Nassau-Suffolk HIV Health Services Planning Council

Annual Member Orientation

Nassau/Suffolk HIV Health Services Planning Council

Planning. Access. Quality.

January 11, 2016

Objective:

The purpose of the Annual Member Orientation is to:

- Provide information about Ryan White HIV/AIDS Program, specifically Part A.
- Acquaint new members with the role and responsibilities of the Planning Council.
- Gain a better understanding of the planning process.
- Familiarize members with often used acronyms.
- Offer a review for current members.

Ryan White HIV/AIDS Program

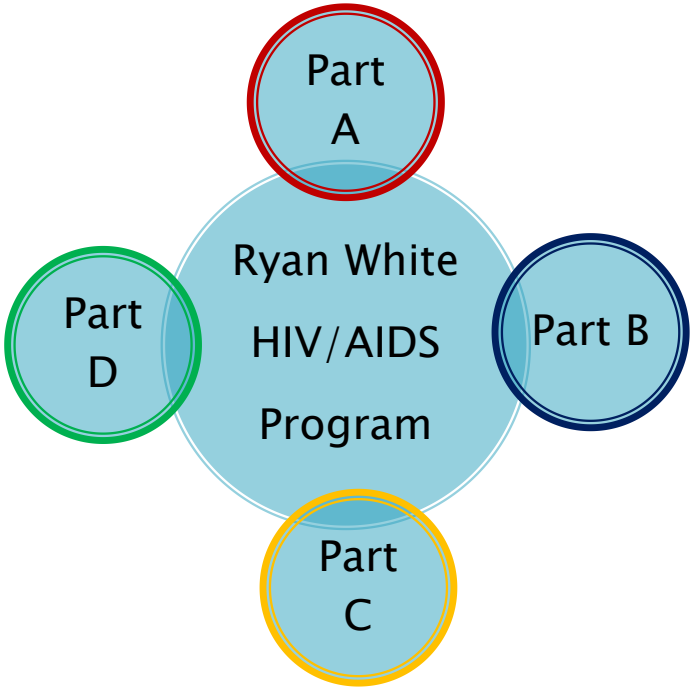
- The Ryan White HIV/AIDS program provides a comprehensive, community based system of care through primary medical care and essential support services for low-income people living with HIV (PLWH). It is the single largest federal program that provides HIV-related health services. The program works with cities, states and local community-based organizations to provide services to more than half a million people each year.
- The program was created for those who do not have sufficient heath care coverage or financial resources for coping with HIV/AIDS. Ryan White fills gaps in care not covered by other sources and is known as the payer of last resort.
- The program is governed by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB).
- Since the program was created in 1990, Ryan White has been reauthorized four times, with each reauthorization making changes to the delivery or scope of the program to reflect the needs of people living with HIV/AIDS, drug treatment research, and shifts in the health care landscape in the United States.

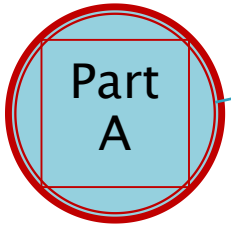
Legislative Context: Facts, Factors, & Major Themes

- Ryan White uses a medical model with a major focus on core medical services:
  - **75% of service funds must be spent on core medical services**
  - **Up to 25% of service funds may be spent on support services** that contribute to positive clinical outcomes.
- Increased focus on getting people into primary medical care & keeping them in care. The term unmet need = need for primary health care among PLWH/A who know they are HIV+ & are not receiving HIV-related primary care. New emphasis on the unaware population(Early Identification of Individuals with HIV/AIDS – EIIHA) as seen in the previous grant year.

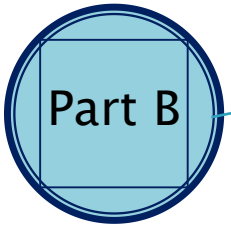
- All funds to be used – "use or lose" as there is a Part A funding penalty for unobligated & unliquidated funds. If more than 5% of formula funds are unspent at the end of the year, the region in question becomes ineligible for supplemental funding.

Ryan White HIV/AIDS Program Funding Categories.

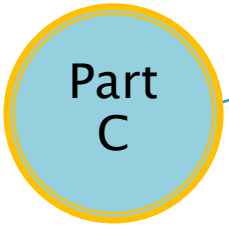




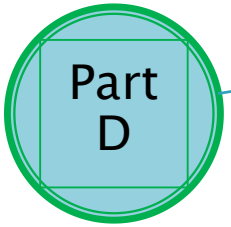
Provides emergency assistance to local areas hardest hit by the epidemic. These areas are called Eligible Metropolitan Areas (EMAs) or Transitional Grant Areas (TGAs).



Provides grants to all 50 states, District of Columbia, U.S. Virgin Islands, Guam, Puerto Rico, and U.S. Pacific Territories or Associated Jurisdictions. Like Part A funds, Part B funds can be used for medical and support services. A major priority is providing medications for people with HIV and AIDS.



Provides comprehensive primary health care in an outpatient setting for people living with HIV. A funding priority under the legislation is for rural areas and locations that lack HIV-related health services.



Provides HIV-related medical and support services to women, infants, children, and youth, linking them to additional services available in the community.

Ryan White Part A

- **Part A:** Funding for eligible metropolitan areas (EMAs) and Transitional Grant Areas (TGAs) that are severely & disproportionately affected by the HIV epidemic.
  - **24 EMAs (Eligible Metropolitan Areas)** (≥2,000 cases of AIDS reported in past 5 years and ≥3,000 living cases)
  - **28 TGAs (Transitional Grant Areas)** (1,000-1,999 cases reported and ≥1,500 living cases)
- As of FY 2012, the Nassau-Suffolk region is categorized as an EMA. To be an eligible EMA, an area must have reported at least 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000.

Key Facts About Ryan White Part A

- Ryan White services are not an entitlement.
- Ryan White is the payer of last resort.
- Intent is to provide a continuum of care with equitable access throughout the service area.
- Key role for consumers of Part A services through Planning Council and other types of involvement.

Key Changes in 2009

- Funding Formulas: 2/3 of Part A funds set aside for formula awards 1/3 for supplemental (previously ½ for each). Funding formula is now based on an EMAs/TGAs proportion of all living HIV and AIDS cases in the US. Supplemental grant awards now based ½ on "demonstrated need."

- MAI Funding: (Minority AIDS Initiative) MAI funds are now a part of Ryan White legislation.

- Administrative Costs: 10% Administrative Costs cap replaces previous 5% cap. The 10% includes Planning Council support costs, which were previously allocated separately by the Planning Council and had no legislative cap, all such costs must fit within the administrative cap.

- Quality Management: Quality Management (QM) is now called Clinical Quality Management, reflecting emphasis on medical care and clinical outcomes. Funding Cap for QM remains unchanged—up to 5% or 3 million whichever is less.

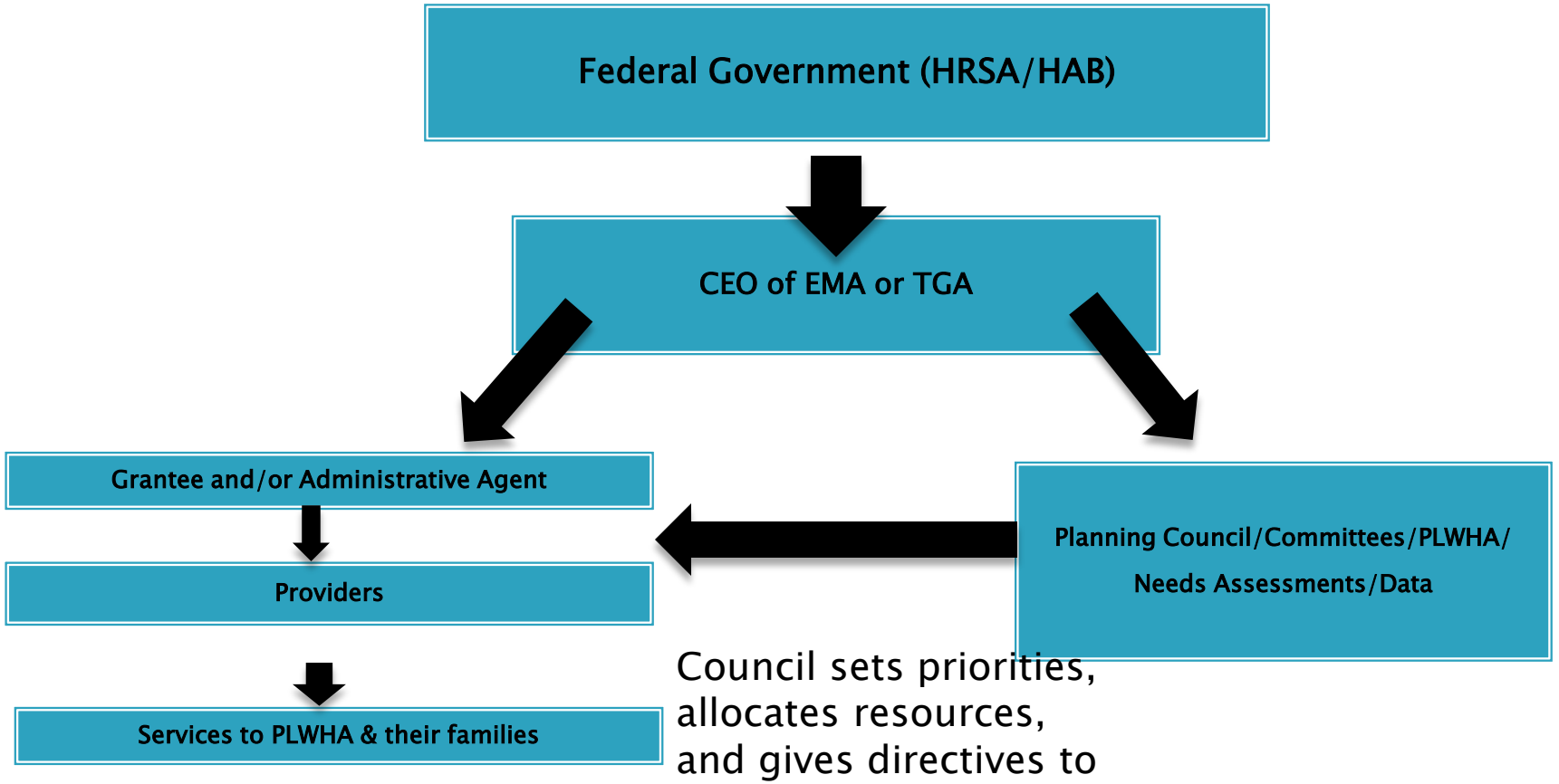
- Unspent Funds: Carryover of unspent formula funds no longer permitted unless EMA requests and receives a waiver. Carryover of unspent supplemental funds not permitted; any unspent supplemental funds go back to HRSA and are redistributed. Threshold for penalties changed from 2 % to 5% of formula funds unexpended at the end of the year.

Ryan White HIV/AIDS Program Legislative Requirements (RWHAP) for Planning: Part A

RWHAP Part A Programs must:

- Establish priorities for the allocation for funds within the eligible area.
- Include how best to meet each such priority and additional factors that a recipient should consider in allocation funds under a grant.
- Develop a comprehensive plan for the organization and delivery of health and support services.
- Assess the efficiency of the Administrative Mechanism in rapidly allocating funds to the areas of greatest needs within the eligible area.

Flow of Part A Funds & Decision Making



Council sets priorities, allocates resources, and gives directives to the Grantee on how best to meet these priorities.

Entities in the Part A Structure:

- PLWHA/Affected Communities
- Planning Council (committees)
- Community structures
- Local decision making
- CEO of the EMA/TGA
- Grantee
- Designated local entity administering Ryan White Part A funds (United Way)
- HRSA/HAB/DSS
- Service providers
- Multiple political and programmatic agendas
- Competition for scarce resources

Chief Elected (CEO)

- The official recipient of Part A funds in each EMA/TGA is the CEO of the city or county that administers the public health agency providing health care to the greatest number of individuals with AIDS. Usually the CEO is a mayor, county executive, or chair of the county board of supervisors. The CEO has the ultimate responsibility of administering the Part A program and ensuring that all legal requirements are met.

- The current CEO is Edward Mangano.

- Funding for the Nassau-Suffolk region comes through an Intergovernmental Agreement (IGA) between Nassau and Suffolk County. The IGA is a written agreement between the two counties that defines the process of applying for and awarding Ryan White Part A funds. This agreement designates Nassau County as the Grantee for the Nassau-Suffolk region and provides for the services of a support agency.

Grantee

- The CEO is the official Part A Grantee. However, the CEO usually delegates authority for administering Part A funds to a public agency or unit-most often the health department. This entity is also referred to as the Grantee.
- Using the terms CEO and Grantee helps to distinguish between the person ultimately responsible for the Ryan White grant (the CEO) and the entity responsible for day-to-day operations associated with the program (the Grantee).
- Nassau County Department of Health has been designated as the Grantee.

Grantee Duties

- The Grantee has planning duties which includes assisting the Planning Council with needs assessment and comprehensive planning.
- Providing information and advice that helps Planning Council decide how to allocate funds.
- Administrative duties, meaning it is responsible for making sure that Part A funds are used fairly and are correctly managed.

Administrative or Fiscal Agent

- Sometimes the Grantee agency chooses another organization, agency, or other entity (*e.g.*, public health department, community-based organization) to administer the grant.

- This entity is called an administrative or fiscal agent (*e.g.*, disbursing program funds, developing reimbursement and accounting systems, developing requests for proposals, monitoring contracts/programs and Planning Council support).

- The United Way of Long Island operates as the Administrative or Fiscal Agent, also known as the Technical Support Agency-TSA.

What is the Planning Council?

The Planning Council is an appointed Ryan White Part A planning group, ranging from 20 to 36 members. The council provides effective planning for the Long Island region and promotes the development of HIV/AIDS services that meet the identified needs of the community. The Council sets the priorities and recommendations are made to the Grantee for funding allocations for Ryan White Part A funding in Nassau and Suffolk Counties.

Mission Statement:

The mission of the Nassau-Suffolk HIV Health Services Planning Council is to provide effective planning for the Nassau-Suffolk eligible metropolitan area (EMA) and promote development of HIV/AIDS health services, personnel, and facilities which meet identified health needs in a cost effective manner, reduce inefficiencies, and address the needs of the uninsured and underinsured.

Planning Council Membership

Required Membership Categories

1. Health Care Providers.
2. Community-based & AIDS Service Organizations.
3. Non-elected Community Leaders.
4. Housing/Homeless Service Providers.
5. Mental Health Care Providers.
6. Local Public Health Agencies.
7. Hospital Planning Agencies/ Health Care Agencies.

At least 33% PLWHA who receive Part A-funded services.

8. Substance Abuse Care Providers.
9. Social Service Providers.
10. Prevention Providers.
11. Affected Communities:
    - Individuals with HIV disease.
    - Representatives of individuals who formerly were incarcerated.
    - Members of federally recognized Indian tribes.
    - HIV+ individuals co-infected with hepatitis B or C.

Planning Council

Operations

- Must develop bylaws, policies, and procedures to ensure fair, efficient operations.
- Must have grievance procedures.
- Must manage conflict of interest.
- Major attention to new member recruitment, orientation, and training.
- Must show reflectiveness (of the epidemic in the region).
- Much of work done by committees assisted by Council support staff.

Member Role & Responsibilities

- Establish operations to make planning tasks function smoothly.
- Assess the region's HIV/AIDS service needs.
- Establish priorities for the allocation of funds.
- Develop a comprehensive plan for the organization and delivery of HIV services that is compatible with existing State and local plans including Statewide Coordinated Statement of Need (SCSN).
- Assess efficiency of the administering agency in rapidly allocating funds to areas of greatest need.

Priority Setting and Resource Allocation

- Priority setting: deciding what services and program categories are most important for PLWHA.
- Resource allocations: deciding how much Part A funding to provide for each service category (dollars or percent), including the percentage for core and support services.
- Directives to the Grantee: on how best to meet these priorities- e.g., what services for what populations in what geographic areas.
- Reallocation of funds: done during the program year as needed.

Note: resource allocation does not mean procurement.

Conflict of Interest

- What is a conflict of interest?
  - An interest by a Planning Council member in an action that may result in personal, organizational or professional gain – *or gives the appearance of such gain*.
- What if I have a conflict of interest?
  - Any conflict or potential conflict should be disclosed as soon as the member is aware and the disclosure should be recorded in the minutes of the meeting.
  - You should not vote in connection with any matter that comes before the Council if you are aware of a potential conflict of interest.

Grievance Process

- Why would you submit a grievance?
  - An individual feels that the Council deviated from established, written processes related to Planning Council decisions.
- Any Planning Council Member can submit a grievance – even if you are a Part A Provider or a consumer who utilizes a Part A program.

Confidentiality

- It is imperative that Planning Council members not disclose information acquired as a Council member.
- Confidential information includes, but is not limited to:
  - Information concerning the medical condition, substance abuse history, gender status or sexual orientation of any individual, whether a member of the Council or its committees, or the recipient of a service provided with Part A funds.
- Planning Council Members who are HIV positive do not have to disclose their status at public meetings. (*However, HRSA expects at least two planning body seats to be filled by individuals who publicly disclose as HIV positive*.)

Coordination of Services

- Shared responsibility of Grantee and Planning Council
- Focus on ensuring that Part A funds fill gaps, do not duplicate other services, & make Ryan White the payer of last resort
- Involves coordination in planning, funding, and service delivery
- Council reviews other funding streams as input to resource allocation
- Grantee ensures that providers have linkage agreements and use other funding where possible- for example, helps clients apply for entitlements like Medicaid.

How the Grantee and Planning Council Work Together

Procurement (RFP Process)

Grantee role

- Involves:
  - Publicizing the availability of funds
  - Writing Requests for Proposals (RFPs)
  - Using a fair and impartial review process to choose providers
  - Contracting with providers – and requiring that they follow Service Standards and meet reporting and quality management (QM) requirements
- Contract amounts by service category or sub-category must be consistent with Planning Council allocations and directives

Clinical Quality Management

Grantee plays primary role

- Involves ensuring that:
  - Services meet Public Health Service and clinical guidelines and local standards of care
  - Supportive services are linked to positive medical outcomes
  - Demographic, clinical, and utilization data are used to understand and address the local epidemic
- Grantee requires providers to develop QM plans, monitors based on quality standards, and recommends improvements
- Establishes standards of care with PC support for use in QM
- Grantee reports to Council on QM findings by service category or across categories

Benefits of the Planning Council

- Engages diverse communities and entities as data sources and decision makers, focusing on consumers and specific populations most affected by the disease.
- Provides for collaboration and coordination among planning body committees.
- Supports data-based decision making.
- Provides a transparent, public process.

Meetings

- The Planning Council and the various committees meet 6 times a year.
- Any individual Planning Council member who is absent from 3 consecutive meetings in a year, must request in writing, not to be dropped from membership.
- Planning Council members who are from the affected communities category may designate a proxy with voting privileges to represent them at Council functions.

Committees

- All Planning Council Members are required to sit on one of the five subcommittees as a voting member
  - Executive Committee
  - Quality Assurance & Membership (QAM) Committee
  - Strategic Assessment & Planning (SAP) Committee
  - Finance Subcommittee
  - Consumer Involvement Subcommittee – Consumers Only

Executive Committee:

- Consists of currently appointed members of the Council & all Chairs of its subcommittees.
- All members are appointed by the Chair of the Council.
- This committee handles all administrative functions associated with internal management and budget review, grant application, reporting, and oversight, coordination with other HIV consortia, planning and coordinating bodies; and procedures for Council record keeping and functions.

Quality Assurance & Membership (QAM):

- This committee is responsible for evaluating how well services are meeting community needs, identifying, reviewing, and recommending members to the Council (based upon Ryan White legislatively mandated membership requirements), managing the established Council grievance process, and conducting an annual assessment of the administrative mechanism in the region.

- This committee works closely with the Consumer Involvement Subcommittee to increase participation and involvement of infected/affected people and communities in Planning Council activities.

Consumer Involvement Subcommittee (CIC):

- This subcommittee reports to the Quality Assurance & Membership Committee. It addresses issues affecting People Living with HIV/AIDS from a consumer point of view and provides feedback to the various PART A committees. Important issues regarding medical treatment and legislation are presented to the committee.

- Part of the mission of this group is to encourage outreach, education, empowerment, and advocacy for people infected or affected by HIV/AIDS. Trainings and educational presentations are offered throughout the year to members.

Strategic Assessment & Planning Committee (SAP):

- This committee establishes and reviews statistical data and discusses ways to collect data on HIV and AIDS. They develop estimates of the HIV positive population and the service needs of that population (for example: housing, transportation, medical care, etc.). Using all of the above information, the committee decides on priorities for funding and approves the amount of funding designated for each priority by the Finance Subcommittee.

Finance Subcommittee:

- The Finance Subcommittee is lead mainly by non-aligned consumers who make up the majority of its membership.

- This subcommittee reports to the Strategic Assessment & Planning (SAP) Committee and is responsible for the allocation of funds to the priorities established by the SAP Committee. No member of this subcommittee can work for or be affiliated with any agency that is a recipient of Ryan White Part A funds.

For more information:

- Please contact the Planning Associate:

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- (631) 940-3723
- FAX 631-940-2550
- Planning Council website
- www.longislandpc.org
- The HIV/AIDS Program: Ryan White Parts A-F, http://hab.hrsa.gov/aboutus.htm

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