

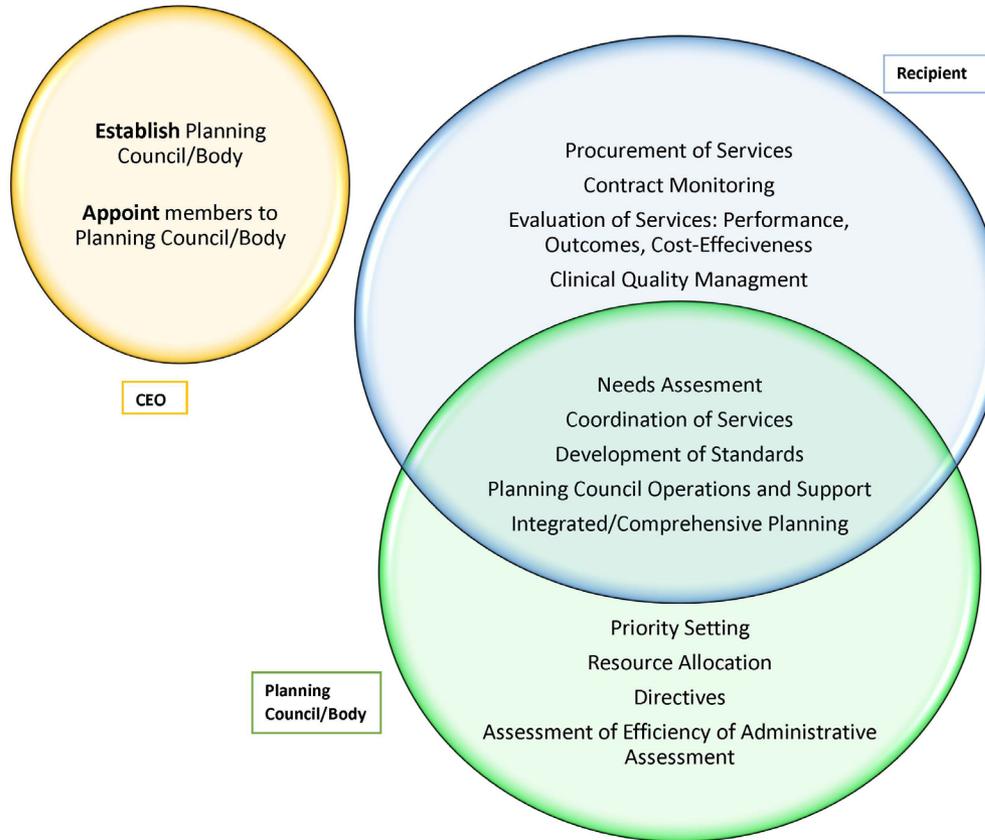
Planning Council Responsibilities AND Needs Assessment

May 9, 2024

Presentation created by Behavioral Science Research Corp.



Responsibilities



HRSA

Expectations

The planning council's (*Miami-Dade HIV/AIDS Partnership*) decisions about service priorities, service models, population emphases, and directives for the Recipient will be **data-based**.

Data used for decision making will include:

- ▶ Needs assessment and community input
- ▶ Service cost and utilization data
- ▶ System-wide (not subrecipient-specific) Quality Management data

The planning council will be trained and comfortable in reviewing, assessing, and using data.





Planning Council Legislative Responsibilities

Determine the **population** of individuals with HIV/AIDS in the Miami-Dade County eligible metropolitan area (EMA) and **demographics and needs** particularly for those who know their HIV status and are **not receiving HIV-related services**; and address **disparities in access and services** among affected subpopulations and historically underserved communities.

Components of a Ryan White Needs Assessment

Epidemiological profile of HIV and AIDS cases and trends in Miami-Dade County.

A resource inventory of existing services.

A profile of provider capacity and capability - Availability, accessibility and appropriateness overall and for specific populations.

Estimate and assessment of unmet need- People with HIV who know their status but are not in care and People with HIV who do not know their status.

Estimate and assessment of people with HIV who are unaware of their status.

Assessment of service need gaps-Information about service needs of people with HIV and barriers to getting services.

Data Collection For This Year

- ▶ Surveillance (from Florida Department of Health in Miami-Dade)
- ▶ Ryan White Program demographic and utilization data (from the Provide Enterprise Miami system), as available
- ▶ Surveys
- ▶ Input from persons with HIV and
- ▶ Other funding information





Needs Assessment Dates*

10:00 a.m. to 1:00 p.m.

May 9, 2024

June 13, 2024

July 11, 2024

August 8, 2024

*September 12, 2024 (likely
needed)

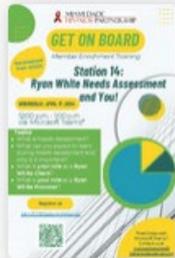
Book Location

Annual HIV/AIDS Needs Assessment

Decisions made during Needs Assessment drive the provision of services and distribution of funds for the next Ryan White Program fiscal year. All Partnership and committee members, Ryan White Program clients and other people with HIV, Ryan White Program subrecipients, and anyone interested in maximizing resources and improving services for people with HIV in Miami-Dade County are encouraged to participate in this and all Partnership activities.

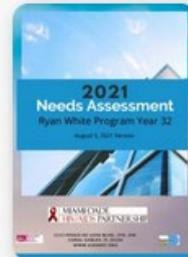
2024 Needs Assessment

HIV Epidemiology in Miami-Dade County, 2022



- Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
- Complete Needs Assessment Book
- Process for Setting Priorities and Allocating Resources
- Needs Assessment Responsibilities
- 2024 Guide to Dashboard Cards

Past Needs Assessments



[RETURN TO MENU](#)

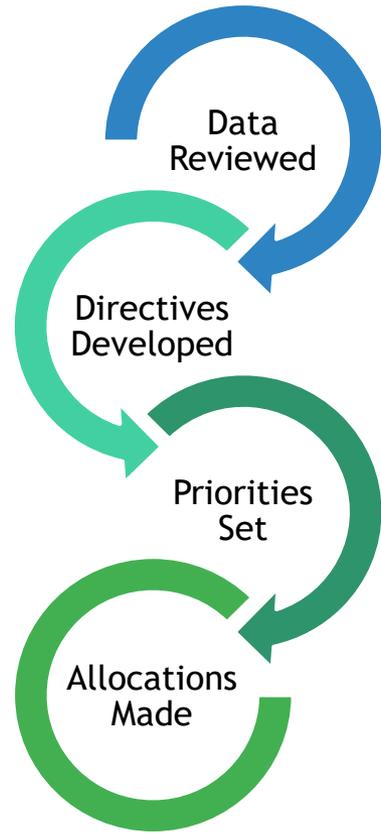
<https://aidsnet.org/the-partnership/#needsassessment1>

Steps for 2024 Needs Assessment Priority Setting and Resource Allocation (PSRA)

- ▶ Train on responsibilities and data elements; additional training materials will be included in the electronic book.
- ▶ Agree on the process and adopt it by motion; this will provide the outline for items that will be covered.



Steps for PSRA (Priority Setting and Resource Allocation)



Planning Council Responsibilities: Developing Directives

- ▶ Provide guidance to the Recipient on desired ways to respond to identified service needs, priorities, and/or shortfalls.
- ▶ Often specify use or non-use of a particular service model, or address geographic access to services, language issues, or specific populations.
- ▶ May have cost implications.
- ▶ Usually only a small number are developed.
- ▶ Must be followed by Recipient in procurement, contracting, or other service planning.

Planning Council Responsibilities: Setting Priorities

- ▶ Determine what service categories are most important for people living with HIV in Miami-Dade County and place them in priority order.
- ▶ Planning council must establish a sound, fair process for priority setting and ensure that decisions are data-based and control conflict of interest.
- ▶ Take into account data such as utilization, epidemiological, and unmet needs.
- ▶ Priorities tend to change only a little from year to year and are not tied to funding or to service providers.
- ▶ Per HRSA guidance, **all** service categories will be prioritized.

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02*

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR 55.75.351-352](#)).

[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

Policy Clarification Notice #16-02

Core Medical Services

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support Services

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [e.g., Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

The background features a collage of financial data visualizations. At the top left, a bar chart shows monthly data for September, October, November, and December. Below it is a pie chart divided into approximately 12 segments of various colors. At the bottom, a data table is partially visible with two columns of numerical values.

Planning Council Responsibilities: Resource Allocations

- ▶ Decide how much money to allocate to each service category.
- ▶ Resource allocation is not tied to priorities; some lower-ranked service categories may receive disproportionate funding because they are expensive to provide.
- ▶ Other funding streams, cost per client data and anticipated numbers of new clients coming into care should be considered in decision making.

Planning Council Responsibilities: Resource Allocations and Managing Conflicts



Process should be fair, data-based and free of conflicts of interest.



If a member is the sole provider in a service category and funds are being allocated, the conflicted member must recuse him/herself from voting. The member will follow a formal disclosure process, complete form 8B, and will step outside of the room both during discussion of and voting on the conflicted item. He/she may return to the meeting once the discussion and voting are concluded.

Planning Council Responsibilities: Resource Allocations Restrictions

Core Services

- HRSA requires no less than 75% of funds be allocated to core services (unless the program has a waiver).

Support Services

- Remaining funds may be allocated to support services.
- Funded support services need to be linked to positive medical outcomes which are outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2022 EXPENDITURES	FY 2022 %	FY 2024 RECOMMENDED ALLOCATION ¹	FY 2024 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	\$3,954.10	0.02%	\$	%
EMERGENCY FINANCIAL ASSISTANCE [S]	\$0.00	0.00%	\$	%
FOOD BANK*/HOME DELIVERED MEALS [S]	\$2,540,864.00	12.07%	\$	%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE	\$297,151.61	1.41%	\$	%
MEDICAL TRANSPORTATION [S]	\$5,414,520.00	25.72%	\$	%
MENTAL HEALTH SERVICES [C]	\$153,904.90	0.73%	\$	%
MENTAL HEALTH SERVICES [C]	\$63,570.00	0.30%	\$	%
ORAL HEALTH CARE [C]	\$3,273,644.50	15.55%	\$	%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$67,581.00	0.32%	\$	%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$8,063,884.64	38.30%	\$	%
OUTREACH SERVICES [S]	\$114,924.86	0.55%	\$	%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$4,401.00	0.02%	\$	%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$1,053,590.00	5.00%	\$	%

Sample Budget Sheet

Budget Development Options

Two (2) Budgets: Flat and Increase (up to allowable threshold)

OR

Three (3) Budgets: Flat, Decrease (determine %), and Increase (up to allowable threshold)

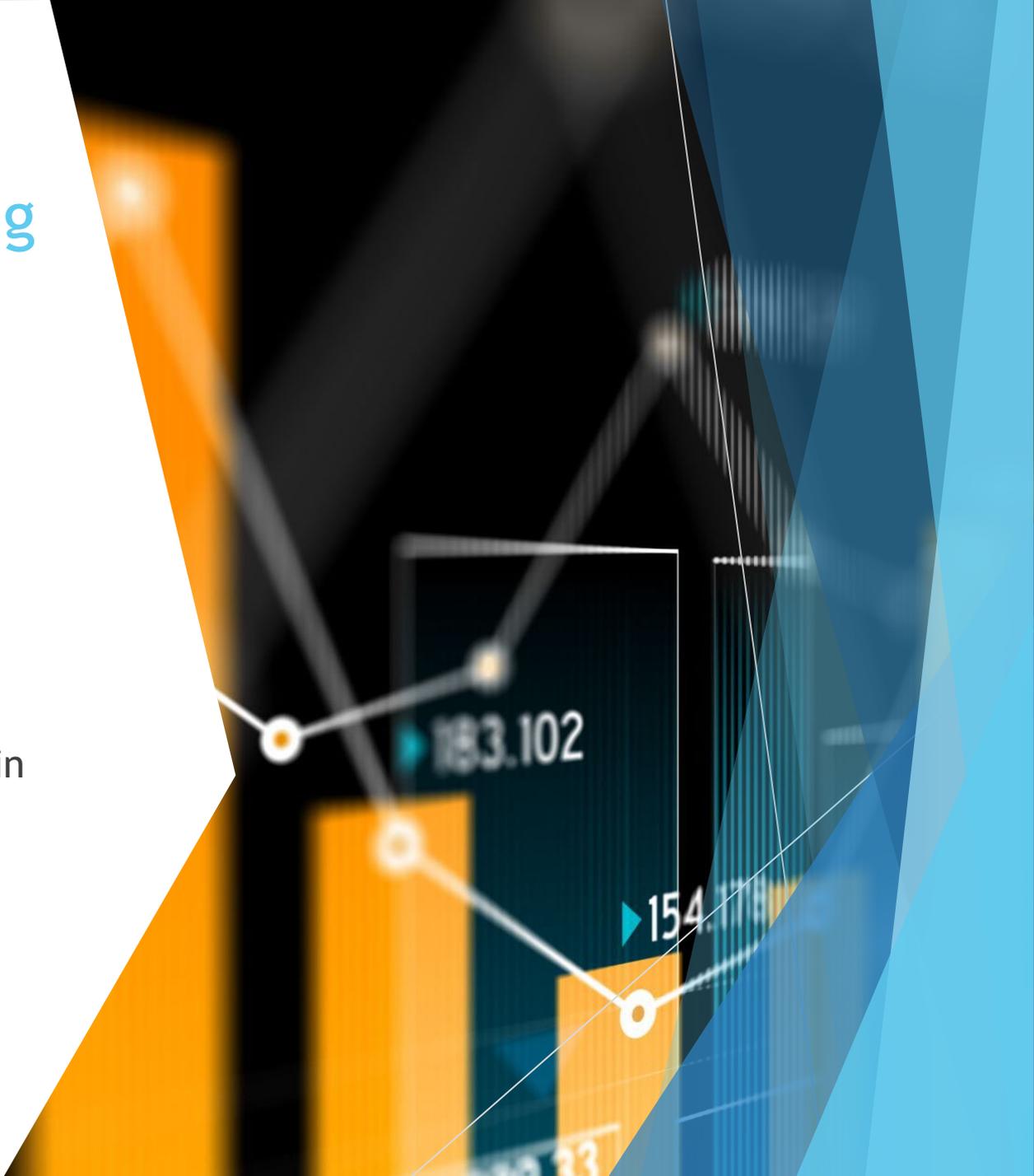
Some Basic Points Regarding Data

Different types of charts provide a visualization of the data.

Sources of data should always be identified.

Patterns in the data may have implications for the way we provide services in Miami-Dade County.

Data should be used to make decisions.

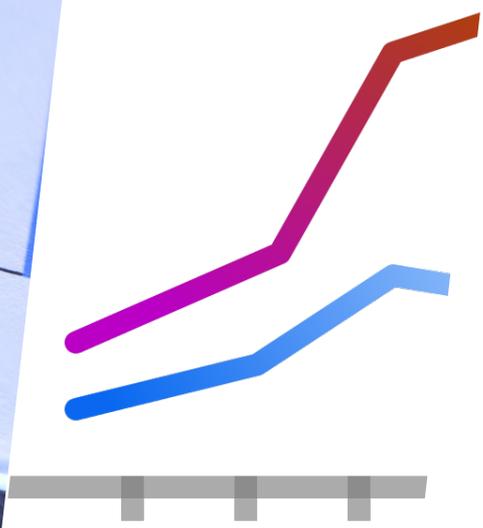


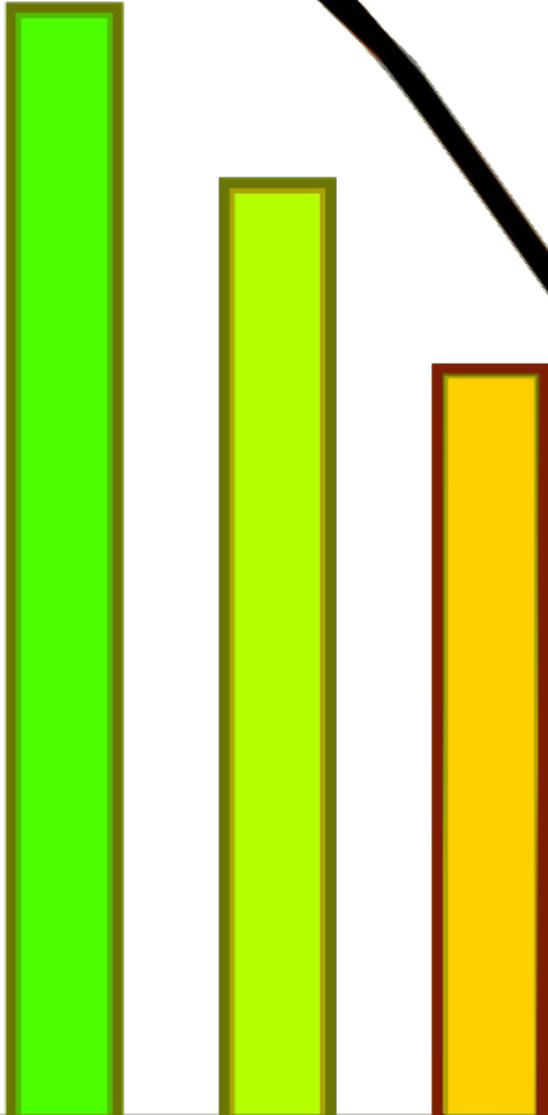
Solubilities of Ionic Compounds* aq = aqueous (dissolve in water)

	Carbonate	Chlorate	Chloride	Fluoride	Hydrogen Carbonate	Hydroxide	Iodide	Nitrate	Nitrite
	aq	aq	aq	s		s	—	aq	
	aq	aq	aq	aq	aq	—	aq	aq	aq
	s	aq	aq	s		aq	aq	aq	aq
	s	aq	aq	s		s	aq	aq	aq
	s	aq	aq	—		s	aq	aq	
	s		aq	s		s	aq	aq	
			aq	s		s	aq	aq	
	s	s	aq	s	s	s	s	aq	
	aq	aq	aq	aq	aq	aq	aq	aq	aq
	aq	s	aq	aq	s	s	aq	aq	
	aq	s	aq	aq	aq		s	aq	aq
	aq	aq	aq	aq	aq	aq	aq	aq	aq
	s	s	aq	s	aq	—	s	aq	
	aq	aq	aq	aq	aq	aq	aq	aq	aq
	aq	aq	s	aq	aq	s	aq	aq	aq



Sample Data and Chart Types





Epi Data

Number of people living with a disease.

A laboratory setting with several glass vials and test tubes containing various colored liquids (yellow, green, blue, red) on a white surface. The background is slightly blurred, focusing attention on the foreground vials.

Epidemiologic Profile

- ▶ Describes the HIV Epidemic in the Miami-Dade service area.
- ▶ Focuses on the social and demographic groups most affected by HIV and the behaviors that can transmit HIV.
- ▶ Data are provided by the Florida Department of Health
- ▶ Estimates the number and characteristics of persons with HIV who know their status but are not in care (unmet need) and those who are unaware of their HIV status.

“Epi” Terms (new)



Incidence - the number of new cases of a disease in a population during a defined period of time - such as the number of new HIV cases in Miami-Dade County as of December 31 of the reference year.



Incidence rate - The frequency of new cases of a disease that occur per unit of population during a defined period of time - such as the rate of new HIV cases per 100,000 in Miami-Dade County as of December 31 of the reference year.

“Epi” Terms (total)



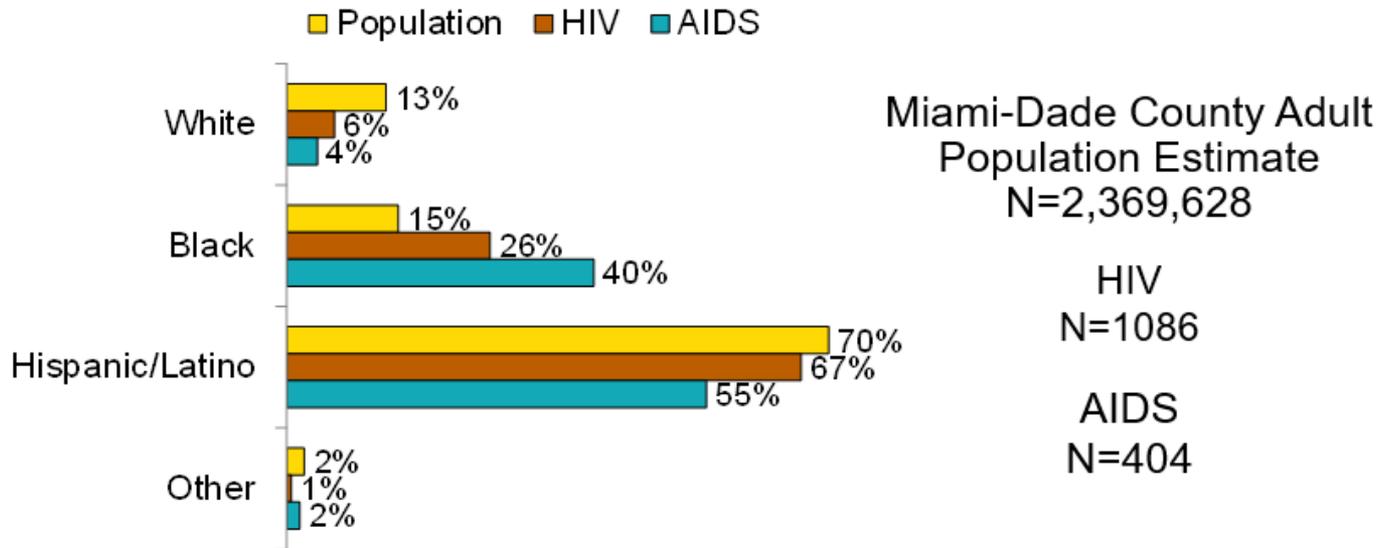
Prevalence - The total number of people in a defined population with a specific disease or condition at a given time - such as the total number of people diagnosed with HIV in Miami-Dade County as of December 31 of the reference year.



Prevalence rate - The total or cumulative number of cases of a disease per unit of population as of a defined date - such as the rate of HIV cases per 100,000 population diagnosed in Miami-Dade County as of December 31 of the reference year.

Sample EPI Data Using a Bar Graph

Adult HIV and AIDS Diagnoses and Population by Race or Ethnicity, 2022, Miami-Dade County



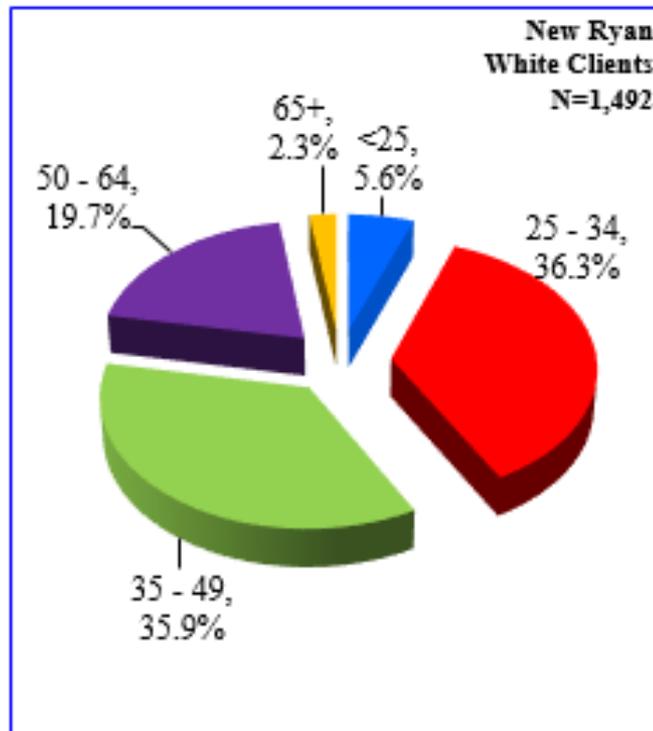
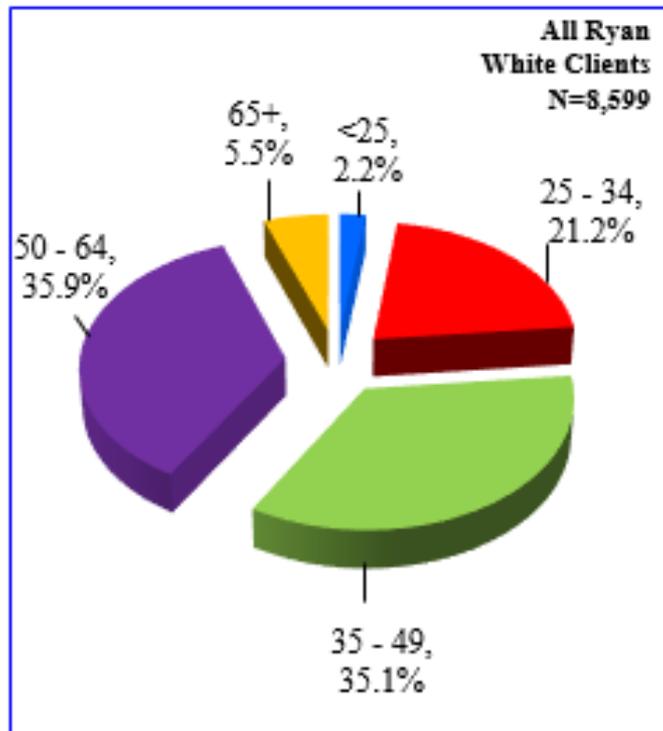


Demographics

Statistical data relating to the population and particular groups within it.

Sample Demographics Using a Pie Graph

Age Distribution of New and Total Clients in Care Ryan White Program, FY 2022





Service Utilization

A measure of expenditures and units of service across service categories.

Sample Utilization Using a Chart

Total Number of Unduplicated Clients Served
by Service Category (Alphabetic listing)

SERVICE CATEGORIES	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
RWP TOTAL	9,578	9,031	8,127	8,411	8,590
AIDS Pharmaceutical Assistance (Local)	697	605	185	183	157
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A
Food Bank	701	715	735	712	1,130
Health Insurance Premium & Cost Sharing Assist	1,307	1,335	1,125	1,255	1,440
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,496	8,116	7,378	7,842	8,085
Medical Transportation Services	638	720	94	645	743
Mental Health Services	327	274	95	121	107
Oral Health Care	3,381	3,170	1,711	2,237	2,577
Other Professional Services - Legal Services	76	66	48	44	103
Outpatient/Ambulatory Health Services	5,447	5,317	4,281	4,422	4,540
Outreach Services	624	472	130	116	158
Substance Abuse Services Outpatient	115	55	0	17	22
Substance Abuse Services (Residential)	169	95	70	66	72

Sample Utilization Using Text

Medical Transportation (MTS)



- Utilization of Ryan White Program dollars for this service category has been increasing since FY 2021. FY 2022 expenditures are 56% higher than FY 2021 and are the highest in five years.
- EASY monthly pass accounted for 23% of the service, and ride shares (Uber/Lyft) accounted for 73%.

Dashboard Cards

Tool to visualize utilization and other funding data.



CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	0.39%
FY 2019	\$22,984,844.87	0.25%
FY 2020	\$17,660,128.37	0.03%
FY 2021	\$19,018,258.46	0.02%
FY 2022	\$22,372,383.35	0.02%

Trend
Expenses and Clients

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$237,000.00	\$86,209.75	36.38%
FY 2019	\$187,000.00	\$57,843.29	30.93%
FY 2020	\$66,007.00	\$5,993.21	9.08%
FY 2021	\$83,595.00	\$4,379.02	5.24%
FY 2022	\$84,492.00	\$3,954.10	4.68%

Fiscal Year		Part A Final Allocation	Part A Final	% Spent
FY 2018	4	\$137,000.00	\$81,547.76	59.52%
FY 2019	4	\$87,000.00	\$52,697.84	60.57%
FY 2020	3	\$66,007.00	\$5,993.21	9.08%
FY 2021	9	\$83,595.00	\$4,379.02	5.24%
FY 2022	4	\$84,492.00	\$3,954.10	4.68%

Fiscal Year		MAI Final Allocation	MAI Final	% Spent
FY 2018	3	\$100,000.00	\$4,661.97	4.66%
FY 2019	7	\$100,000.00	\$5,145.45	5.15%
FY 2020	N/A	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A	N/A

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW		Expenditure	Avg Per Client
			Clients			
FY 2018	9,578	697	7.3%		\$86,210.00	\$123.69
FY 2019	9,031	605	6.7%		\$57,843.29	\$95.61
FY 2020	8,127	185	2.3%		\$5,993.21	\$32.40
FY 2021	8,430	183	2.2%		\$4,379.02	\$23.93
FY 2022	8,590	156	1.8%		\$3,954.10	\$25.35

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$28,342,384	4,587	\$6,179
2	General Revenue	\$262,520	547	\$480
3	Medicaid	\$109,082,428	5,435	\$20,070
4	Part C	\$25,492	N/A	N/A

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$26,005,586	4,589	\$5,667
2	General Revenue	\$351,172	446	\$787
3	Medicaid	\$112,742,680	6,121	\$18,419
4	Part C	\$30,873	N/A	N/A

Notes:
Expenditures continue on a downward trend because most clients access the ADAP program for this service.

Sample Dashboard Card Using Tables

Other Funding

Non-Part A funding in the community for persons living with HIV.



Sample Other Funding Streams Using a Chart

AIDS Pharmaceutical Assistance (Prescription Drugs)

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Care Continuum

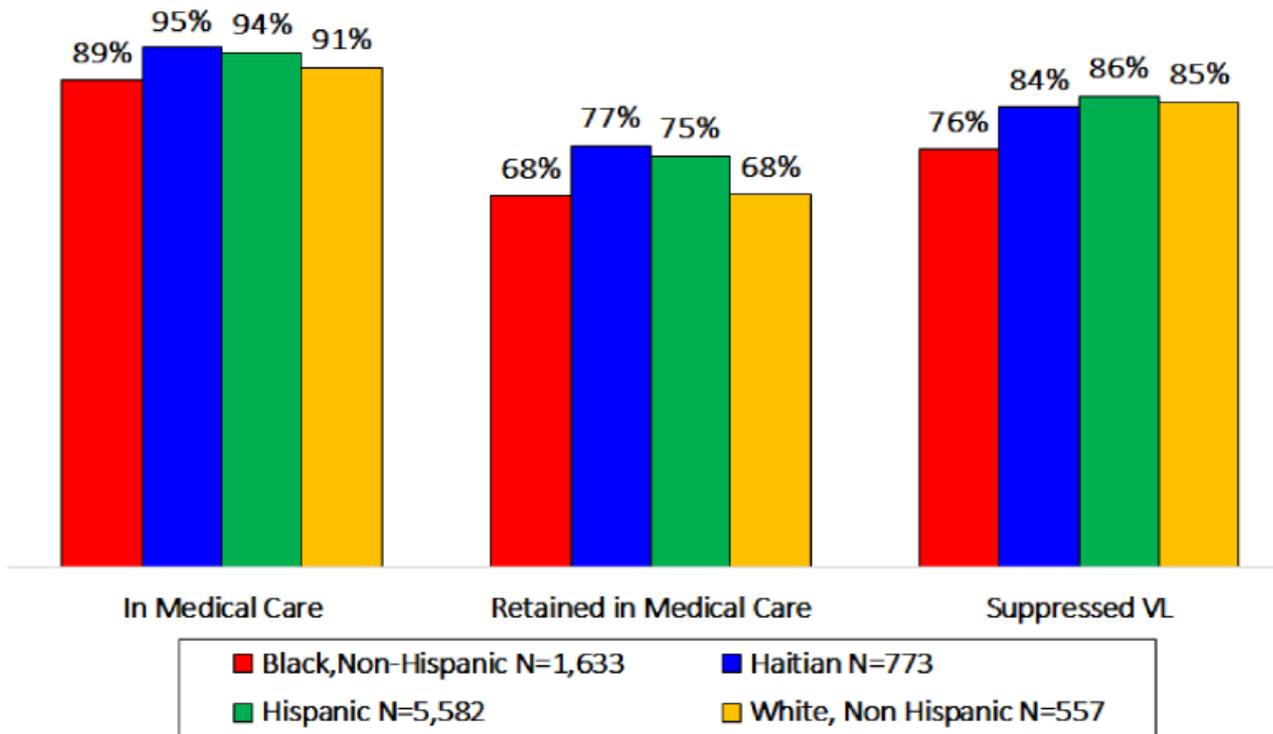
Model that outlines the steps/stages that people with HIV go through whose goal is viral suppression.*

*Ending the Epidemic



Sample HIV Care Continuum Using a Bar Graph

**RYAN WHITE PROGRAM HIV CARE CONTINUUM
BY RACE/ETHNICITY, FY 2022**



How do we connect the data?



Priorities

Address identified service needs or underserved groups



Allocations

Per client cost=
estimate allocation



Directives



Use of Service Utilization and Continuous Quality Improvement Data

▶ **Priority Setting**

What service categories have fully used all funding, which had waiting lists, which had unused resources, which needed more funding?

▶ **Resource Allocation**

How can we use cost per client data to determine funding allocations for anticipated new clients?

▶ **Developing Directives**

What access to care issues have been identified and how can these be addressed?



Data
Driven
Decisions
Think 3D!

But ultimately, it's about . . .



Using **data**, within established Ryan White program guidelines, to make informed **priority** and **funding** decisions to **improve service delivery** to people living with HIV in Miami-Dade County.

*Thank
You*