


## The Part A & Part B Minority AIDS Initiatives: Expanding Access to HIV/AIDS Care and Treatment

Ryan White All-Title Grantee Meeting  
10 a.m. Wednesday, August 27, 2008

Workshop Presentation

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Health Resources and Services Administration  
HIV/AIDS Bureau  
Division of Service Systems




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### Today's Topics

- **Question:** Are we seeing improvements in access to high quality care for disproportionately impacted communities?
- **Context for understanding program results**
  - Background: 1999 – 2006
  - Changes since reauthorization
- **What does the data show?**
  - How are funds being used?
  - How many...and 'who'...are being served?
  - Are planned outcomes being achieved?

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### Background: 1999 - 2006

Part A MAI (1999)	Part B MAI (2001)
<ul style="list-style-type: none"> <li>▪ <b>Purpose:</b> "...reduce HIV related health disparities and improve health outcomes" for minority populations</li> <li>▪ <b>Grantees:</b> All 51 Part A Grantees</li> <li>▪ <b>Funding:</b> <ul style="list-style-type: none"> <li>♦ 2000: Initial \$5 million was increased to \$26.5 million</li> <li>♦ 2006: \$42.9 million, or 7.4% of total Part A funding</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Purpose:</b> <ul style="list-style-type: none"> <li>♦ Initial: Education/outreach to increase minority participation in ADAP (AIDS Drug Assistance Programs)</li> <li>♦ Expanded (2002) to include participation in health care and support services</li> </ul> </li> <li>▪ <b>Grantees:</b> Most States, District of Columbia, Puerto Rico (51)</li> <li>▪ <b>Funding:</b> \$7 million           <ul style="list-style-type: none"> <li>♦ 2001 – 2006: essentially level, with \$6.9 million in FY06, or 0.3% of total Part B funds</li> </ul> </li> </ul>

Disbursement of funds: by formula, based on distribution of minority AIDS cases for the two previous years prior to the FY, as confirmed by the Centers for Disease Control and Prevention

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## Part A & B MAI: Post Reauthorization 2006

- Codified: separate competitive grant programs
  - **Separate application**
  - **3-year project period** (8/1/2007 – 7/31/2010)
- MAI Program Purpose
  - **Part A unchanged**
  - **Part B back to original purpose:** > minority participation in ADAP
- Part A & B legislative requirements apply, e.g.
  - **75% Core Medical Services** (considered with Part A or B)
  - **Payer-of-last-resort, Maintenance of Effort**
  - **Exception: Unobligated Balances Requirement**
- Number of eligible Grantees increased
  - **Part A: from 51 to 56**
  - **Part B: from 51 to 59**

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## Funding Levels After 2006 Reauthorization

	Part A MAI	Part B MAI
FY 2007	\$42 million	\$ 6.7 million
FY 2008	\$43.6 million	\$ 7.0 million
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Minimum	\$50,000	\$ 2,500
Maximum <sup>1</sup>	\$10,750,000	Not applicable
2008 Median	\$348,411	\$135,166

### Competitive awards based on:

- **FY07 Application Score** (external objective review)
- **Applying score against baseline measure of need:** number of living minority HIV/AIDS cases in the most recent calendar year

<sup>1</sup>Due to 2% reduction in available Part A MAI funds and addition of 5 new Grantees, HRSA established a maximum award amount to assure the availability of funds for all 56 grantees in a competitive process.

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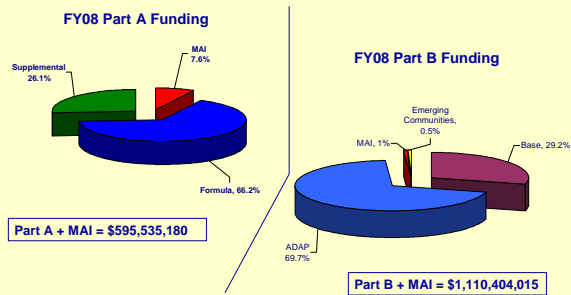
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## Snapshot of 2008 Part A and B Funding




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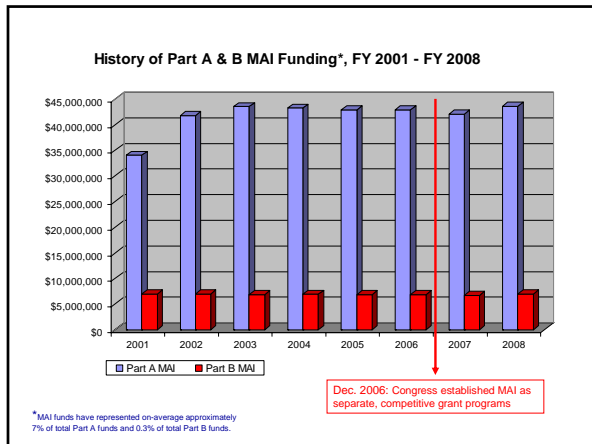
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## Part A MAI

**Reminder:** In setting priorities for the use of ALL Part A funds, Planning Councils<sup>1</sup> are required to:

- ✓ Determine the size and demographics of the local HIV epidemic
- ✓ Determine service needs...paying attention to those who know their status but are not in care and to disparities in access
- ✓ Obtain community input on HIV/AIDS service needs and priorities
- ✓ Consider capacity development needs resulting from disparities in the availability of HIV-related services in underserved communities

<sup>1</sup>Note: New Transitional Grant Areas (TGAs) funded starting in FY07 are not required to establish Planning Councils; however, TGAs are required to meet these same priority setting requirements.

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## How are funds being used?

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### Part A MAI: FY06 Actual & FY07 Planned Services

Inactive Categories	# Grantees	FY06 Amount Spent	% of Total Spending	FY07 Amount Budgeted	% of Total Awarded
Client Advocacy	6	\$517,794	1.28 %	No longer allow able	
Housing Related Services	1	\$361,177	0.85 %		
Other Support Services	5	\$625,452	1.49 %		
<b>Total Other Services</b>		<b>\$1,504,423</b>	<b>3.62%</b>		
Capacity Development	5	\$328	0.30 %	(Part of Grantee Administration)	
Program/Services Evaluation	3	\$675,487	1.44 %	(COM or Grantee Admin)	
Other Program Support	2	\$65,059	0.12 %	(Part of Grantee Administration)	
<b>Total Program Support</b>		<b>\$740,874</b>	<b>1.86%</b>		
<b>Total for All Services</b>		<b>\$42,749,421</b>	<b>96.91%</b>	<b>\$37,162,467</b>	<b>88.39%</b>
<b>Grantee Administration</b>		<b>\$1,365,703</b>	<b>3.23 %</b>	<b>\$3,516,467</b>	<b>8.36%</b>
<b>Clinical Quality Mngmnt</b>		<b>NA</b>	<b>0.00%</b>	<b>\$1,289,123</b>	<b>3.07%</b>
<b>Total Spent/Budgeted</b>		<b>\$42,309,038</b>	<b>95.91 %</b>	<b>\$41,968,057</b>	<b>99.83%</b>

Source: FY06 Part A MAI Grantee Annual Reports and FY07 Revised Budgets, as of June 2008

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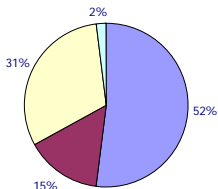
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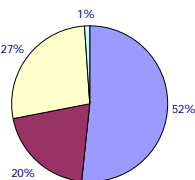
### How Are Part B MAI Funds Being Used?

FY 2006 Expenditures



N = 51 Grantees in FY06

FY 2007 Budget



N = 29 Grantees in FY07

Source: FY06 Part B MAI Grantee Annual Reports and FY07 Revised Budgets

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Who...and how many... people are being served?

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## Part A MAI Performance Goals

- **Core Medical Services:** Preventing or slowing disease progression
- **Support Services:** Linking/retaining clients in care
- **Outcome Measures/Indicators:**
  - Locally Established
  - But **MUST** be consistent with HRSA guidelines
- **At HRSA:** We look at the percent of services meeting local client-level outcome targets

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## Examples of Outcome Measures

### Outreach Services

- Increase in number of clients who know their HIV status
- Increase in number of clients entering care at an earlier stage of illness

### Referral to Health Care/Supportive Services

- Increase in the percentage of clients referred to appropriate HIV/AIDS health care and supportive services
- Increase in the percentage of clients linked to HIV/AIDS health care and supportive services as measured by kept initial appointments

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## Examples of Outcome Measures

### Outpatient/Ambulatory Medical Care

- Increase the percentage of new clients whose initial medical evaluation meets age and gender-specific PHS Clinical Guidelines for HIV/AIDS.
- Increase in the percentage of clients with improved or stable CD4 counts
- Increase in the percentage of clients with improved or stable viral load test results
- Increase the percentage of women clients are receiving annual Pap smear
- Decrease in the percentage of clients experiencing AIDS-defining opportunistic disease
- Decrease in the percentage of clients experiencing an HIV/AIDS-related hospitalization

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FY06 Part B MAI Outcome #3: Increase in Number of Minorities  
Linked to HIV/AIDS Health and Support Services

- 7,910 clients were successfully referred into/enrolled in HIV/AIDS outpatient health care and/or case management services.

<sup>1</sup>Based on reports of 36 Grantees that were able to document enrollment of MAI outreach clients into care in FY06. Source: Grantees' FY06 Part B MAI Annual Reports 28

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## For more information. . .

About Part A and B programs including the MAI:

- Visit the HRSA website: <http://hab.hrsa.gov>
- Contact HRSA's HIV/AIDS Bureau, Division of Service Systems: 301-443-6745.
- Melanie Wieland, M.P.A. [MWieland@hrsa.gov](mailto:MWieland@hrsa.gov)
- For information about cultural competency, visit: <http://hab.hrsa.gov/special/culture.htm>

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