The results of this assessment of the efficiency of the administrative mechanism are shared with the recipient, who develops a response including corrective actions if needed.

Development of Service Standards

- ▶ Establishing service standards is a shared responsibility of the recipient and the planning council. While it is ultimately the responsibility of the recipient to ensure that service standards are in place, the planning council typically takes the lead in developing service standards for funded service categories. **Service standards** guide providers in implementing funded services. They typically address the elements and expectations for service delivery, such as service components, intake and eligibility, personnel qualifications, and client rights and responsibilities. The service standards set the minimum requirements of a service and serve as a base on which the recipient's clinical quality management (CQM) program is built.

Evaluation of Services

- ▶ The planning council may choose to evaluate how well services funded by RWHAP Part A are meeting identified community needs, or it can pay someone else to do such an evaluation. The Part A recipient's CQM program can provide information on clinical outcomes that informs the planning council about the impact of services. The recipient may include planning council members on its CQM committee. In addition, most planning councils regularly review EMA/TGA performance along the HIV care continuum. The planning council uses evaluation findings in considering ways to improve the system of care, including changing service priorities and allocations and developing directives.



QUESTIONS?

Thank you
for your
time.