HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK

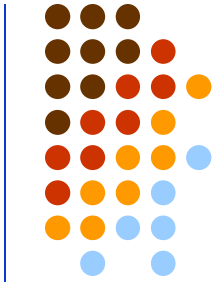
PSRA ORIENTATION

December 18, 2017

Presented by

HIV Health & Human Services
PLANNING COUNCIL
OF NEW YORK
A Mayoral Council established by the Ryan White C.A.R.E. Act of 1990

Overview



- Award Components/Use of Funds
- PSRA Committee Role
- PSRA Planning Process and how it fits into the overall PC planning process
- PSRA Products: Ranking Tool, Data Sources, Spending Plan, Reprogramming, Carryover
- Conflicts of Interest

Part A Funding: 3 components

- ***BASE:***
  - ***Formula grants*** are based on the number of persons living with HIV and AIDS in the EMA or TGA as of December 31 in the most recent calendar year for which data are available. ("the numbers")
  - ***Supplemental grants*** are awarded competitively based on demonstration of severe need and other criteria. ("the story")
- ***MINORITY AIDS INITIATIVE (MAI) funds:*** are based on the distribution of populations disproportionately impacted by HIV/AIDS; all formula.
- ***TOTAL FY2017 AWARD: $98,869,772***

Part A: Use of Funds

- Part A funds may be used to provide a continuum of care for persons living with HIV disease.
- A minimum of seventy-five percent (75%) of the award must be used for *core medical services;*
- Not more than twenty-five percent (25%) may be used for *support services*. Support services must contribute to positive medical outcomes for clients.
- EMAs may apply for a waiver of the 75% core medical services requirement if they meet certain requirements (e.g., no wait list for medical care). NY EMA has a waiver (we use more – 36% - for support services).
- Ten percent (10%) of the award is for *administration*;
- Five percent (5%) – up to a maximum of $3 million – may be used for *clinical quality management* (CQM, which is required).

Core Medical Services

"Core Medical Services" as defined by HRSA are limited to:

- outpatient and ambulatory services*
- AIDS DRUG Assistance Program (ADAP)
- AIDS pharmaceutical assistance*
- oral health
- early intervention
- health insurance premium and cost-sharing assistance for low-income individuals*
- home health care*
- medical nutrition therapy*
- hospice services*
- home and community based health services*
- mental health services
- substance abuse outpatient care
- medical case management, including treatment adherence services

*Not provided in NY EMA

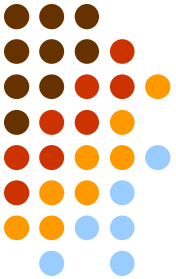
Support Services

Support services ***must be linked to medical outcomes*** and may include:

- outreach
- medical transportation
- case management
- substance abuse residential services*
- food bank/home delivered meals
- emergency financial assistance*
- housing services
- legal services
- psychosocial support
- health education

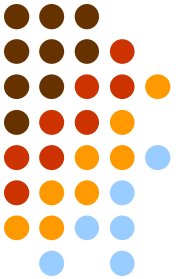
*Not provided in NY EMA

Priority Setting and Resource Allocation Committee Roles



- Sets priorities for services based on
  - Size and demographics of the PLWHA population and documented needs
  - Promotion of access to care/maintenance in care
  - Consumer priorities
  - Specific gaps/emerging needs
  - Availability of other governmental and non-governmental sources of funding

Priority Setting and Resource Allocation Committee Roles



- Votes on proposed uses of Ryan White Part A funding in the EMA:
  - Application spending plan (Base and MAI)
  - Scenario plan (Base and MAI)
  - Final spending plan (Base and MAI)
  - Reprogramming plan
  - Carry-over plan

THE PLANNING PROCESS

Steps in the Process

1. Assess needs (NAC)
2. Develop service directives (IOC)
3. **Set priorities & allocate resources (PSRA)**
4. **Adjust allocations based on actual amount of grant awarded (PSRA)**
5. Assess efficiency of administrative mechanism (FC) *i.e., ensure the grant is being spent according to the Planning Council's approved priorities*

1. Assess needs (NAC)

1. Determine number of PLWHA living in the EMA and their needs
2. Determine the capacity of the service system to meet those needs, through focus groups, surveys, or other methods.
3. This includes:
   - the number, characteristics, and service needs of PLWHA who know their HIV status and are not in care
   - the service needs of PLWHA who are in care, including differences in care and needs for historically underserved populations
   - the number and location of agencies providing HIV-related services in the EMA
   - their capacity and capability to serve PLWHA, including capacity development needs; and
   - availability of other resources and plan for collaborating with these other services, such as substance abuse services and HIV prevention programs.

2. Service Directives (IOC)

- Takes recommendations re: populations and service systems from Needs Assessment and develops standards of care and service models
- Develops service directives for how to implement service categories (models of care, target populations, etc.)

3. Set priorities & allocate resources (PSRA)

Decide which services to fund, based on:

- Needs assessment
- Information about the most successful and economical ways of providing services
- Actual cost and utilization data provided by the grantee
- Priorities of people living with HIV who will use services
- Compatibility of Part A funds with other services
- Payer of last resort (the amount of funds from other sources - Medicaid, Medicare, S-CHIP, etc.)

Decide how much funding will be used for each of these service priorities.


1. NA assess epi data, studies, program data
2. IOC recommend service model
3. PSRA determine priorities, allocate dollars (draft spending plan)
4. EC review/ approve spending plan
5. Full Council approve budget
Consumers Committee

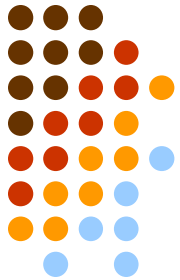
Priority Setting: Data Sources

- Service Category Scorecards
- Service Category Fact Sheets
- CHAIN Reports
- Consumer Surveys/Focus Groups
- Payer of Last Resort Data
- PSRA Committee member expertise
- Other Data: Epi data, Epi/surveillance reports

Priority Setting: Ranking Tool

- Weighted Criteria (ranked on a scale of 1-8):
  - Payer of Last Resort (15%)
  - Access to and Maintenance in Primary Medical Care (35%)
  - Consumer Priority (25%)
  - Emerging Needs/Gaps (25%)

Priority Setting: Ranking Tool

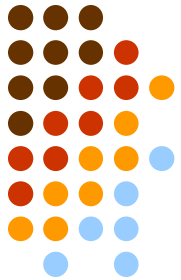


- Ranking Scores tell HRSA our service categories in rank order of importance. A ranked set of categories must be included in the grant application.
- Scores can be used to apply proportionate increases or reductions to service categories when applying the actual grant award.
- Scores are not the basis of allocations.

Exercise: Priority Setting

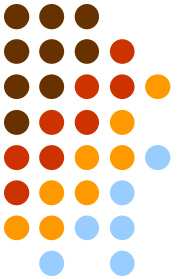
Sample Service Category: Food & Nutrition Services (FNS)

Understanding the Spending Plan



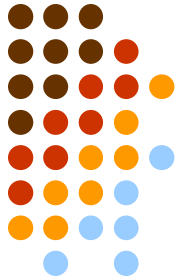
- The EMA's Budget:
  - Base and MAI awards
  - Quality Management ($3M or 5%, whichever is less)
  - Tri-County Allocation (Programs and Administration)
  - NYC Administration (10%)
  - NYC Programs: Service Category Allocations, Modifications, Targeted and Proportionate Increases/Cuts

Spending Plan: Request for Grant Application



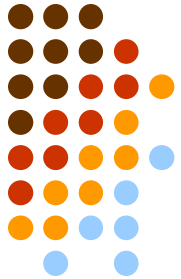
- The EMA's "wish list"
- Draft spending plan that usually asks for an increase over the current year's award
- Required for the grant application (due in the fall)
- Must be approved by PC at final meeting of cycle (July) for Grant Application (due Sept.-Oct.)

Spending Plan: Scenario Planning



- Planning for the actual award (can be received any time between March and July)
- Doing reduction scenarios (2%, 3%, 5%, etc.)
- Looking for savings to offset reductions:
  - Reductions to carrying costs of programs
  - Considering deeper cuts
    - Targeted
    - Proportionate

Spending Plan: Final (Post-award)



- Notification of Grant Award (March-June, depending on Congress and HRSA)
- Application of final number to actual spending plan

Reprogramming Plan (Spring)

- A way to maximize spending during the course of the year. The plan instructs the grantee on how to use funds that become uncommitted during the course of the year.

Reprogramming Plan

- PSRA/PC authorizes the Grantee and master contractor to first move uncommitted funds within a category. If there are not enough over-performing contracts within the category to fully absorb the amount freed up (enhancements), DOHMH and PHS may move funds between categories up to a maximum increase to a category of 20% of the original amount allocated to that service category in the spending plan.
- Other Options (e.g., enhance ADAP)

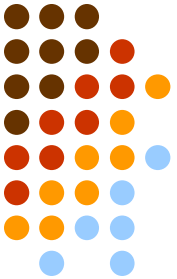
Carry-over Plan

- HRSA allows up to 5% of Formula funds to be left unspent at the end of the year. In December, the Council and EMA must submit an "Estimated Unobligated Balance". This is a notification that the EMA *may* carry over as much as 5% of formula funds. After the final close-out is done (late spring) and the actual unspent amount is known, the PSRA/PC approves a request to HRSA to carry over the unspent amount for use in the next fiscal year.

PSRA Timeline

Task	Dec.	Jan.	Feb.	March	April	May	June	July
Orient.	X							
UOB Est.	X							
Scenario Planning		X	X	X				
Final Spending Plan					X	X	X	
Reprog. Plan						X	X	
Carry-over Plan							X	
Applic. Spending Request								X

Conflict of Interest: PC Member Responsibilities



- Always be mindful of potential conflicts of interest.
- Make FULL DISCLOSURE of your interest in a decision that may pose a conflict.
- Refrain from using your position on the Council for private gain.
- While you do not have to abstain from discussions on a matter where there is a conflict, you should abstain from voting on the matter.
- Look beyond your agency's immediate need and consider the bigger picture. Remember to work toward a comprehensive system of care for all PLWHA, not just those served by your agency.