2009-2010 Care Services Prioritization/Allocation Process

Process and Decisions including Caveats and Sub-Priorities

Prioritization and Allocation Process:
Between March and May of 2008, a Prioritization and Allocation Committee met for a total of 24 Hours over 6 weeks to create the prioritization and allocation. This was 12 hours less than any previous prioritization process.

Participants: Richard Aleshire, Amy Bauer, Shireesha Dhanireddy, Kate Elling, Bill Hall, Sarah Kent, Gerrie LaQuey, David Lee, Higinio Martinez, Marcos Martinez, Aaliyah Messiah, Eric Miles, Ron Padgett, Jodie Pezzi, Tony Radovich, Michael Raitt, David Richart, German Rodriguez and Pam Ryan formed the committee.

Priority-Setting: The committee used the two priority lists from the 2007 Comprehensive Needs Assessment (consumer and provider priorities) and merged them, giving 55% weight to consumer-identified priorities, and 45% weight to provider-identified priorities. This is similar to past years, with one exception. In past years, the rank numbers were used, and this time the percentages were used. *This was done because Core and Support services were listed separately on the Needs Assessment survey. As a result, there are two #1 priorities, etc.* Percentages were a better reflection of the relative importance of the services for both consumers and providers.

Allocation: The committee used service Categorical Data Reports (CDRs), which included quantitative and qualitative needs assessment data, service performance, unit cost, quality management and a variety of other data.

Minority AIDS Initiative (MAI): Under the new Ryan White HIV/AIDS Treatment Modernization Act, MAI funds are applied for separately, with a grant year of August 1 through July 31. The committee determined that 2009-2010 MAI funds should remain in the current category of Medical Case Management.

The following pages have category by category priorities, allocations, caveats, sub-priorities and the committee's rationale for each decision.

1. Ambulatory / Outpatient Medical Care (Core Service) $ 1,222,000

Caveat 1: *Favorable consideration will be given to programs that incorporate sexual and drug use risk reduction counseling into primary care services.*

Caveat 2: *Favorable consideration will be given to applicants who effectively address transportation barriers which may impede client access to primary care services. For clients who are not eligible for other transportation services (e.g. Medicaid), agencies should either include funds for client transportation as a line-item in their budget proposals or demonstrate how funds from other sources will be used for this purpose.*

This category was increased by $108,496 from the initial 2008 allocation.
Rationale:

- #3 ranked core priority for consumers (73% of consumers ranked this service a priority)
- #2 ranked core priority for providers (75% of providers ranked this service a priority)
- #1 ranked priority overall
- It is a goal of the Ryan White Act to get all HIV+ people into medical care,
- Caveat added to the category which asks providers to include client transportation in their budgets
- This amount is closer to "flat funding" as additional dollars were awarded to this category from carryover funds in 2008

2. Health Insurance (Core Service) $ 0

This category was not funded, and has not been funded in the recent past.
Rationale:

- #1 core priority for consumers (79% of consumers prioritized this service)
- #6 core priority for providers (62% of providers prioritized this service)
- #3 and #4 gap respectively, due to a prior cap on the High Risk Insurance Pool
- Although this is a highly ranked core service, there is sufficient funding for Health Insurance paid for by the State through the Department of Health.
- The Washington High Risk Insurance Pool (WASHIP) is now enrolling additional clients, and the Department of Health has requested additional funding to pay for new clients.

3. AIDS Drug Assistance Program (ADAP) (Core Service) $ 132,000

No caveats or sub-priorities

This category was decreased by $ 38,000 from the 2008 allocation.
Rationale:

- #2 core priority for consumers (76% of consumers prioritized this service)
- #4 core priority for providers (65% of providers prioritized this service)
- A low #6 gap for both providers and consumers, with only 5% of consumers and 15% of providers identifying this service as a gap
- Although this is a highly ranked core service, there is sufficient funding for ADAP from Ryan White Part B, and state funding.
- Funding was not reduced to zero, due to the group wanting to maintain some funding in case of a state shortfall.

4. Medical Case Management (Core Service) $ 1,300,000

Caveat 1: *Favorable consideration will be given to programs that incorporate sexual and drug use risk reduction counseling into medical case management services.*
Caveat 2: *Favorable consideration will be given to applicants who effectively address transportation barriers which may impede clients assess to primary care and medical case management services. For clients who are not eligible for other transportation services (e.g. Medicaid), agencies should either include funds for client transportation as a line-item in their budget proposals or demonstrate how funds from other sources will be used for this purpose.*

This category was increased by $143,528 from the 2008 allocation.
Rationale:

- #5 ranked core priority for consumers (57% of consumers ranked this service a priority)
- #3 ranked core priority for providers (74% of providers ranked this service a priority)
- #4 ranked priority overall
- Very low gap -- 4% of consumers and 8% of providers identified a gap in this service
- It is a goal of the Ryan White Act to have positive health outcomes for all PLWH; access to medical care and treatment adherence are the primary goals of case management.
- In the aggregate, this category over-performed, serving 112% of the clients it was contracted to serve.
- Case management was seen as a central service by consumers in focus groups, where concerns were raised about the amount of time consumers had with case managers.
- Caveat added to the category which asks providers to include client transportation for both case management visits and primary care visits in their budgets
- Despite high utilization, there is a very low gap for this service

5. Housing (Support Service) $ 900,000

Caveat : *All funded providers in this category must participate in a formal collaborative process to explore strategies for housing PLWH with criminal histories.*

This category was rounded up by $332 from the 2008 allocation (essentially flat funding).
Rationale:

- #1 consumer support service priority (48% of consumers ranked this a priority among support services)
- #1 provider support service priority (79% of providers ranked this a priority among support services)
- #2 consumer gap and #1 provider gap
- Committee was concerned that the way part of the service was listed on the survey, "AIDS housing or assisted living" might give people filling out the survey the impression that permanent housing could be provided with these funds, which it cannot. Funds can only support transitional housing of up to 24 months per client *total in their lifetime*.
- Criminal histories were mentioned often in the qualitative data as a barrier to housing. Since it is the landlords who control this, it was felt that additional dollars in the category would likely not "fix" the problem. Instead, the committee decided to leave the allocation the same, but add the caveat listed above.

6. Oral Health Care (Core Service) $ 422,000

Caveat: The Grantee will assure that as full a possible spectrum of dental care services are covered across the range of providers funded in this category.

This category was rounded down by $63 from the 2008 allocation (essentially flat funding).
Rationale:

- #4 consumer core priority (66% of consumers listed Oral Health as a priority)
- #7 provider core priority (37% of providers listed Oral Health as a priority)
- #1 consumer and provider gap (33% and 57% respectively)
- In March of 2008, the Council agreed to use additional Part A funds to open the State dental pool to residents of King County. There has not been sufficient time to determine whether this will be effective in reducing the gap.
- Funds for Oral Health have *more than doubled* since 2006.

7. Mental Health (Core Service) $ 355,000

Caveat: *The Grantee will assure that targeted services will be provided to formerly incarcerated, monolingual Spanish speakers and recently homeless PLWH across the range of providers funded in this category.*

This category was rounded down $439 from the 2008 allocation (essentially flat funding)
Rationale:

- #6 consumer core priority (31% of consumers prioritized this service)
- #1 provider core priority (79% of providers prioritized this service)
- #2 consumer and provider core service gap (10% of consumers and 54% of providers identified this service as a gap)
- Concerns were raised that the consumers who most need this service may not have filled out surveys.
- It is currently unclear what impact the Human Services sales tax (focused on mental health and substance abuse treatment) will have on those living with HIV, so it was felt that the category should not be decreased at this time, but neither should it be increased.

8. Psychosocial Support (Support Service) $78,000

Sub-priority: *Funds in this category are reserved for programs serving women.*

This category was rounded down by $103 from the 2008 allocation (essentially flat funding).
Rationale:

- #3 consumer support service priority (41% of consumers prioritized this service)
- #2 provider support service priority (51% of providers prioritized this service)
- Women were significantly more likely than others to prioritize this service (57% of women prioritized this service), as a result the committee determined that the relatively small allocation for this service be reserved for that population.
- Medium consumer and provider gap among support services (#3 among each group)

9. Food Bank/Home-Delivered Meals (Support Service) $ 215,000

Caveat: *Preference will be given to vendors who provide culturally appropriate foods for Foreign Born Black and Latino/a consumers.*

This category was flat funded from the 2008 allocation.
Rationale:

- #2 consumer support service priority (45% of consumers prioritized this service)
- #5 provider support service priority (21% of providers prioritized this service)
- The group determined that the caveat created for the previous prioritization should be retained, as it had been successful in reducing concerns identified in the previous (2005) needs assessment.
- The service was a low gap (10% of consumers and 7% of providers listed the service as a gap

10. Substance Abuse Services-Outpatient (Core Service) $ 245,000

Caveat: *Favorable consideration will be given to programs which integrate mental health and chemical dependency services for individuals who are dually diagnosed.*

This category was decreased by $12,727 from the 2008 allocation, this amount is equivalent to the anticipated expenditure for 2007.
Rationale:

- #8 consumer core priority (8% of consumers prioritized this service)
- #4 provider core priority (65% of providers prioritized this service)
- There were under expenditures for this service in both 2006 and 2007, and the committee felt that the allocation should align with the actual anticipated expenditure.
- It is currently unclear what impact the Human Services sales tax (focused on mental health and substance abuse treatment) will have on those living with HIV.

11. Substance Abuse Services-Inpatient (Support Service) $ 0

This category was not funded and has not been funded within the last several years.
Rationale:

- #6 consumer support service priority (5% of consumers prioritized this service)
- #3 provider support service priority (47% of providers prioritized this service)
- With the Ryan White Treatment Modernization Act of 2006, Substance Abuse services were split into two categories. Outpatient services are a Core Service, but inpatient services are a Support Service.
- Inpatient treatment has not been funded using Ryan White dollars for several years due to its high cost.

12. Medical Transportation (Support Service) $ 0

No caveats or sub-priorities.

This category was reduced from $40,000 in 2008 to $0.
Rationale:

- #5 consumer support service (20% of consumers prioritized this service)

- #4 provider support service (27% of providers prioritized this service)
- This service category was discussed by the committee for a longer period than any other service
- A new HRSA mandate requires that all services must have 2 clinical outcome measures with benchmarks. Because of the nature of this service, it is seen as difficult if not impossible
- Medicaid provides transportation to medical appointments for the majority of clients, and these dollars have been used for other clients.
- There have been quality issues with the sub-contractor for this service
- The service ranked low among support services as both a priority and gap
- The committee wanted to ensure that consumers who were not eligible for rides through Medicaid would have access to transportation, so the committee determined that a caveat should be placed in both Medical Case Management and Ambulatory/Outpatient Medical Care directing applicants to either include transportation as a line-item in their overall budgets, or to show how they are using other funds to cover the gap.

13. Rehabilitation Services (Support Service) $ 0

No caveats or sub-priorities.

This category was not funded and has never been funded in the past.
Rationale:

- The components of this service were mistakenly included among core, rather than support services, which gave this category a slight advantage over other support services; even so, only 26% of consumers and 4% of providers identified it as a priority.
- This service pays for physical and occupational therapy, speech pathology and low-vision training. All of these services are available through other funding sources.

14. Medical Nutritional Therapy (Core Service) $131,000

No caveats or sub-priorities

This category was rounded down by $314 (essentially flat funding).
Rationale:

- #7 core priority among consumers (10% of consumers prioritized this service)
- #9 core priority among providers (7% of providers prioritized this service)
- Although this was the second lowest ranked core service among providers, and fourth lowest ranked among consumers, the committee felt that nutritional therapy was an important adjunct to care for PLWH, and therefore determined that it should continue to be funded.
- The service over-performed significantly in 2007.

15. Health Education/Risk Reduction (Support Service) $ 0

This category has never been funded.
Rationale:

- #7 support priority among consumers (5% of consumers prioritized this service)
- #6 support priority among providers (13% of providers prioritized this service)
- Health education and risk reduction activities take place in medical case management and ambulatory/outpatient medical care.

16. Home Health Care (Core Service) $ 0

This category has not been funded for several years.
Rationale:

- #9 core priority among consumers (6% of consumers prioritized this service)
- #8 core priority among providers (7% of providers prioritized this service)
- #5 gap for both consumers and providers, with 6% of consumers and 18% of providers identifying a gap for this service
- Both Medicare and Medicaid pay for this service for clients who need it.
- Due to other payment sources, limited use of the service when it was funded, and the service being a very low priority, the committee chose not to fund it.

17. Hospice Care (Core Service) $ 0

This category has never been funded.
Rationale:

- #10 core priority among consumers (6% of consumers prioritized this service)
- #10 core priority among providers (4% of providers prioritized this service)
- #10 gap among both consumers and providers (2% of consumers and 3% of providers identified a gap for this service.
- Consumers who need Hospice Care will qualify under other funding sources.
- This was the lowest core priority for both consumers and providers and also the lowest gap.

18. Child Care (Support Service) $ 0

This category has not been funded for many years.
Rationale:

- #8 support priority among consumers (1% of consumers prioritized this service)
- #7 (tie) support priority among providers (4% of providers prioritized this service)
- Ryan White dollars can only pay for child care during appointments for core services, and there are a small number of consumers with child care aged children. As a result, it has not been possible to put together a cost effective program.