Conducting RWHAP Part A Planning Council/Planning Body Priority Setting and Resource Allocation (PSRA)

July 17, 2018

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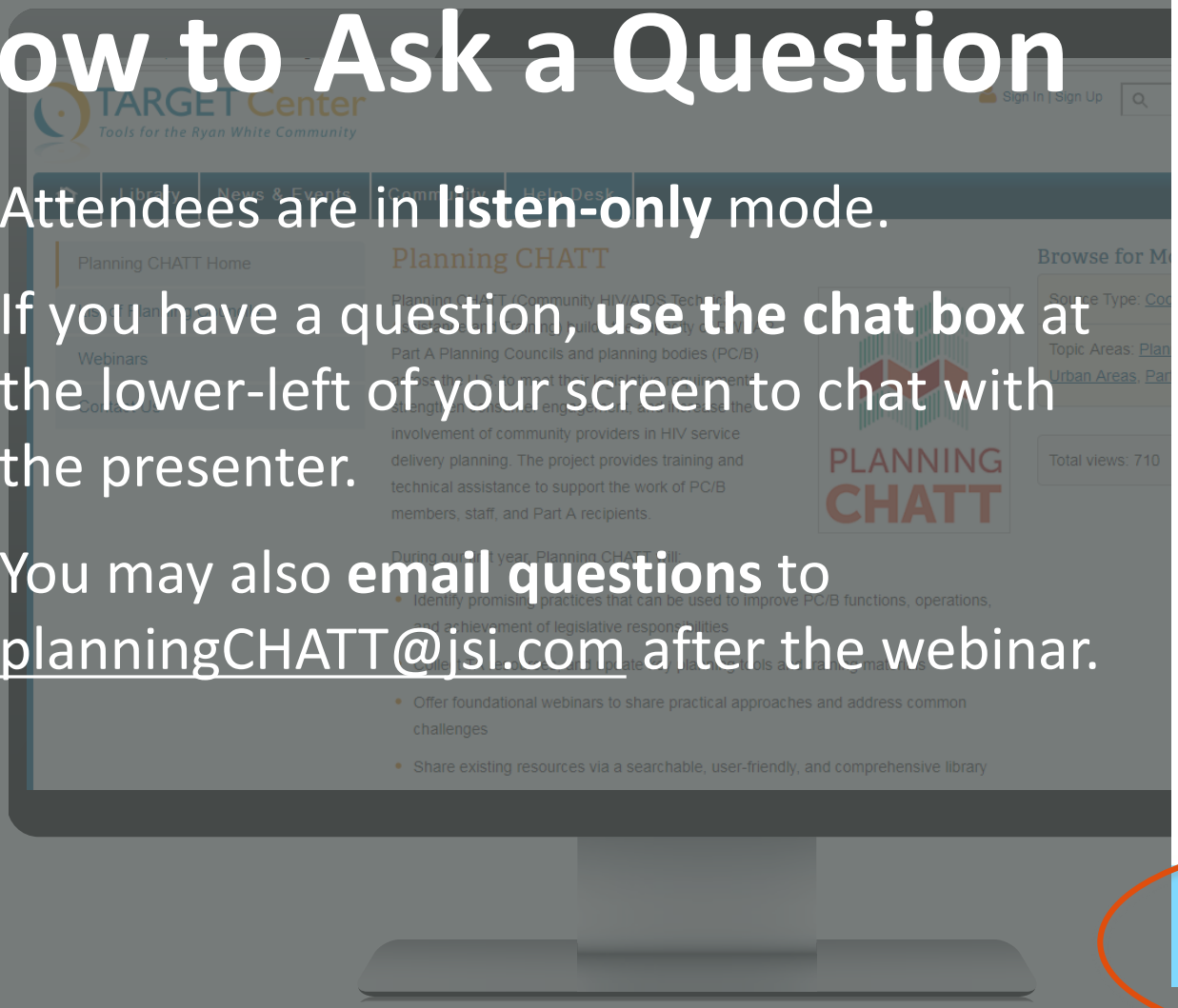
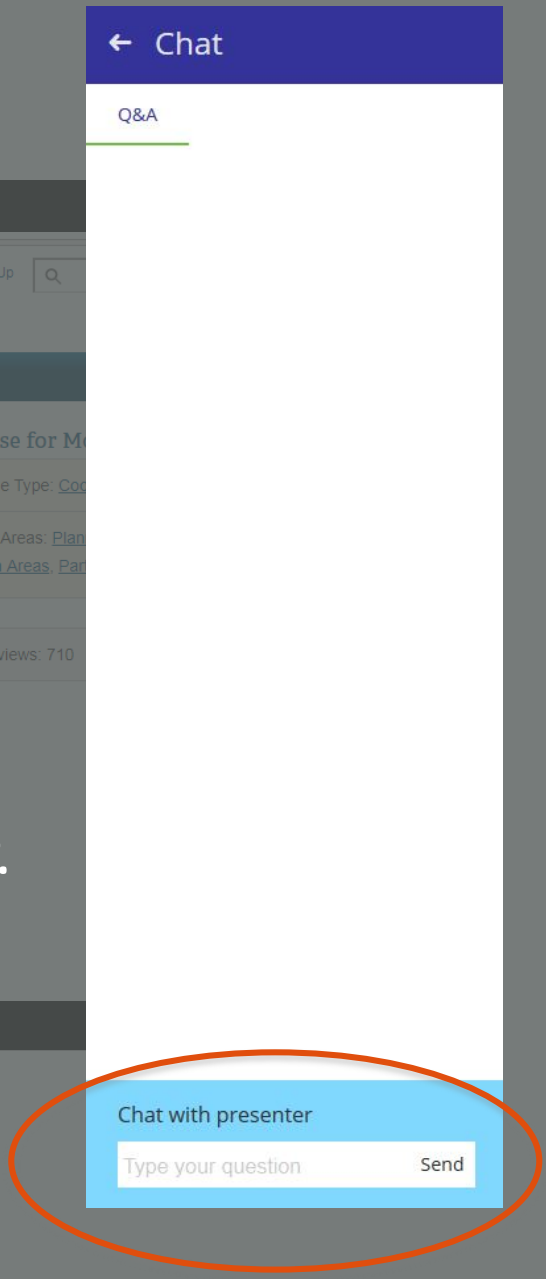
Community HIV/AIDS Technical Assistance & Training

JSI

How to Ask a Question

- Attendees are in **listen-only** mode.
- If you have a question, **use the chat box** at the lower-left of your screen to chat with the presenter.
- You may also **email questions** to planningCHATT@jsi.com after the webinar.





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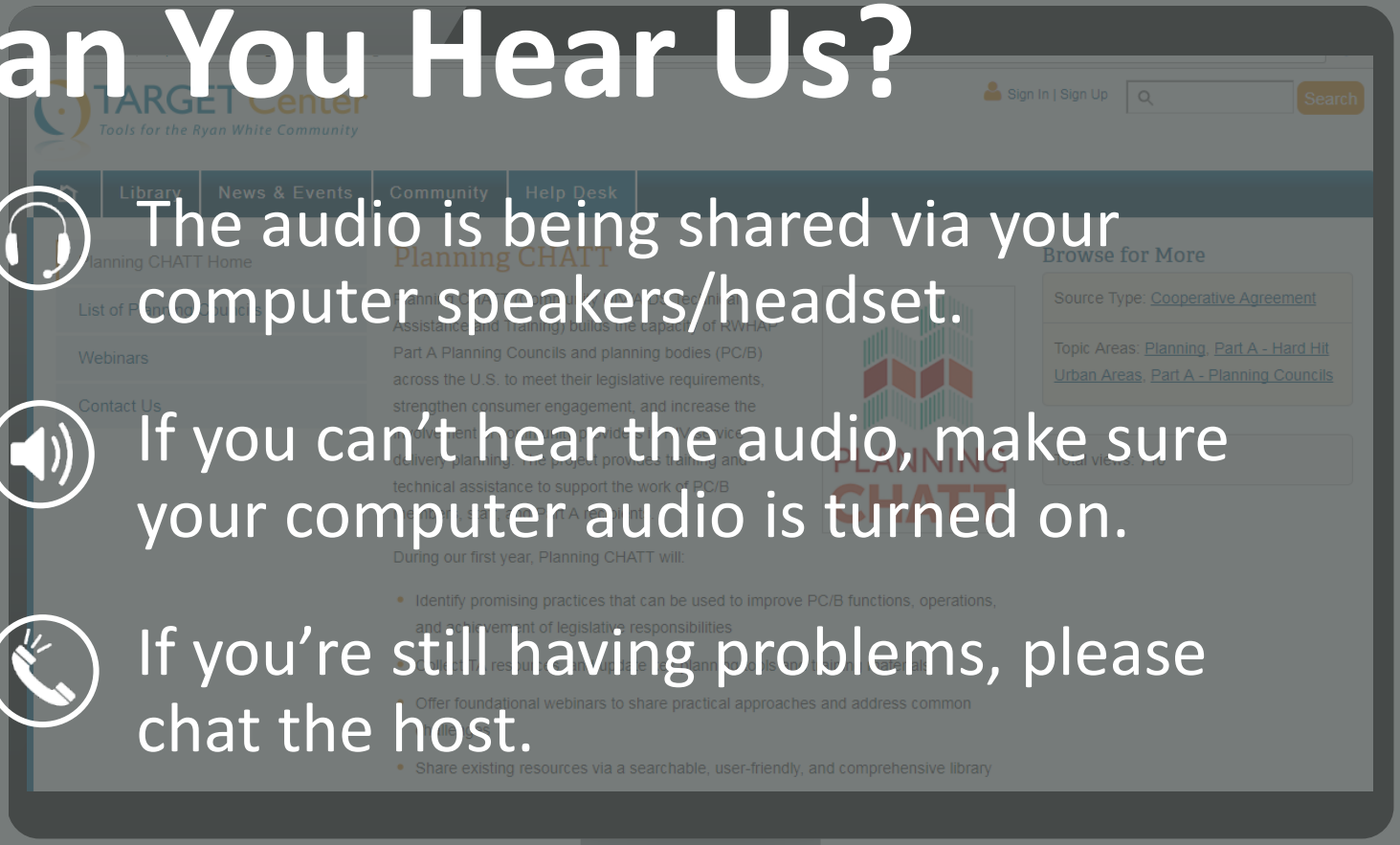

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Passcode: **530179**

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Agenda

- Welcome & introductions
- Priority Setting and Resource Allocation
  - Overview of Priority Setting and Resource Allocation
  - Approaches to PSRA
  - Data to support decision-making
  - Process of PSRA
- Resources
- Questions and answers

Planning CHATT: A HRSA-supported Cooperative Agreement (U69HA30795)

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Community HIV/AIDS
Technical Assistance & Training

Community HIV/AIDS Technical Assistance and Training (Planning CHATT) Project

- Planning CHATT builds the capacity of Ryan White HIV/AIDS Program (RWHAP) Part A planning councils/planning bodies and planning bodies (PC/PB) across the U.S.
- Our goal is to help PC/PB to meet legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning.

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Webinar Presenters

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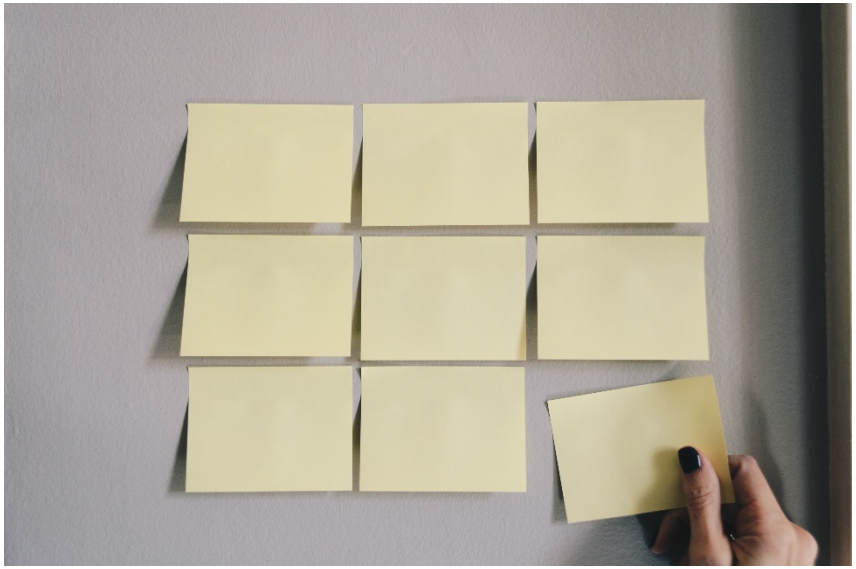
What is Priority Setting & Resource Allocation (PSRA)?

Priority Setting and Resource Allocation

- The most important task of any Planning Council (decision-making) and Planning Body (advisory), with decisions made based on data, and only by PC/PB members
- Priority setting and resource allocation must be based on data and *not* anecdotal information or impassioned pleas.

Priority Setting

Priority Setting: the process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all PLWH in the EMA/TGA



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Priority Setting

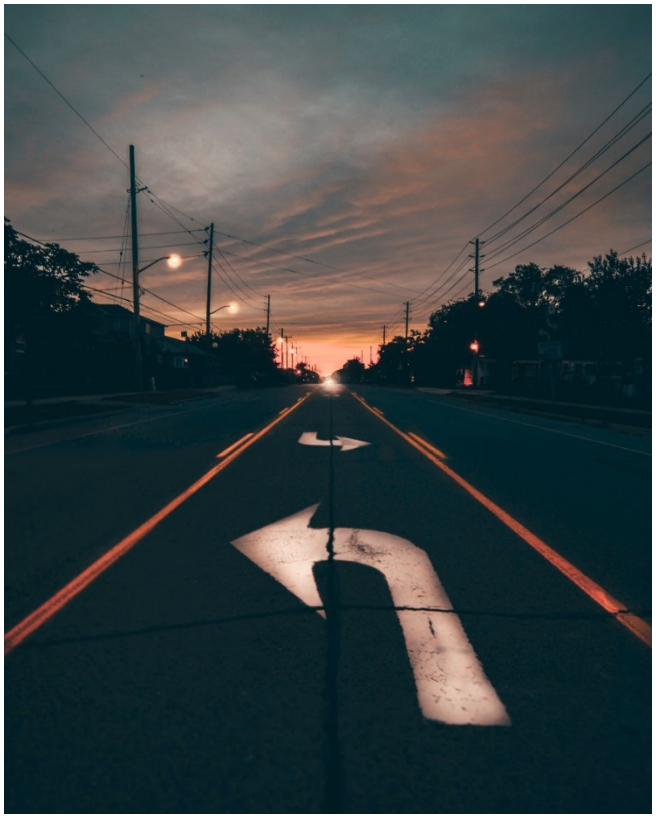
- Must address needs of *all* PLWH regardless of:
  - Who they are
  - Where they live in the TGA/EMA
  - Stage of disease
  - Whether they currently receive services
  - Etc.
- Priorities should be set without regard to the availability of funds (RWHAP Part A or other funds)

Poll

Which of the following is true? (check all that apply) Priority Setting should be based on…

- ❑ **Data**
- ❑ Impassioned pleas
- ❑ Needs of ppl receiving srvcs only

Directives



Directives: guidance to the recipient on how to meet priorities

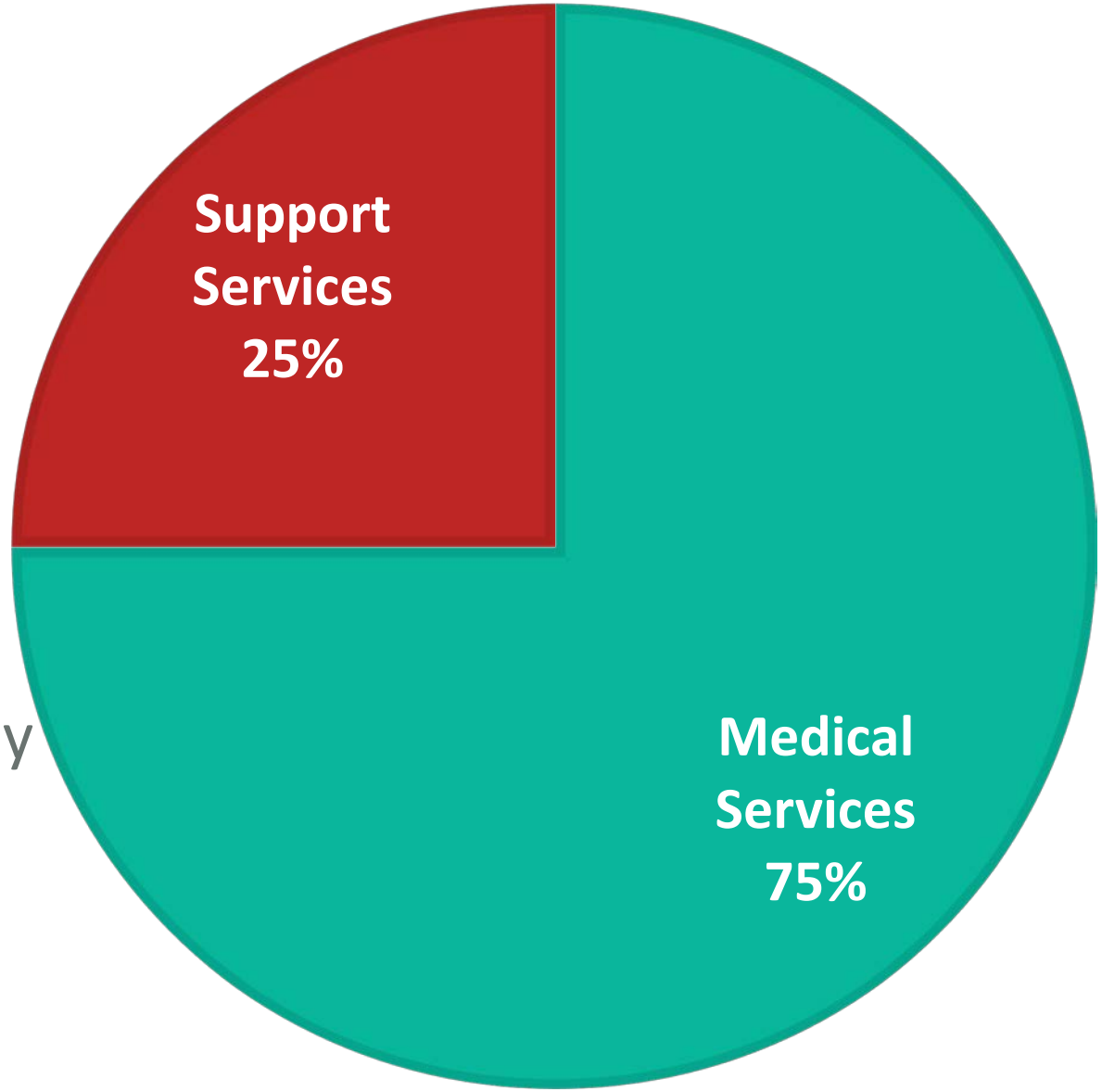
- This guidance involves instructions for the recipient to follow in developing requirements for providers for use in procurement and contracting
- This guidance usually addresses populations to be served, geographic areas to be prioritized, and/or service models or strategies to be used

Resource Allocation

Resource Allocation: the process of determining how much RWHAP Part A program funding will be allocated to each service category

- PC instructs the recipient on how to distribute the funds in contracting for service categories
- Some lower-ranked service categories may receive larger allocations than higher-ranked service categories due to cost per client and services available through other funding streams

Legislative Requirements for Resource Allocation



Note: EMA/TGA may have received a waiver from HRSA

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Reallocation

Reallocation: the process of moving program funds across service categories after the initial allocations are made. This may occur:

- right after grant award (partial and final award), since the award is usually higher or lower than the amount requested in the application
- during the program year, when funds are underspent in one category and demand is greater in another

Poll

True or False? Resource allocation is the same thing as procurement.

- ❑ True
- ❑ **False**

Steps in the PSRA Process

Needs Assessment

- Joint effort of PC/PB and recipient (led by PC)
- Includes:
  - Epidemiologic profile
  - Estimates of the number and characteristics of PLWHA with unmet need and of individuals with HIV/AIDS who are unaware of their status
  - Assessment of service needs and barriers to care
  - Resource inventory
  - Profile of provider capacity and capability
  - Assessment of unmet need/service gaps

PSRA Tips

- There is no one “right” way to set priorities and allocate resources.
- PSRA process must be documented in writing and used to guide deliberations and decision making.
  - A grievance can be filed if the planning council deviates from its established process.
- Agree on the PSRA process, its desired outcomes, and responsibilities for carrying out the process.

Steps in the PSRA Process (1-4)

1. Determine and obtain available information "inputs," such as comprehensive plan, needs assessment, client utilization data, and performance and outcomes data
2. Review core medical and support service categories, including HRSA service definitions
3. Agree on the principles, criteria, and decision-making process to be used in priority setting
4. Implement the process: set service priorities, including how best to meet them

Steps in the PSRA Process (5-9)

5. Agree on principles, criteria, decision-making process, and methods to be used in allocating funds to prioritized service categories
6. Review data
7. Estimate needs and costs by service category
8. Allocate resources to service categories
9. Provide directives to the RWHAP Part A recipient on how to best meet the priorities

Overview of PSRA Process, continued

10. Identify areas of uncertainty and needed improvement.
11. Reallocate funds across service categories when the award arrives and later in the year, as needed
12. Schedule a review of the process within a month after implementation and identify changes needed for next year

Data for Decision-Making

Data to Support Decision-Making

- Needs assessment findings
- Cost-effectiveness data
- Actual service cost and utilization data
- Priorities of PLWH who will use services
- The amount of funds provided by other sources
- Use of RWHAP Part A funds to work with other services providers

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Leveraging Other Resources

Understand service categories and amounts of funding provided by sources other than RWHAP Part A

- Program Income from RWHAP Parts B, C, D, F
- Housing Continuum of Care
- SAMHSA
- Medicaid/Medicare
- Treatment Services
- Application assisters to ensure PLWH have access to insurance

Knowledge Check

Which of the following should be considered in the decision-making process?

- ❑ **Needs assessment findings**
- ❑ **Service cost and utilization data**
- ❑ **Priorities of PLWH**
- ❑ **Amount of other funding available**
- ❑ **Part A funds used to work w/ other services providers**

PSRA Case Studies

PSRA in Atlanta EMA

Priorities Committee Membership

- The Priorities Committee is one of ten standing committees.
  - In Atlanta EMA, most of the PC work is done at the committee level.
- The PC/PB Chair appoints the Priorities Committee Chair on an annual basis. The Chair or Vice-Chair must be a PLWH or Consumer.

Priorities Meeting: Day 1 Training

The Atlanta Priorities process lasts for three days and is a continuation of data provided to the PC/PB on an ongoing basis.

1. Chair calls meeting to order, members are asked to attest their alignment status both verbally and in writing
2. Staff and committee chair provides:
    1. overview of the prioritization process and data
    2. examples from prior year
    3. other data
3. Remaining questions are answered

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Priorities Meeting: Day 2
Data Presentations

- Presentations are made by:
  - RWHAP Part A recipient
  - Community members
  - State Epidemiology Department
  - Planning council staff
  - Committees
  - Other organizations
- Committee members receive information in advance and come prepared to ask questions

Priorities Meeting: Day 2
Data Considered

- HRSA Grant Application
- Needs Assessment findings
- Atlanta EMA Demographics
- Service Utilization Analysis
- Quantified Estimate of Unmet Needs for HIV Primary Care
- Client characteristics
- Linkage Data
- etc.

Priorities Meeting – Day 3

1. Committee members use data to decide what to fund, choosing from:
   - 13 Core Medical Service categories
   - 15 Support Services
2. Committee prioritizes/ranks the categories in order of EMA's need.
3. Resource allocation discussions (funding may not be commensurate with priority setting)
4. Directives from the prior year are reviewed and are either continued or new directives are developed

Example Directives

- **OAHS:** To the greatest extent possible, increase access to care through the implementation of co-locations of agencies and for the expansion of hours for areas with disparate health outcomes as identified by the Assessment Committee
- **Medical Transportation**: Provide greater access to care by funding additional forms of medical transportation including non-traditional methods such as gas cards, Uber, etc.
- **Patient Navigation (Care and Retention of Key Population):** Through the Patient Navigation Program, increase care and retention of persons living with HIV; explore ways to expand Patient Navigation to include Rapid Entry to care to the greatest extent possible
- **Continuum of Care:** Expand access to care to include areas outside of the urban core and within the EMA. Continue to explore ways in which to integrate Rapid Entry to Care to the greatest extent possible;
- **Atlanta Area Outreach Initiative:** Continue to fund the Atlanta Area Outreach Initiative

Priorities Meeting: Day 3

5. Reallocation ranges are determined at the time of priority setting in the event that funding is at a different level than planned.

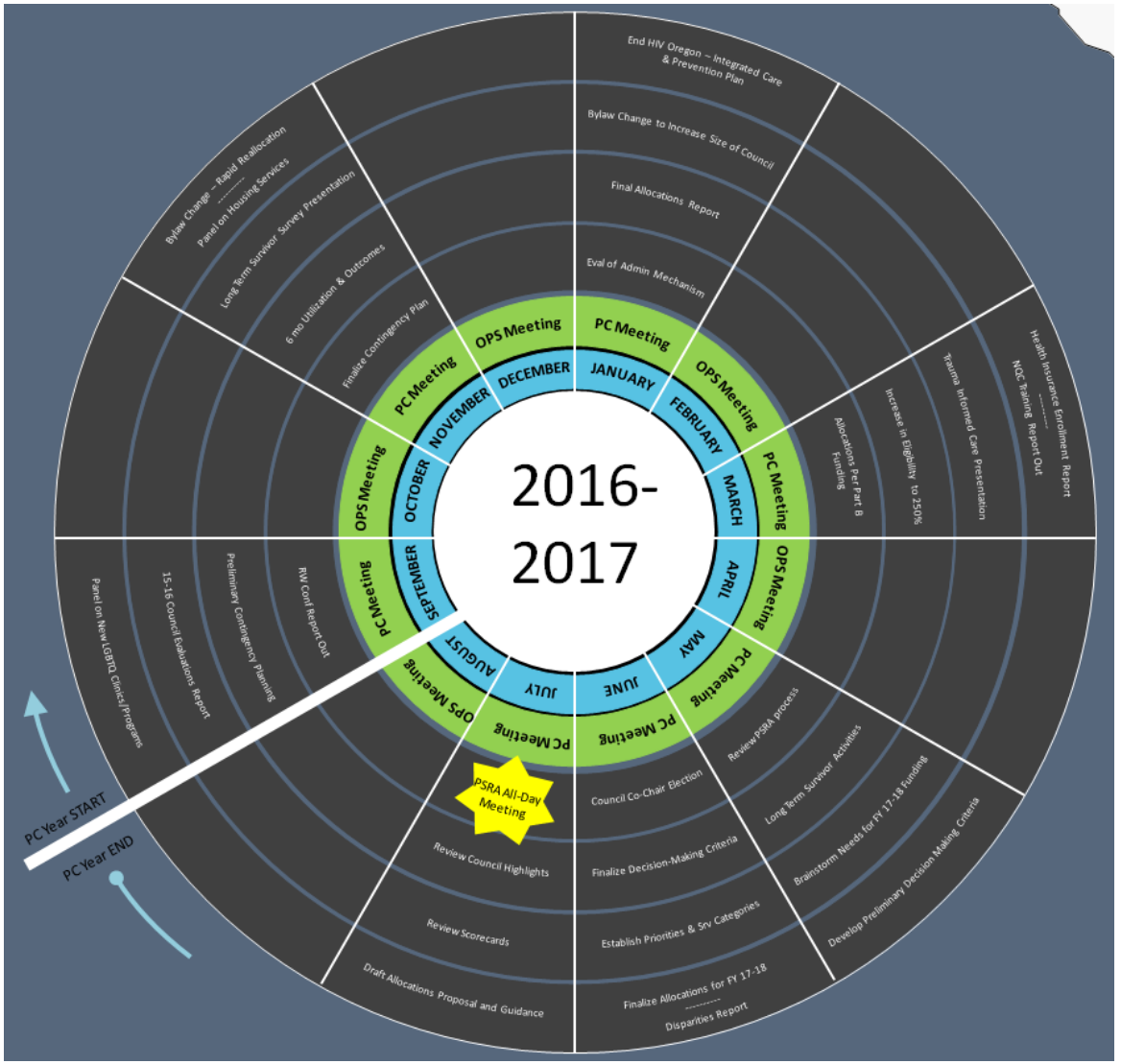
Funding Allocations		Increase of $1 to $850,000		Increase of $850,000 to $1,150,000		Increase of > $1.15M	
Primary Care	**$10,071,200**	Funds proportionately allocated to all categories excluding Primary Care, Quality Management and Council Support categories	**$10,071,200.00**	Priorities Committee will reconvene to determine whether additional $300,000 should be allocated to the State ADAP or HICP	**$10,071,200.00**	Priorities Committee will reconvene to consider the funding in excess of $1.15M	**$10,418,266.00**
MAI	$1,672,622		$1,672,622.00		$1,672,622.00		$1,963,609.00
Non MAI	$8,398,832		$8,398,832.00		$8,398,832.00		$8,454,657.00
Oral Health	**$1,373,389**		**$1,510,352.00**		**$1,510,352.00**		**$1,510,352.00**
AIDS Pharmact Asst	**$1,250,000**		**$1,486,204.00**		**$1,786,204.00**		**$1,786,204.00**
ADAP	$0		$0		$300,000.00		$300,000.00
Local	$1,250,000		$1,486,204.00		$1,486,204.00		$1,486,204.00
Case Management	**$1,471,529**		**$1,556,869.00**		**$1,556,869.00**		**$1,556,869.00**
Mental Health	**$1,342,715**		**$1,476,619.00**		**$1,476,619.00**		**$1,476,619.00**
Substance Abuse	**$1,150,964**		**$1,265,746.00**		**$1,265,746.00**		**$1,265,746.00**
Support Services	**$1,452,039**		**$1,596,846.00**		**$1,596,846.00**		**$1,596,846.00**
Food	$893,003.99		$982,060.29		$982,060.29		$982,060.29
Emergency Assistance	$43,561.17		$47,905.38		$47,905.38		$47,905.38
Psychosocial Support	$203,285.46		$223,558.44		$223,558.44		$223,558.44
Medical Transport	$87,122.34		$95,810.76		$95,810.76		$95,810.76
Legal	$94,382.53		$103,794.99		$103,794.99		$103,794.99
Linguistic Svcs	$101,642.73		$111,779.22		$111,779.22		$111,779.22
Childcare	$29,040.78		$31,936.92		$31,936.92		$31,936.92
Quality Management	**$110,650**		**$110,650.00**		**$110,650.00**		**$110,650.00**
Housing	**$0**		**$0**		**$0**		**$0**
Council Support	**$397,000**		**$ 397,000.00**		**$ 397,000.00**		**$ 397,000.00**
AAOI	$90,000.00		$90,000.00		$90,000.00		$90,000.00

PSRA Approval - Planning Council Vote

- Preliminary prioritization work is performed by the Priorities Committee, but full planning body is ultimately responsible for approving the motions
  - Work done in committee should be an open process
- Recommendations are made as motions, which have to be voted up or down by the Planning Council.
  - Disagreements are taken back to the Priorities Committee for further review and then come back to the full body for vote.

Case Study from Portland, OR TGA

PSRA Process – Portland, OR TGA



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Priority Setting Process

Timing: Early in and throughout the year

1. Review priorities from prior year
2. Review data from this year to see if priorities should change based on new information

** Priorities do not necessarily align directly with allocation amounts*

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Resource Allocation Process (Steps 1-4)

Timing: Spring/Summer

1. Full council conducts initial resource allocation during a full-day retreat
2. Review public testimony and year highlights
3. Declare conflicts of interest (prior to allocation)
4. Use data for decision making: client demographics, outcomes, and service utilization

Resource Allocation Process (Steps 5-7)

Timing: Spring/Summer

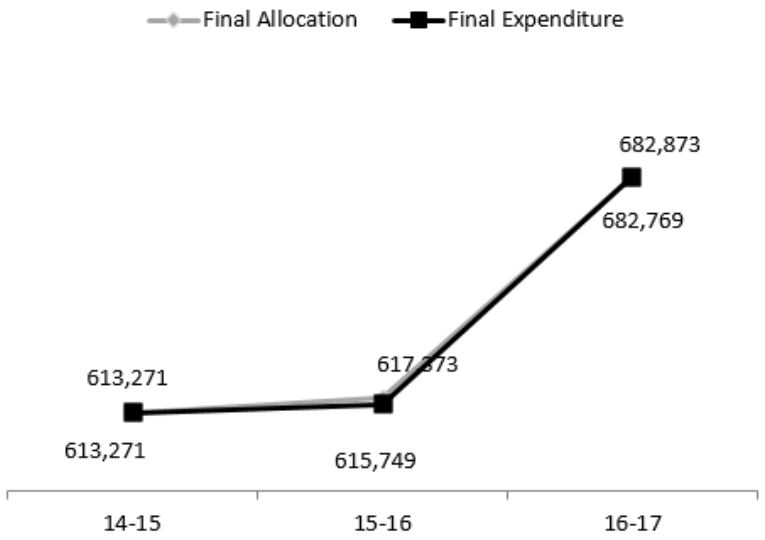
5. RWHAP Part A Recipient presents a few sample scenarios based on trends, funding etc.
6. Small groups create allocation proposals
7. Large group reconvenes and decides on grant allocation proposal
    - Anyone with conflicts of interest abstain from votes on which they are conflicted

Service Costs and Utilization Data: Example from Portland, OR TGA

Initial Allocation	Reallocation	Carryover	Final Allocation	% of Award	TGA Award
$599,873	$83,000	$0	$682,873	20%	$3,457,717

Section 2
Allocation History

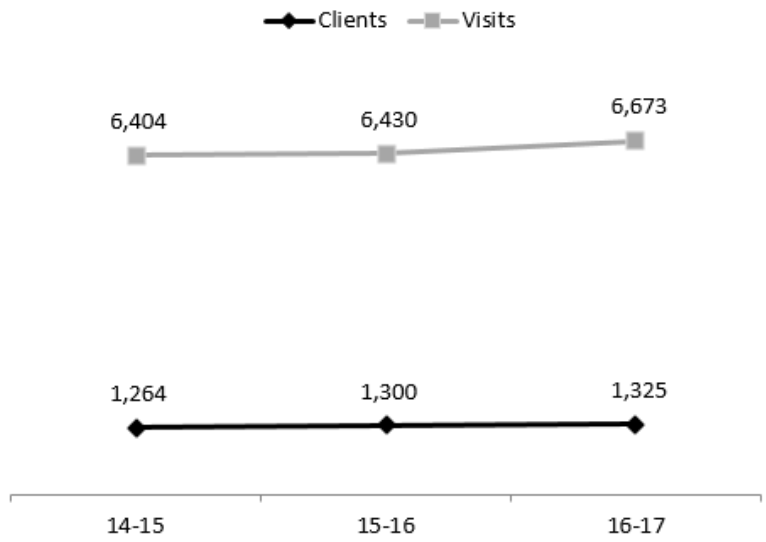
Fiscal Year	Initial Allocation	Final Allocation	Final Expenditure	% Spent
16-17	$599,873	$682,873	$682,769	100%
15-16	$599,873	$617,373	$615,749	100%
14-15	$683,736	$613,271	$613,271	100%



Section 3
FY16-17 Performance

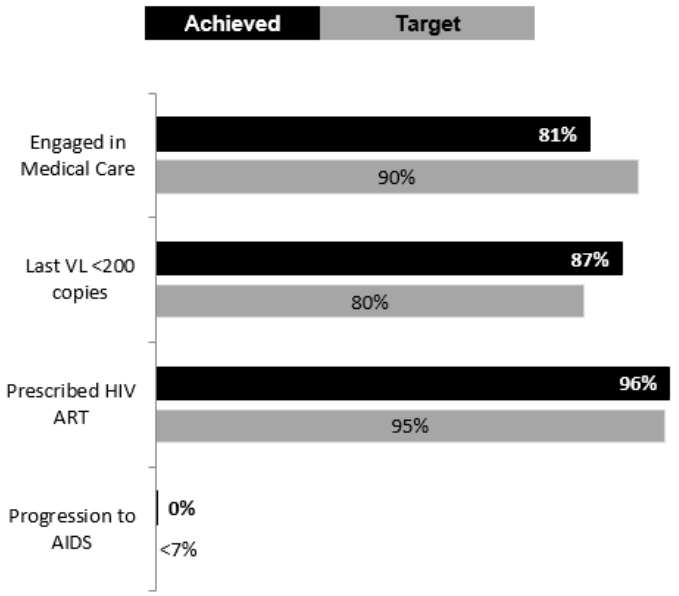
	# Served	Target	%
Clients	1,325	1,275	104%
Visits	6,673	5,100	131%

Performance History

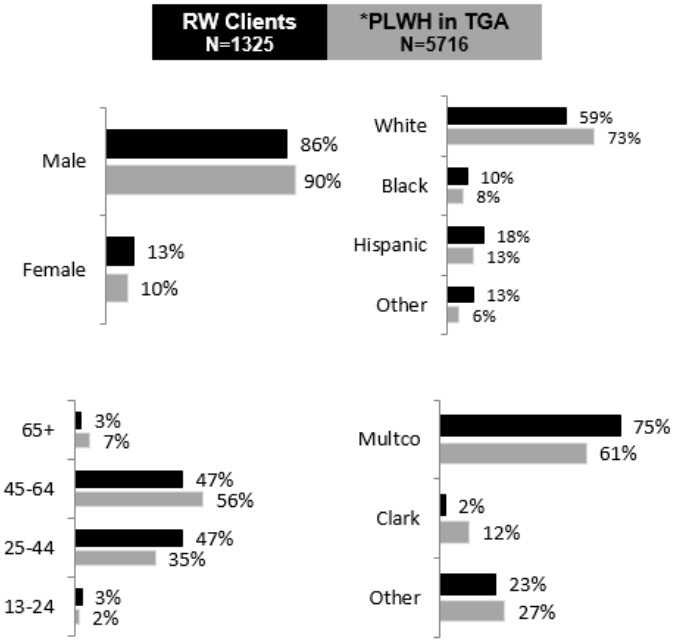


Service Costs and Utilization Data: Example from Portland, OR TGA

Section 4
Outcomes



Section 5
Demographic Distribution



***PLWHA in TGA:** Surveillance data collected from the State of Oregon and Clark County, WA as of 12-31-15

Section 6
Grantee Comments

Fiscal:

- The cost per client is $515 from Part A. This does not include other funding sources such as insurance billed, Part C, D and SPNS
- Medical received carryover funds and was able to expend funds quickly.
- Part C received a 5% reduction in funds which will reduce nursing staff by 0.3FTE.

Program:

- The average number of visits per client is 5 visits which is the same as last year.
- The SPNS grant is ending in August 2017. The SPNS grant pays for 3 navigators and an onsite housing case manager based at the Part C Clinic.

Contingency Planning– Portland, OR TGA

- Occurs prior to grant award
- PC/PB agrees on funding "philosophy"
- RWHAP Part A recipient provides various funding scenarios based on philosophy. Scenarios are for:
  - Flat funding
  - 5% decrease
  - up to 5% increase
- Small groups make recommendations
- PC/PB discusses options and agrees on final contingency plan for all scenarios

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Resources

Compendium

Model PSRA Process

https://careacttarget.org/library/

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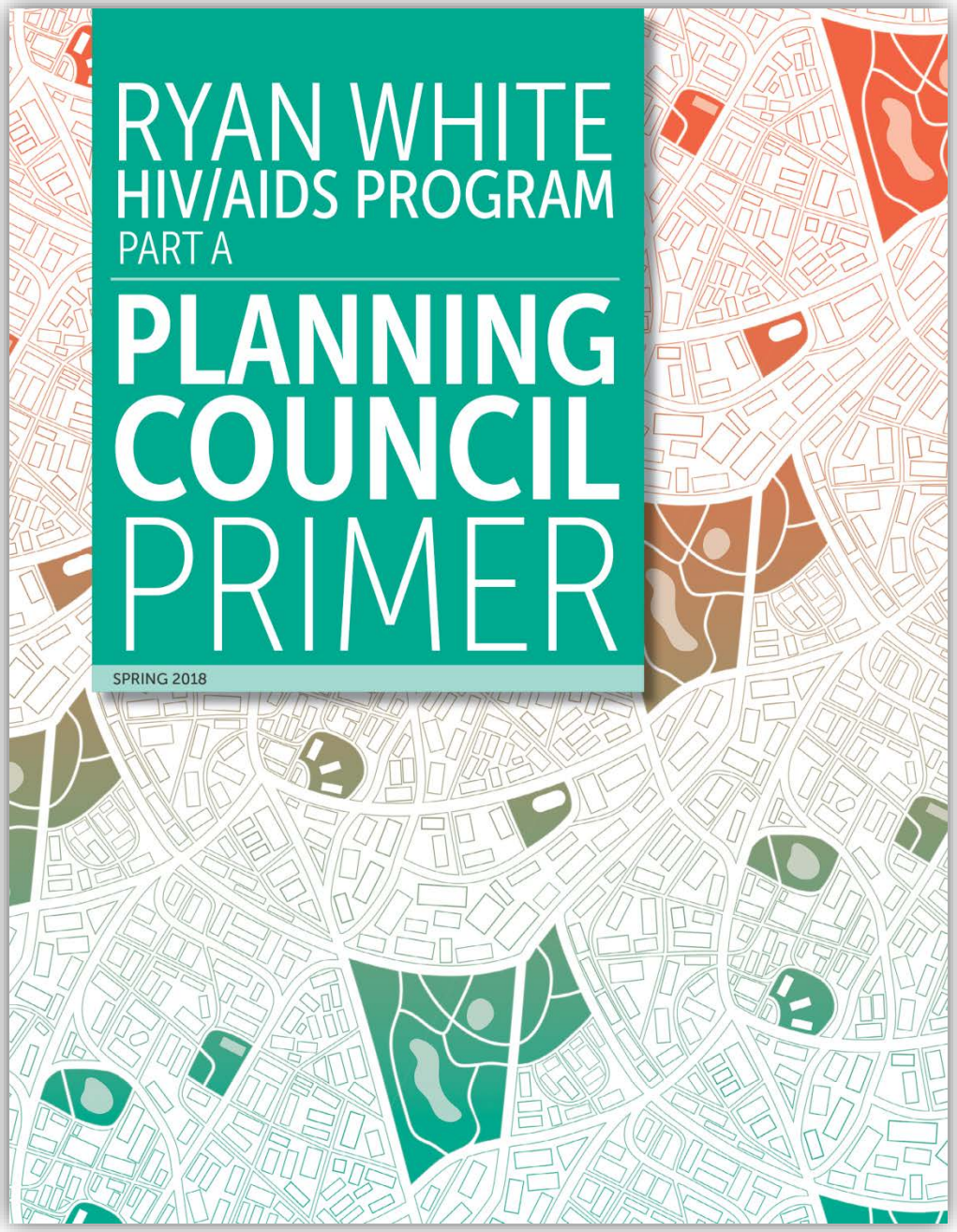
Planning Council Primer

TargetHIV.org/planning-CHATT



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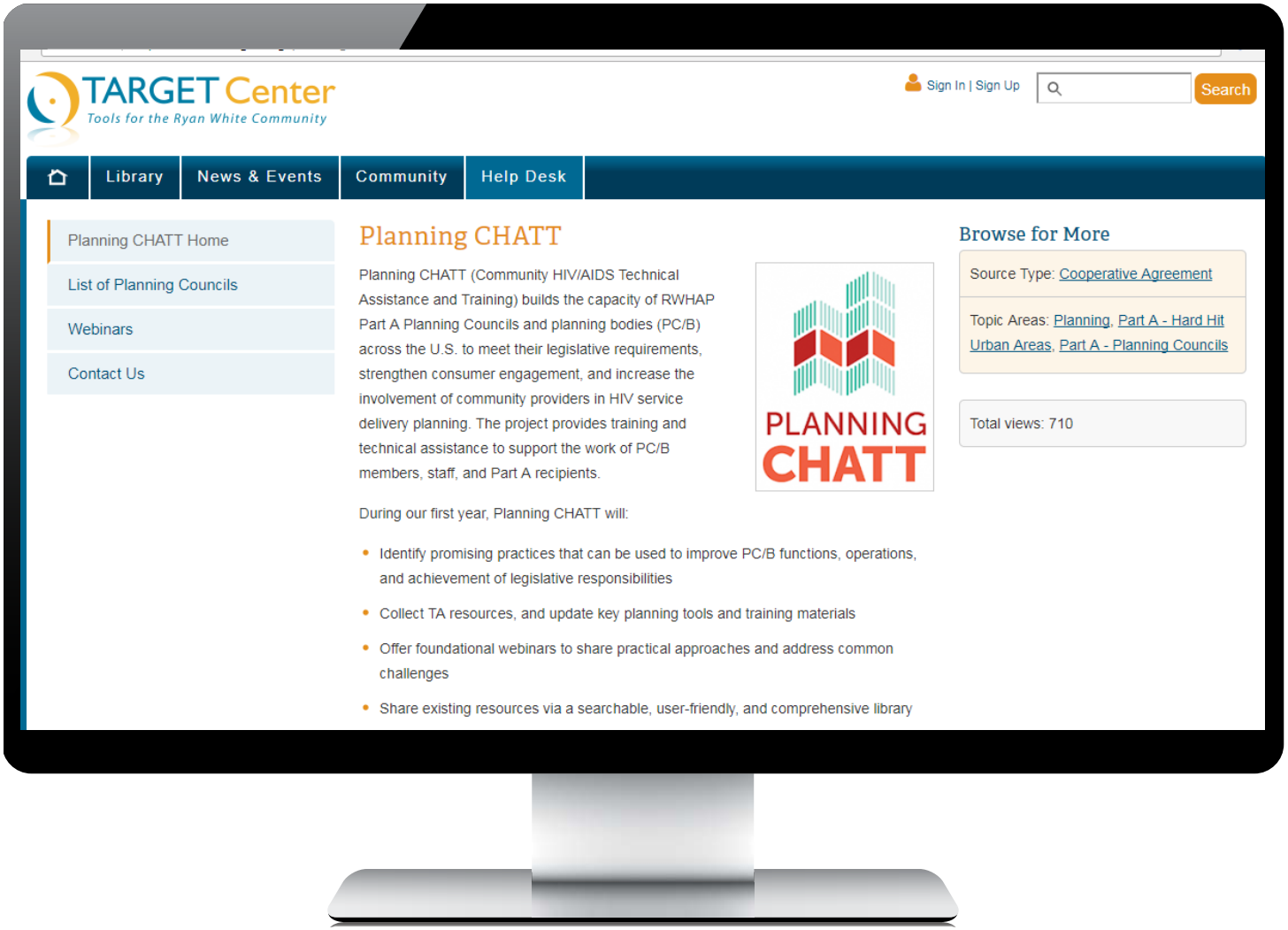
Wrap Up



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Metropolitan Atlanta HIV Health Services Planning Council: **MAHHSPC@fultoncountyga.gov**

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