Nassau-Suffolk HIV Health Services Planning Council

Annual Member Orientation

Nassau/Suffolk HIV Health Services Planning Council

Planning. Access. Quality.

Objective:

The purpose of the Annual Member Orientation is to:

- Provide information about Ryan White HIV/AIDS Program, specifically Part A.
- Review the role and responsibilities of Planning Council members.
- Equip all members to be well-versed and understand the goals and purpose of the Planning Council.
- Gain a better understanding of the planning process.
- Familiarize members with often used acronyms.
- Offer a review for current members.

Ryan White HIV/AIDS Program

- One of the important aspects of the Ryan White HIV/AIDS program (RWHAP) is its focus on community health planning for HIV care and treatment. The Ryan White HIV/AIDS program provides a comprehensive, community based system of care through primary medical care and essential support services for low-income people living with HIV (PLWH).

- It is the single largest federal program that provides HIV-related health services and was created for those who do not have sufficient heath care coverage or financial resources for coping with HIV/AIDS.

- The program works with cities, states and local community-based organizations to provide services to more than half a million people each year

- It is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB).

Ryan White HIV/AIDS Program Legislative Requirements (RWHAP) for Planning

The duties of RWHAP Part A Planning Councils are determined primarily through RWHAP legislation and include:

1. Establish priorities for the allocation for funds within the eligible area.

2. Include how best to meet each such priority and additional factors that a recipient should consider in allocation funds under a grant.

3. Develop a comprehensive plan for the organization and delivery of health and support services.

4. Assess the efficiency of the Administrative Mechanism in rapidly allocating funds to the areas of greatest needs within the eligible area.

Note: Policy Clarification Notices (PCNs) issued by HRSA/HAB and Part A manual and Primer help clarify these duties and provide guidance on how to implement them.

Part A of the Ryan White HIV/AIDS Treatment Act of 2009 provides assistance to to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas. (TGAs) that are most severely impacted by the HIV epidemic.

24 EMAs (Eligible Metropolitan Areas) (≥2,000 cases of AIDS reported in past 5 years and ≥3,000 living cases)

28 TGAs (Transitional Grant Areas) (1,000-1,999 cases reported and ≥1,500 living cases)

*The Nassau-Suffolk region is categorized as an EMA.

As of FY 2014, RWHAP Part A Transitional Grant Areas (TGAs) were no longer required to maintain planning councils, but HRSA/HAS has *"strongly encouraged"* TGAs with planning councils to "*retain that current structure."*

Important Considerations under Part A

Funding Formulas: 2/3 of Part A funds set aside for formula awards 1/3 for supplemental. Funding formula is now based on an EMAs/TGAs proportion of all living HIV and AIDS cases in the US.
Supplemental grant awards are now based on half (of the 1/3) on "demonstrated need."

MAI Funding: (Minority AIDS Initiative) MAI funds are now a part of Ryan White legislation. **Administrative Costs:** A10% Administrative Costs cap includes Planning Council support costs, (these costs were previously allocated separately by the Planning Council and had no legislative cap), all such costs must fit within this administrative cap.

Clinical Quality Management: Formerly known as Quality Management (QM) has its emphasis on medical care and clinical outcomes. Funding Cap for QM remains unchanged —up to 5% or 3 million whichever is less.

Unspent Funds: Carryover of unspent formula funds are no longer permitted unless EMA requests and receives a waiver. Carryover of unspent supplemental funds is not permitted; any unspent supplemental funds go back to HRSA and are redistributed. Threshold for penalties changed from 2 % to 5% of formula funds unexpended at the end of the year.

How Ryan White Part A Works

Participants in the RWHAP Part A grant for the EMA or TGA include the following:

1. The **chief elected official (CEO**), who receives the funds on behalf of the EMA or TGA . The **recipient**, the entity chosen by the CEO to manage the grant and make sure funds are used appropriately
2. The **planning council** (or planning body), decides how to allocate resources, and works to ensure a system of care that provides equitable access to care and needed services to all eligible people living with HIV in the EMA or TGA
3. The **HRSA HIV/AIDS Bureau's Division of Metropolitan HIV/ AIDS Programs (HAB/DMHAP),** the federal government entity within HRSA that makes sure the RWHAP Part A program is implemented appropriately

- The goal of RWHAP Part A is to provide optimal HIV care and treatment for low-income and uninsured people living with HIV residing in the EMA/TGA, in order to improve their health outcomes.

Chief Elected CEO

The official recipient of Part A funds in each EMA/TGA is the CEO of the city or county that administers the public health agency providing health care to the greatest number of individuals with AIDS. Usually the CEO is a mayor, county executive, or chair of the county board of supervisors. The CEO has the ultimate responsibility of administering the Part A program and ensuring that all legal requirements are met.

The current CEO is Nassau County Executive, Laura Curran. Funding for the Nassau-Suffolk region comes through an Intergovernmental Agreement (IGA) between Nassau and Suffolk County. The IGA is a written agreement between the two counties that defines the process of applying for and awarding Ryan White Part A funds. This agreement designates Nassau County as the Recipient for the Nassau-Suffolk region and provides for the services of a support agency.

Recipient

The recipient has several planning duties that are shared with the planning council:
Assisting the planning council with needs assessment, integrated/comprehensive planning, and providing information the **planning council needs to carry out its priority setting and resource allocation responsibilities.**

The recipient is responsible for making sure that Part A funds are used fairly and are correctly managed.
The recipient neither oversees the Planning Council nor chooses its members. The Planning Council works closely with the recipient but is not under its direction.

Administrative or Fiscal Agent

Sometimes the Recipient agency chooses another organization, agency, or other entity (*e.g.*, public health department, community-based organization) to administer the grant.

This entity is called an administrative or fiscal agent (*e.g.*, disbursing program funds, developing reimbursement and accounting systems, developing requests for proposals, monitoring contracts/programs and Planning Council support).

The **United Way of Long Island** operates as the Administrative or Fiscal Agent, also known as the Technical Support Agency-TSA.

Nassau/Suffolk HIV Health Services Planning Council

Planning. Access. Quality.

What is the Nassau-Suffolk HIV Health Services Planning Council?

The N-S HIV Health Services Planning Council is a member appointed planning group under Ryan White Part A. The council provides effective planning for the Long Island region and promotes the development of HIV/AIDS services that meet the identified needs of the community by identifying community needs, assessing capacity to meet those needs, allocating resources and resolving conflicts.

A key function of the planning council is to provide the consumer and community a voice in decision-making about medical and support services to be funded with the EMA/TGA's RWHAP Part A dollars.

The Council sets the priorities and recommendations are made to the Recipient for funding allocations for Ryan White Part A/MAI funding in Nassau and Suffolk Counties.

The planning council is assisted by planning council support (PCS) staff whose salaries are paid by the grant.

Our Mission Statement:

The mission of the Nassau-Suffolk HIV Health Services Planning Council is to provide effective planning for the Nassau-Suffolk eligible metropolitan area (EMA) and promote development of HIV/AIDS health services, personnel, and facilities which meet identified health needs in a cost effective manner, reduce inefficiencies, and address the needs of the uninsured and underinsured.

Operations

- Must develop bylaws, policies, and procedures to ensure fair, efficient operations.
- Must have grievance procedures.
- Must manage conflict of interest.
- Major attention to new member recruitment, orientation, and training.
- Must show reflectiveness (of the epidemic in the region).
- Much of work done by committees assisted by Council support staff.

Member Role & Responsibilities

- Establish operations to make planning tasks function smoothly.
- Assess the HIV/AIDS service needs of the region
- Establish priorities for the allocation of funds.
- Develop a comprehensive plan for the organization and delivery of HIV services that is compatible with existing state and local plans including Statewide Coordinated Statement of Need (SCSN).
- Assess efficiency of the administering agency in rapidly allocating funds to areas of greatest need.

Planning Council Membership

- **Both the overall Planning Council membership and consumer membership are expected to be reflective of the local epidemic.**
- **At least 33% of the Planning Council are required to be unaligned consumers.**

Required Membership Categories:

1. Health Care Providers.
2. Community-based & AIDS Service Organizations.
3. Non-elected Community Leaders.
4. Housing/Homeless Service Providers.
5. Mental Health Care Providers.
6. Local Public Health Agencies.
7. Hospital Planning Agencies/ Health Care Agencies.
8. Substance Abuse Care Providers.
9. Social Service Providers.
10. Prevention Providers.
11. Affected Communities:

- Individuals with HIV disease.
- Representatives of individuals who formerly were incarcerated.
- Members of federally recognized Indian tribes.
- HIV+ individuals co-infected with hepatitis B or C.

Why a diverse membership matters: You make a difference!

Individuals who serve on planning councils make a vital contribution to their communities by helping to strengthen and improve the service system for people living with HIV.

Community health planning is a deliberate effort to involve diverse community members in an “open public process designed to improve the availability, accessibility, and quality of healthcare services in the community.

Most Ryan White funds are grants awarded to local and state areas to address the needs of PLWHA. Many decisions about how to use the money are made by the Planning Council.

The expertise and experience of Planning Council members are vital to the implementation of the mission statement and to the goals of Improving Access to Care and maintaining a Continuum of Care.

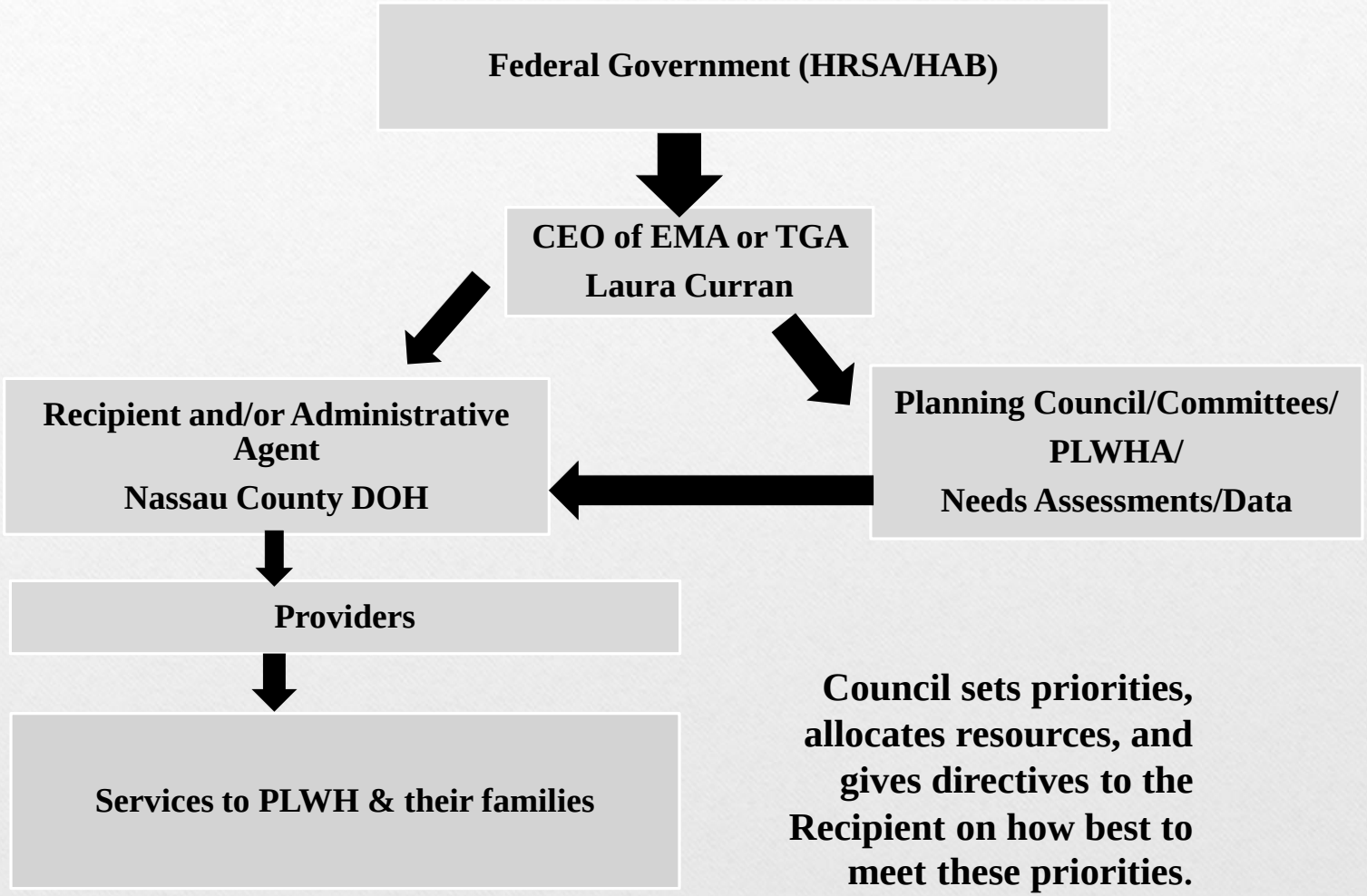
Benefits of the Planning Council

- Engages diverse communities and entities as data sources and decision makers, focusing on consumers and specific populations most affected by the disease.
- Provides for collaboration and coordination among planning body committees.
- Supports data-based decision making.
- Provides a transparent, public process.
- Make a difference.

How the Recipient and Planning Council Work Together

- Flow of Part A Funds and Decision Making
- Roles and Responsibilities
- Coordination of Services
- PSRA Process

Flow of Part A Funds & Decision Making



Council sets priorities, allocates resources, and gives directives to the Recipient on how best to meet these priorities.

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/Planning Body	✓		
Appointment of Planning Council/Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	Optional
Development of Service Standards		✓	✓
Clinical Quality Management		✓	Contributes but not responsible
Assessment of the Efficiency of the Administrative Mechanism		✓	
Planning Council Operations and Support		✓	✓

Coordination of Services

It is the shared responsibility of Recipient and Planning Council to focus on ensuring that Part A funds fill gaps, do not duplicate other services, and make Ryan White the payer of last resort.

Involves coordination in integrated/comprehensive planning, funding, needs assessments and service delivery.

Council reviews other funding streams as input to resource allocation.

Recipient ensures that providers have linkage agreements and use other funding where possible, for example, helping clients apply for entitlements
such as Medicaid.

Priority Setting and Resource Allocation is how we identify needed services and get them to the people who need them?

Priority setting: deciding what services and program categories are most important for PLWH

Resource allocations: deciding how much Part A funding to provide for each service category (dollars or percent), including the percentage for core and support services.

Directives to the Recipient: on how best to meet these priorities- e.g., what services for what populations in what geographic areas.

Reallocation of funds: done during the program year as needed.

Note: resource allocation does not mean procurement.

Planning Councils must allocate at least **75%** of service dollars to core medical services, unless the program has received a waiver from this requirement

Core medical services:

- (OAHS) Outpatient/Ambulatory Health Services
- (ADAP) AIDS Drug Assistance Program
- (MCM) Medical Case Management
- (OHC) Oral Health Care
- (MH) Mental Health Services
- (SA) Substance Abuse Outpatient Care
- (MNT) Medical Nutrition Therapy
- (EIS) Early Intervention Services.

Up to 25% of service funds may be spent on support services that contribute to positive clinical outcomes.

(MT) Medical Transportation

Other Services including Legal Services

(EFA) Emergency Financial Assistance

All funds to be used - "use or lose" as there is a Part A funding penalty for unobligated & unliquidated funds. If more than 5% of formula funds are unspent at the end of the year, the region in question becomes ineligible for supplemental funding.

Procurement (RFP Process)

Recipient and Administrative Agent roles involve:

- Publicizing the availability of funds
- Writing Requests for Proposals (RFPs)
- Using a fair and impartial review process to choose providers
- Contracting with providers – and requiring that they follow Service Standards and meet reporting and quality management (QM) requirements
- Contract amounts by service category or sub-category must be consistent with Planning Council allocations and directives

Clinical Quality Management

Recipient/Administrative Agent play a primary role to ensure that:

- Services meet Public Health Service and clinical guidelines and local standards of care
- Supportive services are linked to positive medical outcomes
- Demographic, clinical, and utilization data are used to understand and address the local epidemic
- Recipient requires providers to develop QM plans, monitors based on quality standards, and recommends improvements
- Establishes standards of care with PC support for use in QM
- Recipient reports to Council on QM findings by service category or across categories

Conflict of Interest

is an interest by a Planning Council member in an action that may result in personal, organizational or professional gain – *or gives the appearance of such gain.*

Legislation states that it is a conflict of interest for a planning council to designate or otherwise be involved in the selection of particular entities as recipients of Part A funding {Section 2602(d)(5)(A)}

The member shall disclose the conflict of interest as soon as they become aware of it. A Conflict of Interest form is completed before any vote is held.

No member of the Council or Council committee who is aware of potential conflict of interest with any matter coming before the Council or Committee shall vote in connection with the matter. However, they can and are encouraged to participate in the discussion.

Confidentiality

- It is imperative that Planning Council members not disclose information acquired as a Council member.
- Planning Council members who are HIV positive do not have to disclose their status at public meetings. (However, HRSA expects at least two planning body seats to be filled by individuals who publicly disclose as HIV positive.)

- Confidential information shall include but not be limited to:

  Information concerning the medical condition, substance abuse history, sexual orientation or gender identity of any individual, whether a member of the Council or its committees, or the recipient of a service provided with Part A funds.

  - Any other confidential information of an official nature.

*Article XII Section 2: Confidential information

Grievance Policy

Planning councils have long been required to have grievance procedures with respect to funding and conflict of interest provision.

Any individual affected by the Planning Council process may submit a grievance to the Planning Council. This specifically includes providers eligible to receive Part A funding and individuals eligible to receive services funded through Part A (i.e., consumers and consumer groups.

Grievances may be submitted if an individual feels that the Council deviated from established, written processes related to Planning Council decisions regarding funding, including those established for priority setting and resource allocations and those established for subsequent changes to priorities and allocations.

COMMITTEES

According to the Planning Council Bylaws, the standing committees shall be the Executive, Strategic Assessment, Clinical Quality Management, and Consumer Involvement.

There are two standing subcommittees:

Finance which reports to the SAP committee

Membership which reports to the CQM committee

- All Planning Council members are required to sit on one of the committees as a voting member.

Meetings

The Planning Council and the various committees meet 6 times a year.

Any individual Planning Council member who has 3 consecutive unexcused absences in a year, must request in writing, not to be dropped from membership.

Planning Council members who are from the affected communities category may designate a proxy with voting privileges to represent them at Council functions.

Executive Committee:

- This committee handles all administrative functions associated with PC management, reporting, and oversight, coordination with other HIV consortia, planning and coordinating bodies; and procedures for Council record keeping and functions.
- Composed of Planning Council Chair, Vice-Chair and Chairs of all committees/subcommittees, two County Health Commissioners or their designees and up to four additional members selected by the Chair and Vice Chair. At least two members of the committee shall be from the infected/affected community

Duties shall include but not be limited to:

- Development of Planning Council agenda
- Ensure Council responsibilities under RW Part A legislation are met
- Periodically review Bylaws and provide the Council with proposed amendments as needed
- Managing the established Grievance process

Strategic Assessment & Planning Committee (SAP):

- This committee establishes and reviews statistical data and discusses ways to collect data on HIV and AIDS. They develop estimates of the HIV positive population and the service needs of that population (for example: housing, transportation, medical care, etc.). Using all of the above information, the committee decides on priorities for funding and approves the amount of funding designated for each priority by the Finance Subcommittee.

Duties shall include but not be limited to:

- Recommending priorities based upon the needs assessed
- Guiding the development of the Comprehensive/Integrated HIV Prevention and Care Plan
- Receiving, reviewing, and recommending the report of the Finance Subcommittee to the Planning Council.

Finance Subcommittee:

- The Finance Subcommittee is lead mainly by non-aligned consumers who make up the majority of its membership.
- This subcommittee reports to the Strategic Assessment & Planning (SAP) Committee and is responsible for the allocation of funds to the priorities established by the SAP Committee.
- No member of this subcommittee can work for or be affiliated with any agency that is a recipient of Ryan White Part A funds.

Duties shall include but not be limited to:

- Allocation of funds to the priorities established by the Strategic Assessment and Planning Committee.

Clinical Quality Management (CQM):

- This committee is responsible for evaluating how well services are meeting community needs, identifying, reviewing, and recommending members to the Council (based upon Ryan White legislatively mandated membership requirements), managing the established Council grievance process, and conducting an annual assessment of the administrative mechanism in the region.
- This committee analyzes priority level information regarding quality of care and conducts quality improvement projects.
- This committee works closely with the Consumer Involvement Subcommittee to increase participation and involvement of infected/affected people and communities in Planning Council activities.

Duties shall include but not be limited to:

- Conducting annual assessment of Administrative Mechanism
- Establish Service Standards
- Evaluating how well services meet community needs through development of Quality Improvement projects
- Working with Recipient to develop and implement EMA's Clinical Quality Management Plan and work-plan

Membership Sub-committee

- Members must be voting members of the Clinical Quality and Management (CQM) Committee. The meeting shall be held on an as needed basis and is chaired by the CQM Chairs. Members will not vote on any potential nominees who are affiliated with any agency/institution of which the member is an employee or serves on the board of directors.

Duties shall include but not be limited to:

- Identifying, reviewing, and recommending members to the Council based upon Ryan White legislatively mandated membership requirements.

Consumer Involvement committee (CIC):

- This subcommittee reports to the Quality Assurance & Membership Committee. It addresses issues affecting People Living with HIV/AIDS from a consumer point of view and provides feedback to the various PART A committees. Important issues regarding medical treatment and legislation are presented to the committee.
- Part of the mission of this group is to encourage outreach, education, empowerment, and advocacy for people infected or affected by HIV/AIDS. Trainings and educational presentations are offered throughout the year to members.

Duties shall include but not be limited to:

- Assist the Council in recruitment of PLWHA to join Council and the committees.
- Increase public awareness of important community issues related to the epidemic.
- Provide a place for consumers of Ryan White services to share the experiences of living with HIV/AIDS.

For more information please contact:

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- Planning Council website- www.longislandpc.org

- The Community HIV/AIDS Technical Assistance and Training for Planning Project
- Planning Council Primer- https://targethiv.org/planning-CHATT/planning-council-primer