2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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Integrated HIV Prevention and Care Planning and Resource Allocation

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Session Objectives

- Describe how Integrated HIV Prevention and Care Plans can inform joint planning, resource allocation, evaluation, and continuous quality improvement within jurisdictions

- Identify at least 2 promising practices, innovations, or tools and resources which can support priority setting and resource allocation along the HIV care continuum

Got Questions?

- Do you have any questions about the Resource Allocation process?
- Let us know who you are! Please list your name, where you are from, and email address.
- Are you affiliated with a RWHAP part A and/or part B?
- Are you involved with integrated planning?

About the Integrated HIV Planning (IHAP) Technical Assistance Center (TAC)

3-year project

began
July 1, 2016

Supports

Ryan White HIV/AIDS Program Parts A & B recipients and their respective planning bodies with integrated planning including implementation of their Integrated HIV Prevention and Care Plans

Conducts national & targeted

training and technical assistance activities

INTEGRATED HIV/AIDS PLANNING TA CENTER
IHAP TAC

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Support available through the IHAP TAC

- **Integrating HIV prevention and care** at all levels
- **Strategies for implementing** Integrated Plan activities
- **Publicizing and disseminating progress** of Integrated Plan activities to stakeholders
- **Identifying roles and responsibilities** for Integrated Plan activity implementation
- **Monitoring and improving** Integrated Plan activities
- **Collaborating** across jurisdictions

Laying the Groundwork for Integrated Planning

National HIV/AIDS Strategy (NHAS): 2020 Goals

Four primary goals

1. Reduce new HIV infections
2. Increase access to care and optimize health outcomes for people living with HIV (PLWH)
3. Reduce HIV-related health disparities and health inequities
4. **Achieve a more coordinated national response to the HIV epidemic**
    a. **Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments.**

CDC and HRSA's Alignment of Goals and Expectations Facilitates Integration

- Integrated HIV Prevention and Care Plan Guidance, including Statewide Coordinated Statement of Need (SCSN) released in 2015 for 2017-2021 Integrated HIV Prevention and Care Plans
- Integrated Plan is a living document serving as a roadmap to guide each jurisdiction's HIV prevention and care service planning throughout the year
- An underlying goal of integrated planning is to better leverage resources and improve efficiency and coordination of HIV prevention and care service delivery
  - Reduce reporting burden and duplicated efforts
  - Streamline work of health department staff and HIV planning groups
  - Promote collaboration and coordination in the use of data

Legislative/Program Requirements for Integrated Program Planning and Resource Allocation

Integrated HIV Prevention and Care Plans

- **Every RWHAP Part A and B recipients and CDC prevention funded grantee** required to submit an Integrated HIV Prevention and Care Plan
  - Jurisdictions within state were encouraged to submit a plan together
- Format and planning process is flexible; must include:
  - **Goals:** anticipated long-term impact, consistent with NHAS
  - **Objectives:** specific statements of desired results
  - **Strategies:** approaches for achieving objectives
  - **Activities:** ways to implement strategies
  - **Resources:** what's needed to carrying out activities

Integrated HIV Prevention and Care Plans: SCSN

- Part B jurisdictions must complete a **Statewide Coordinated Statement of Need (SCSN),** a joint needs assessment coordinated by Part B recipients including:
  - Epidemiologic Overview
  - HIV Care Continuum
  - Financial and Human Resource Inventory
  - Needs/Gaps/Barriers to HIV Services
  - Data Sources
- The Integrated HIV Prevention and Care Plan must respond to needs identified in SCSN

Integrated HIV Prevention and Care Plans: Resource Allocation

- Jurisdictions must prepare **Financial and Human Resources Inventory** of all available funding sources, both public and private, for HIV prevention, care, and treatment services

TABLE 9 2016 Aggregate Arizona HIV Resources

Funding Source	Anticipated 2016 Budget	% of Total	Outpatient/Ambulatory Medical Care	AIDS Drug Assistance Program	AIDS Pharmaceutical Assist.	Oral Health Care	Early Intervention Services	Health Insurance Premium/ Cost-Sharing Assistance	Home Health Care	Home & Community-based Health Services	Hospice Services	Mental Health Services	Medical Nutrition Therapy	Medical Case Management	Substance Abuse Services – Outpatient	Non-medical Case Management	Child Care Services	Emergency Financial Assistance	Food Bank/Home-delivered Meals	Health Education/Risk Reduction	Housing Services	Legal Services	Linguistic Services	Medical Transportation Services	Outreach Services	Psychosocial Support Services	Referral for Health Care/ Supportive Services	Rehabilitation Services	Respite Care	Substance Abuse Services – Residential	Treatment Adherence Counseling	HIV Testing	HIV Prevention and Surveillance	HIV Research	Other Services
Total Funding	112,066,332	100%	x	x		x	x	x	x		x	x	x	x	x	x	x	x			x			x		x					x	x	x	x	x
Public Funding	110,188,016	98.3%	x	x		x	x	x	x		x	x	x	x	x	x		x	x		x		x	x		x					x	x	x	x	x
HRSA Subtotal	34,160,389	30.5%	x	x		x	x	x				x	x	x	x	x			x		x		x	x		x					x	x			x
CDC Subtotal	6,138,957	5.5%																														x	x			
SAMHSA Subtotal	1,716,203	1.5%										x			x																					
HOPWA Subtotal	2,496,467	2.2%																			x															
NIH Subtotal	480,397	0.4%																																x		
I H S Subtotal	160,091	0.1%																														x				
ADHS- State Appropriation	1,000,000	0.9%																															x			
AHCCCS- Arizona Medicaid (1)	64,035,512	57.1%	x	x		x			x		x	x												x												x
Private Funding	1,878,316	1.7%	x									x	x				x			x					x	x					x	x			x
Foundations/Donations/ Fees	1,878,316	1.7%	x									x	x				x			x					x	x					x	x			x

HIV Statewide Advisory Group and the Phoenix EMA (2016): "The 2017 to 2021 Integrated HIV Prevention and Care Plan for Arizona" p.37

RWHAP Parts A and B: Resource Allocation Requirements

Component	Budget Requirement
Core medical services	at least 75%
Support services	25%
Grant administration	10% for Part As 15% for Part Bs (includes planning and evaluation)
Quality management activities	5% of award or $3 million (whichever is less)

RWHAP Parts A and B: Resource Allocation Requirements

- RWHAP is **payer of last resort**.
  - Fill gaps in non-RWHAP HIV services.
  - Recipients must provide matching (non-RWHAP) funds
  - Other funding sources include Medicaid, Medicare, CHIP, Veterans Affairs, HOPWA, SAMSA, CDC, WIC, state and local public health programs, private funding

- Must apply a sliding scale for **client charges**, which should be applied to all clients above 100% of the FPL

RWHAP Part A: Resource Allocation Requirements

- Planning done by HIV Health Services Planning Council whose composition is mandated by law:
  - e.g. Council must represent local demographics; at least 33% of members must be people living with HIV who receive RWHAP services
  - Policies and procedures must be documented
- RA process must be documented in writing.
- Council must gather input from community stakeholders, e.g. hold open meetings

RWHAP Part B: Resource Allocation Requirements

- Recipient may oversee planning on its own through statewide or regional planning bodies, or through consortia
  - **Consortia**: associations of public and nonprofit health-care and support service providers and community-based organizations that the State contracts with to provide, for a specific region(s) or the entire State, planning, resource allocation and contracting, program and fiscal monitoring, and required reporting
- Recipient must gather stakeholder input on RA

Resource Allocation Support through the IHAP TAC

Three step process

- Step 1: Information gathering and resource identification
- Step 2: Dissemination of models and best practices
- Step 3: Technical assistance and Training

Information Gathering: Literature Search

- Compiled repository of nearly 50 relevant resources:
  - RWHAP policies, RWHAP recipients' planning documents, technical briefs, job aids, and academic articles
- More RA guidance available for Part A RWHAP recipients (usually as "PSRA") than for Part B recipients
  - Most TA resources published between 2010 and 2018
  - Includes sample RA models, ADAP rebate guide, and substantial literature on HIV service RA in international settings

How Did We Get Here?

- **In the beginning….** There was legislatively mandated Priority Setting and Resource Allocation for Part A recipients and Planning Councils
- **However….** There has been relatively little guidance with respect to resource allocation for Part B entities, beyond the Statewide Coordinated Statement of Need (which isn't actually a Resource Allocation process activity, but a coordinating one)
- **HIV RAMP:** Inter-agency exploration of a model to allocate prevention resources
- **Technical Expert Panel:** Held by HRSA with both Part A and Part B recipients in June 2017

Information Gathering

Step 1: Information gathering and resource identification

- Thorough review of TargetHIV.org
- Literature search including domestic and international resources
- Review of relevant prevention and care resources in the public domain
- Review of Integrated HIV Prevention and Care Plans
- Consultations:
  - Key informants
  - Subject matter experts
  - Stakeholders
  - HRSA/CDC
- Priority setting and resource allocation from other HAB-funded Technical Assistance Centers

Preliminary Findings

- Most RA processes focus on allocation of funding to meet the needs of RWHAP clients for key services
- While modeling has been used by global health programs for resource allocation at the country level, it has less prominence within the United States
- With RA being data-driven, some jurisdictions are linking resource allocation to Integrated HIV Prevention and Care Plan objectives

Let’s talk rebates and program income!

What does HRSA say about rebates?

"The recipient may only use rebates for the purposes and under the conditions of the RWHAP Part B program. These statutorily permitted purposes include core medical services including ADAPs, support services, CQM, and administrative expenses, including planning and evaluation." (priority given to ADAP)

In addition, allowable uses of rebates include:

- State match requirement;
- State MOE requirement; and
- Costs for allowable services that exceed the RWHAP Part B implementation work plan

(Section 2612(a) of the Public Health Service (PHS) Act)

Rebates in Resource Allocation planning

- Rebate funds should be treated just like any other RWHAP Part B award
- “At the beginning of each year, often in April to correspond with the RWHAP Part B and ADAP grant year (also known as the budget period), states, in conjunction with their finance departments, should project the amount of rebates expected that year and develop a budget based on that amount”

Barriers when considering rebates during resource allocation

- Difficulty estimating how much recipients will receive in rebates when accounting for them in the RA process
- RWHAP programs are not on the same funding cycle

Examples of how RWHAP recipients can use rebate funds

Systematic/Administrative Assistance:

- AIDS Education and Training Centers
- Alterations and Renovations
- Data Systems
- Data-to-Care/Re-engagement
- HIV-related Health Inequities
- Marketing as Targeted Program Outreach
- State Match and/or Maintenance of Effort Requirements
- Needs-Assessment

Core Medical and Support Services:

- Enhanced Medication Access through ADAP
- Early Intervention Services
- Medical Case Management
- Mental Health Services
- Substance Use Care
- Housing Support
- Interpretation and Translation
- Health Education/Risk Reduction

What does HRSA say about Program Income?

- "Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided on 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed, the use or rental of [sic.] real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds."

Policy Clarification Notice (PCN) #15-04

Let's Talk Rebates

Questions for discussion

- What are some of the challenges with planning and implementing your resource allocation process related to rebates?

- What effective rebate related tools, practices, and models are you using for your resource allocation planning, implementation, and evaluation processes?

Let's Go To The Polls

Does your jurisdiction:

- Have an established resource allocation process?
- Involve planning bodies in the resource allocation planning process?
- Tie resource allocation planning to your Integrated HIV Prevention and Care Plan?
- Utilize a contingency planning process that incorporates both CDC and HRSA resources in developing resource allocations?

What do you know, what do you need?

Open discussion:

- Let's review our poll findings and discuss implications
  - Established resource allocation process?
  - Planning body involvement?
  - Integrated Plan *integration*?
  - Contingency planning?

- What types of resource allocation TA/Training would be most beneficial?

Thank you!

INTEGRATED HIV/AIDS PLANNING IHAP TA CENTER

Contact us at ihaptac@jsi.com!

Obtain more information, join our mailing list, request TA or to share your experiences or resources.

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