FY 2010 Ryan White Part A Application

Juhua Wu

HRSA Grants Manager

Planning and Research Division

Office of AIDS Programs and Policy

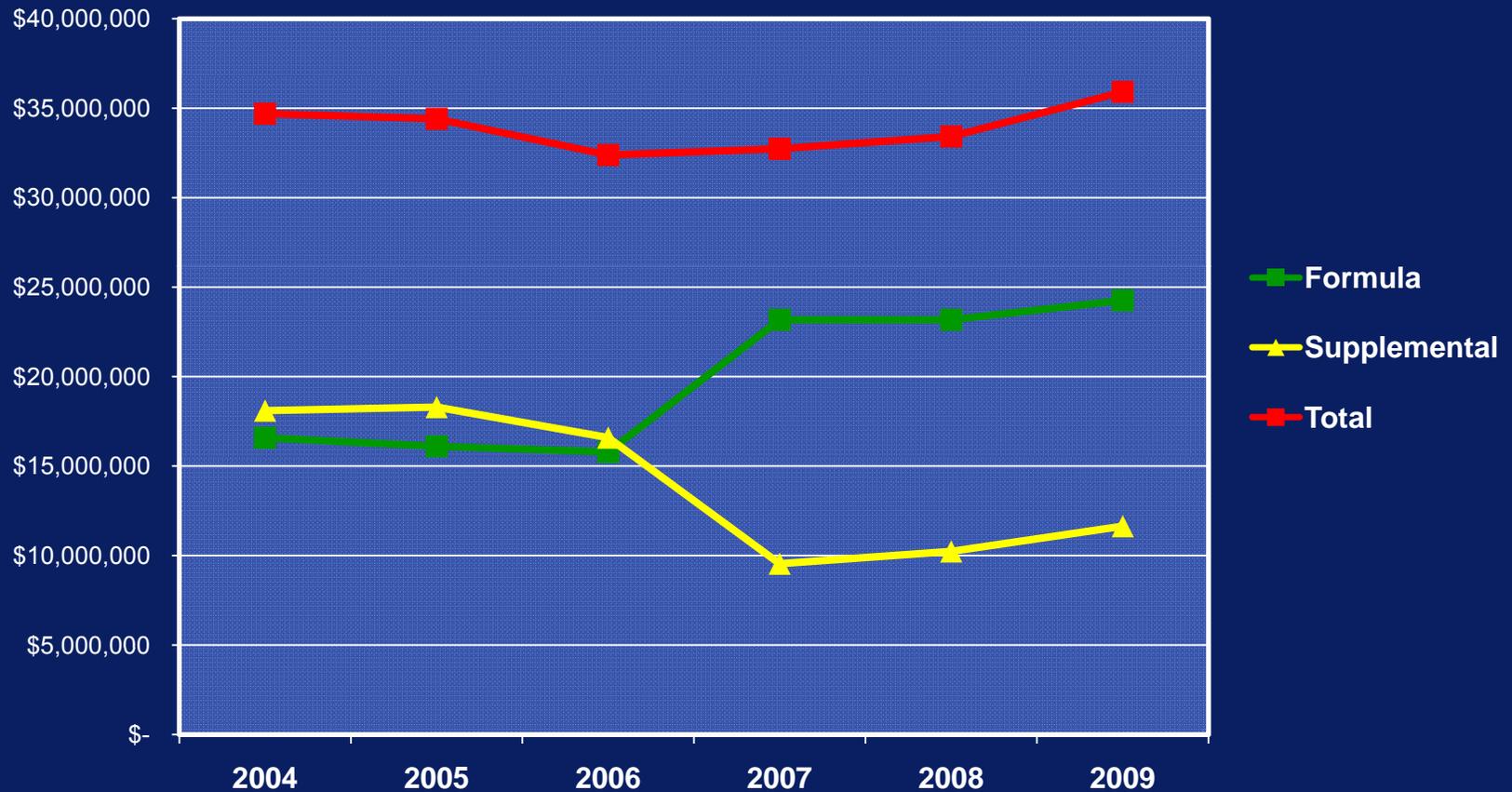Commission on HIV Monthly Meeting
February 11, 2010

Part A Application

- Annual competitive application
- Basis for Ryan White Part A supplemental award
- 1/3 of total Part A award since 2006 Reauthorization

Title I/Part A Award History

Note: MAI awards not included.

FY 2010 Application Timeframe

- HRSA released program guidance
    - September 11, 2009

- Application due date
    - October 30, 2009

- OAPP submitted application
    - October 29, 2009

- Anticipated Award Announcement
    - March 2010

Key HRSA/HAB Principles

- Assure access to primary care and medication
  - No less than 75% of Part A funds for core medical services
- Ensure provision of critical support services to keep people in care
  - Support services provided to achieve medical outcomes

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Public Health

Key HRSA/HAB Principles

- Estimate and assess unmet need
  - individuals aware of their HIV status but not in care

- Report living cases of HIV and AIDS
  - Award based on cases reported to and confirmed by the CDC

Key HRSA/HAB Principles

- Quality Management

  – HIV/AIDS Bureau (HAB) clinical performance indicators

- Third party reimbursement

  – Funding of last resort

  – Annual financial screening and proof of eligibility

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Application Scoring Guide

Narrative Sections	Points*
1. Demonstrated Need	34
2. Access to Care and Plan for FY 2010	20
3. Grantee Administration & Accountability	10
4. Planning and Resource Allocations	19
5. Budget and Maintenance of Effort	5
6. Clinical Quality Management	12
Total	100

*Point distribution is based on FY 2010 Program Guidance, published prior to Ryan White Extension Act of 2009.

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Demonstrated Need –
HIV/AIDS Epidemiology

- People living with AIDS
  - 24,141 as of 12/31/2008*

- People living with HIV (non-AIDS)
  - 18,329 reported as of 12/31/2008*
  - 24,141 estimated using 1:1 = HIV: AIDS ratio
  - 27,118 from State OA unmet need datasets

- New AIDS cases reported in 2007, 2008
  - 2,295*

*HIV Epidemiology Program HIV/AIDS Reporting System (HARS) cases
reported as of June 30, 2009.

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Demonstrated Need –
HIV/AIDS Epidemiology

- Overall HIV/AIDS prevalence

Living AIDS Cases	24,141
Living HIV Cases	24,141* – 27,118
Undiagnosed Cases	13,000*
Total prevalence	62,000 – 65,000*

*Estimates

Demonstrated Need – *HIV/AIDS Epidemiology*

- Disproportionate Impacted populations
  - MSM
  - African Americans
  - Homeless
  - Formerly Incarcerated Individuals
  - Transgender Individuals

*Estimates

Demonstrated Need –
HIV/AIDS Epidemiology

- Service Gaps

  - Populations Underrepresented in the Ryan White Program

    - Whites; Men; Older Adults

  - Level of Service Gaps

    - Based on LACHNA findings

    - Oral health; housing; unmet need; those unaware of HIV status

*Estimates

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Demonstrated Need –
Impact of Co-morbidities

- Impact of Co-morbidities on the Cost and Complexity of Providing Care
  - Sexually Transmitted Infections
  - Homelessness
  - Lack of Health Insurance
  - Poverty (≤ 300% FPL)
- Additional Contributing Factors
  - Tuberculosis, hepatitis, mental illness, substance abuse

Demonstrated Need –
Cost and Complexity of Care

- Impact on service delivery of formerly incarcerated individuals

- Complexity of care indicators

- Trends in services and fiscal resources as a result of state and local funding cuts

Demonstrated Need –
Impact of Part A Funding

- Availability of other public funding

- Coordination of services and funding streams

  – Other Ryan White programs

  – Other federal, state, and local resources

    - Medi-Cal, Medicare and Medicare Part D, SCHIP, VA, HOPWA, CDC, Services for Women and Children, Social Service Programs, Substance Abuse and Mental Health Services

Demonstrated Need –
Populations with Special Needs

- Limited to 6 populations
- Unique service delivery challenges, service gaps, and costs
  - MSM
  - Women of Color
  - Multiply-Diagnosed
  - African Americans
  - Latino/as
  - Transgenders

Demonstrated Need –
Unique Service Delivery Challenges

- Coordination across vast geographic variations and population diversity

- Leveraging resources during extreme economic decline and state budget crisis

- Increasingly complex HIV treatment and chronic disease care

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Demonstrated Need –
Impact of Ryan White Funding Decline

- Impact of Ryan White Formula Funding Decline

- Planning Council Response

Demonstrated Need –
Unmet Need

- ## Unmet Need Estimate

Population Sizes		Value		Data Source(s)		
Row A.	Number of persons living with AIDS (PLWA), for the period of July 2007 to June 2008	26,565		Linked databases of Casewatch and HARS, ADAP, Medi-Cal, Medicare provided by the State		
Row B.	Number of persons living with HIV (PLWH)/non-AIDS/aware, for the period of July 2007 to June 2008	27,118		Linked databases of Casewatch and HARS, ADAP, Medi-Cal, Medicare provided by the State		
Row C.	Total number of HIV+/aware for the period of July 2007 to June 2008	53,683				
Care Patterns		**Value**		**Data Source(s)**		
Row D.	Number of PLWA who received the specified HIV primary medical care during the 12-month period (July 2007 to June 2008)	17,173		Linked databases of HARS, Casewatch, ADAP, Medi-Cal, Medicare, VA and private insurance adjustment		
Row E.	Number of PLWH/non-AIDS/aware who received the specified HIV primary medical care during the 12-month period (July 2007 to June 2008)	16,612		Linked databases of HARS, Casewatch, ADAP, Medi-Cal, Medicare, VA and private insurance adjustment		
Row F.	Total number of HIV+/aware who received the specified HIV primary medical care during the 12-month period (July 2007 to June 2008)	33,785				
Calculated Results		**Value**	**Percent**	**Calculation**		
Row G.	Number of PLWA who did not receive the specified HIV primary medical care	9,392	35.4%	Value = A – D; Percent = G/A		
Row H.	Number of PLWH/non-AIDS/aware who did not receive the specified HIV primary medical care	10,506	38.7%	Value = B – E; Percent = H/B		
Row I.	Total HIV+/aware not receiving the specified HIV primary medical care (quantified estimate of unmet need)	19,898	37.1%	Value = G + H; Percent = I/C		

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Demonstrated Need –
Unmet Need

- Assessment of Unmet Need
  - Demographics and location
    - LACHNA data
  - Service needs, gaps and barriers
    - LACHNA data
    - Commission Unmet Need Plan
  - Efforts to find HIV+ individuals not in care and enter them in care
    - Various Testing Initiatives

Access to Care and FY 2010 Plan

- Continuum of HIV/AIDS Care

- Increase access

- Address needs of emerging populations

- Keep PLWHA engaged in care

- Promote parity in terms of geography, quality, comprehensiveness, and cultural appropriateness

Access to Care and FY 2010 Plan

- Assuring culturally and linguistically appropriate services
- Relevance to Healthy People 2010
- Resource allocations to WICY
- Use of MAI funding

Grantee Administration

- Program Organization and Org. Chart
- Grantee Accountability
  - Distribution and tracking of Ryan White Part A funds
  - Fiscal and program monitoring
  - Process of corrective actions
  - Technical assistance types and frequency
  - Audit findings and provider compliance

Grantee Administration

- Grantee Accountability (continued)
  - Reporting and reconciling program expenditures
  - Process for receiving invoices and issuing payment
  - Fiscal staff accountability
    - Role and responsibilities
    - Coordination between fiscal and program staff

Grantee Administration

- Third Party Reimbursement
  - Process, documentation, and monitoring
- Administrative Assessment by the Planning Councils
  - Results and recommendations
  - Grantee response

Planning and Allocation

- Letter of Assurance from Co-Chairs
  - Part A funds expended according to priorities established by Planning Council (PC)
  - FY 2009 Conditions of Award related to PC have been addressed
  - FY 2010 priorities were determined by PC
  - PC membership training took place
  - PC is representative and reflective of the local epidemic

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Planning and Allocation

- Priorities Setting and Resource Allocation Process
  - Description of process
  - How PLWHA were involved
  - How data were used to increase access to core medical services and reduce disparities in access to the continuum of care
    - Epi data, cost data, unmet need data
  - PC process to address funding fluctuations

Planning and Allocation

- Funding for Core Medical Services
  - FY 2010 Allocation Table
  - At least 75% of funds allocated to core medical services

Budget and MOE

- FY 2010 Budget Request
  - $47,038,604
  - Grantee Administration*   10%
  - Quality Management   5%
  - Direct Services   85%

*Includes Planning Council Support

Budget and MOE

- Maintenance of Effort (MOE)
  – New HRSA policy guidance August 2009
  – List of core medical and support service budget elements
  – Tracking system to be used

Clinical Quality Management

- Clinical Quality Management (CQM) Program
  - CQM structure, mission, and goals
  - Staff roles and resources
  - Internal Administrative Agency CQM process
  - CQM for service providers
  - Performance indicators/outcome measures
  - Demonstrating improved clinical health outcomes

Clinical Quality Management

- CQM Data Collection and Results
  - Client data reporting to HRSA
    - Mandatory for all Part A grantees to report client-level data for MOP and MCM from January 1, 2009
  - Summary of CQM data collected and results
    - Data validation project
    - Performance-based contract monitoring (PBCM)
  - How data have been used to improve or change service delivery
    - For planning councils; CQI projects

Then on October 30, 2009…

President Obama signed
Ryan White Treatment
Extension Act of 2009 into law

Part A Supplemental Info

- New provisions for Part A, effective September 30, 2009

  – Planning Council (PC) to determine the size and demographics of HIV+ individuals unaware of their HIV status

  – PC to develop strategies to identify HIV+ people who are unaware of their HIV status, make them aware and refer them to care

  – 1/3 of total score for supplemental application based on early identification provision

Part A Supplemental Info

- Additional required information due to HRSA January 15, 2010
  - Estimated number of HIV+ individuals unaware of their HIV status
  - Plans and activities to find them and connect them to care
  - Quantifiable data with regard to testing and services of unaware individuals

Part A Supplemental Response –
Awareness, diagnosis & linkage to care

- HIV Prevention Plan to guide HIV testing and prevention for next 5 years

- HCT fee-for-service reimbursement to increase incentives for disclosure and linkage to care

- Comprehensive HIV testing modalities to offer ample testing opportunities and normalize HIV testing

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Part A Supplemental Response –
Awareness, diagnosis & linkage to care

- Innovative testing strategies
  - HIV rapid testing algorithm (RTA)
  - Social network testing
  - HIV Nucleic Acid Amplification Testing (NAAT)
- Early Intervention Program
- Medical Care Coordination
- Integrated Information System infrastructure to support client tracking, QA and QI

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Part A Supplemental Info

- Supplemental info on early identification will go through objective review along with the rest of the application
- Application point distribution will change to
  – Demonstrated need 1/3
  – Identify unaware and link them to care 1/3
  – Rest of narrative sections 1/3

New Application Scoring Guide

Narrative Sections	Points*
1. Demonstrated Need	34
2. Access to Care and Plan for FY 2010	9
3. Grantee Administration & Accountability	5
4. Planning and Resource Allocations	10
5. Budget and Maintenance of Effort	2
6. Clinical Quality Management	6
7. Early Identification of HIV+ individuals	34
Total	100

*Point distribution is based on new review criteria released by HRSA January 4, 2010.

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FY 2011 Part A Application

- More required information on testing and linkage for FY 2011 application
- HRSA to consult with CDC and cities directly funded by CDC on approaches to address requirements

Contact Information

Juhua Wu

Office of AIDS Programs and Policy

600 South Commonwealth Avenue, 10th Floor

Los Angeles, California 90005-4001

Phone: (213) 351-8138

Fax: (213) 381-8023

E-mail: juwu@ph.lacounty.gov

This presentation is available at

www.publichealth.lacounty.gov/aids