

SERVICE MODEL DIRECTIVES

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WHAT IS A DIRECTIVE? WHY DO DIRECTIVES?

Directives are instructions to the Grantee from the Planning Council regarding how best to meet specific service priorities established by the Council. Directives are generally defined for a specific service category.

Legislation requires Part A Planning Councils to: “establish priorities for the allocation of funds within the eligible area, **including how best to meet each such priority and additional factors that a grantee should consider in allocating funds...**”

WHAT IS THE PLANNING COUNCIL'S ROLE IN ISSUING DIRECTIVES

- Providing guidance to Grantee on how best to meet the priorities and other factors to consider in contracting for services
- Often specify use (or non-use) of a particular service model, or address geographic access to services, language issues, or specific target populations
- Must not limit open procurement
- Council needs to be aware of cost implications

WHEN ARE DIRECTIVES DEFINED?

- A Planning Council should develop directives when available data indicate that they are necessary in order to ensure that the system of care provides easy access to high quality care for all PLWHA.
- Most Planning Councils identify possible directives during the priority setting and resource allocation (PSRA) process.
- Directives can also be identified throughout the year by various committees of the Council (e.g. Needs Assessment and Consumer Committees.)
- The Planning Council's Integration of Care Committee is tasked with developing new directives.
- Directives inform the PSRA Committee's ranking and allocations decisions.
- All Directives must be approved by the Executive Committee and full Council.

4 TYPES OF DIRECTIVES

Directives are very specific and generally focus on one of the following:

1. Service models or strategies for service delivery that the Planning Council wants to see tested or implemented widely.
2. PLWHA population groups that should be targeted by a service, or services, to ensure they receive appropriate care.
3. Geographic areas (e.g., specific counties or zip codes) where access to services needs to improve.
4. Specific barriers to care that need to be overcome, such as stigma, lack of transportation, or lack of services in evenings and on weekends.

WHAT MAKES A GOOD DIRECTIVE?

Checking your directives against the following criteria.

- **Needed** – Data shows it is needed and/or the service model selected has been proven to meet clients’ needs.
- **Clear and specific** – The grantee will understand what you want done.
- **Results-focused** – The directive focuses on a specific result to be achieved – services to be added or provided, populations to be targeted, etc.
- **Feasible** – The grantee can carry out the directive with available capacity and resources.
- **Flexible in terms of mechanisms** – The grantee has some flexibility or multiple options regarding how to implement the directive.
- **Measurable** – The Planning Council will be able to assess the grantee’s success in accomplishing the directive.
- **Non-duplicative** – Conforms with payor-of-last-resort requirements of the Ryan White CARE Act

HOW ARE DIRECTIVES IMPLEMENTED?

Directives are implemented as part of the of the Request for Proposal (RFP) process used for provider procurement.

The Grantee is responsible for ensuring that directives are incorporated into the RFP process and for reporting the implementation of the directive back to the Planning Council.

If problems arise and a directive proves difficult to implement, the Grantee should share this information with the Planning Council so that a resolution to the problem – a revision to the directive, or a different approach to implementing it – can be identified.

APPLYING KNOWLEDGE

Discuss in your group: Is each of these Directives acceptable? Why or why not? If not, what changes would make it acceptable?

1. All outpatient medical care providers must offer at least six hours of evening or weekend clinic hours per month
2. All funded oral health services must be associated with dental schools or community health centers
3. Grantee must require all funded providers to document compliance with federal Limited English Proficiency (LEP) guidelines

APPLYING KNOWLEDGE

Discuss in your group: Strong or vague directive?

1. Providers should consider ways to use PLWHA in their program
2. At least one outpatient substance abuse treatment provider must offer services appropriate for and accessible to women, including women who are pregnant or have small children.
3. Put outpatient clinics in those counties that need them the most