

**Action Item: Reorder HIV Services Priority Plan to Comply with HRSA Core Services Priority and provide guidance for upcoming Funding Allocation Working Group (FAWG) for three under-utilized service categories**

**Summary:** One of the requirements of the Ryan White HIV/AIDS Treatment Modernization Act reauthorized legislation of 2006 is that jurisdictions expend a minimum of 75% of Part A funds on core medical services and up to 25% of Part A funds on supportive/non-core services. The Act also described which services are considered core and which are supportive and defined them. In December of 2006, the Commission on AIDS received this information. In order to reflect that prioritization requirement, it is the recommendation of staff that the services in the HIV Services Plan be reordered.

**Background:**

**Updating Service Categories:** The new Ryan White legislation changed or deleted certain service categories, and over time the Commission on AIDS has reordered or redefined service categories to match legislation. Medical Case Management is one of the new services. This type of case management, also called clinical case management, is of high priority as it is directly related to successful medical outcomes for HIV+ individuals in medical care. Fiscal Agent staff has provided technical assistance to, and involved providers in, insuring that Sonoma County complies with the HRSA requirements for medical case management; It is the recommendation of staff that it be moved from its present priority rank of #9 in the HIV services plan to #2.

**Recommendations:**

Reorder the current HIV Services Priority Plan below so that (1) core medical services are above non-core services and that (2) medical case management be ranked #2, so that it follows primary care.

**Utilization of Services:**

a. It is the opinion of staff that Linguistics/Translation services are no longer needed due to excellent Spanish-speaking capacity at provider agencies,

It is the recommendation of staff that Linguistics services not be funded in the new plan.

b. Reconnect services cannot be supported with Ryan White funds. State funds that provided staff support may no longer be available due to budget cuts.

It is the recommendation of staff that Reconnect services not be funded in the new plan.

c. In the recent past, utilization of child care has been modest, and child care has been provided with vouchers, not volunteers for HIV+ parents attending medical or related appointments or HIV-related groups.

It is the recommendation of staff that a reasonable amount of child care voucher funding be available in the Child care service category to cover anticipated child care needs based on past utilization.

**Recommendations:**

Reorder the current HIV Services Priority Plan below so that core medical services are ranked above non-core services and that medical case management be ranked #2, following and related to primary medical care.

**Current HIV Services Plan**

<b>RANK</b>	<b>Eligible Services</b>
1	Medical Care - Primary Care
2	Dental Services
3	Mental Health Psych. Assessment
4	Mental Health Counseling
5	Medical Nutritional Counseling
6	Food & Nutrition FB,Vit,HDeIMeal
7	Re-Connect Services Non-Medical C.M./Benefits
8	Counseling
9	Medical Case Management
10	Childcare
11	Chemical Dependency Counseling
12	Chemical Dependency Treatment
13	Linguistics/Translation
14	Med. Transportation
15	Home & Comm.Based Health Svcs.

**Proposed changes**

<b>RANK</b>	<b>Eligible Services</b>
1	Medical Care - Primary Care
2	Medical Case Management
3	Dental Services
4	Mental Health Psych. Assessment
5	Mental Health Counseling
6	Medical Nutritional Counseling
7	Chemical Dependency Counseling
8	Chemical Dependency Outpatient Tx
9	Home & Comm.Based Health Svcs.
10	Food & Nutrition FB,Vit,Hdel Meal
11	Non-Medical Case Management
12	Childcare (vouchers)
13	Med. Transportation (vouchers)

## **Action Item: HIV Services Priority Plan Procedures for Allocating Funds Outside the Ranges of the FY2010-2013 HIV Services Plan**

### **Summary:**

The DRAFT FY2010-2013 HIV Services Priority Plan will have three funding scenarios. This Action Item is to articulate the procedure for allocating funds that are moderately less than Scenario 1 or moderately greater than Scenario 3 of the HIV Services Priority Plan without convening an interim planning process. The process described below will be applied and the HIV Services Plan will be reviewed. If Ryan White Part A funds are significantly i.e. 50% decreased or increased beyond the Plan through a reauthorization or other major change, the HIV Services Priority Plan will be reviewed.

### **Background:**

In 1996, the Sonoma County Commission on AIDS adopted a procedure for implementing unanticipated funding increases and decreases. The County Department of Health Services as fiscal agent and the Administration Committee were guided by the policy to ensure that funds were allocated and utilized to meet the service needs of clients in Sonoma County. A summary of the policy follows:

#### Procedures for implementing Unanticipated Funding Increases and Decreases (March 1996)

Guiding principles were approved for implementing funding increases and decreases which include funding that is consistent with the intent of the multiyear Plan. Adjustments of 10% or \$1,500 are made by fiscal agent staff, changes greater than 10% but less than \$5,000 should be brought to committee for approval, and changes greater than \$5,000 should be brought to the Commission.

The Sonoma County Commission on AIDS also adopted a policy for the reallocation of funds based on review of expenditures at mid-year. In that case, the fiscal agent reallocates under expended funds based on a six-month review along with utilization and expenditure data and unanticipated need for the funded service areas.

### **Recommendations:**

The community will provide input to the Commission on AIDS on a draft FY2010-2013 HIV Services Priority Plan developed by staff based on current and projected service utilization and other data sources. Previous plans have contained up to eight scenarios but most commonly have had five scenarios. To simplify the process, staff is recommending that three scenarios be used for this plan, and that a method for adding to the plan be adopted by the Commission on AIDS.

In the case of a significant drop in Ryan White Part A funding, the entire HIV Services Plan would be reviewed.

If the County receives Ryan White funding in amounts greater or less than in the FY2010-2013 HIV Services Priority Plan, staff recommends that it be allocated consistent with the distribution and ranking represented in the approved HIV Services Plan, and mitigated by utilization/expenditure data, current/changed client need, changes in the available services in Sonoma County, and/or changes in Ryan White policy, as applicable. Staff will report the allocation of funds to the Commission on AIDS.