

PanWest & West Texas Priorities & Allocations

For information regarding the PanWest and West Texas and to have a better understanding of the Priorities and Allocations, it is recommended that readers review the 2010-2013 Comprehensive Plan for HIV Services that is posted at www.panwest.org under the “Download Center” link of the menu to the left of the home page. If it is not possible to review the plan, it is recommended that the reader go to the “Functions” section of the PanWest website for a brief overview of the role of StarCare Specialty Health System as the HIV Services Administrative Agency (AA). For individuals new to the Priorities and Allocations process, a brief overview of the terminology is necessary.

Service categories are the HIV related services that are eligible to receive Ryan White Part B federal funds and State Services funds. The services are separated into health care services (ex: ambulatory medical, dental, mental health, substance abuse, AIDS Pharmaceutical Assistance, etc...) and support services (ex: medical transportation, food pantry, housing, etc...).

Priorities refer to how service categories are ranked/prioritized in order of need.

Allocations refer to how the funds, Ryan White Part B and State Services, are distributed to each service category.

The priorities, especially the major service categories, generally remain the same each year. Needs Assessment are generally the main guide in setting the service priorities. However, it is important to note that service priorities chosen by the survey respondents are often not part of the medical core categories. It is even more important to note that Ryan White Part B and State Services are the payors of last resort and that there are not sufficient funds to allocate to each service priority and meet every need. Readers will see HIV Service Delivery Areas (HSDA) with prioritized service categories that are not allocated funds.

The AA follows a data driven system that utilizes historical information based on expenditures, service provision, service barrier limitations, community resources, and stakeholder/community input to set the priorities and allocations. The AA adheres to the Texas Department of State Health Services (DSHS) Priority Setting & Resource Allocation Principles and DSHS HIV Services Taxonomy while utilizing the 2009 PanWest Needs Assessment, 2010 West Texas Needs Assessment, the current PanWest and West Texas Comprehensive Plan for HIV/AIDS Services and the latest Texas State HIV & STD Epidemiological Profile to assist in setting priorities and allocations for the region.

The AA does not determine the amount of funds for each HSDA. DSHS receives the actual amounts from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). The DSHS uses a data driven process to determine the amount of funding for each HSDA and then the AA allocates that funding to the service categories.

Allocations are done every year and every year they are different depending on the amount of funding the State receives. At the time the allocations are done, the AA generally does not know the exact funding amount it will receive from DSHS for each HSDA so the AA presents the allocations as percentages. The allocations are generally determined at ninety percent (90%) to ninety-five percent (95%) of the previous year's allocations to allow for anticipated funding cuts. Medical Case Management and Non-Medical Case Management are generally allocated at 100% since the categories include staff salaries. Once the AA receives the funding amounts from DSHS, the AA applies those amounts according to the allocated percentages. Because needs change, it is not possible to predict exactly how much money is needed in each service category. The AA monitors the spending rate of the service providers and works with the service providers to reallocate (shift funds) from one service category to another or, less frequently, from HSDA to HSDA, depending on the need in the area. Reallocations are most common in the final months of the fiscal year when there is enough expenditure data available to determine if a reallocation is necessary. Unexpended funds are not carried over to the next year but, instead, are returned to the DSHS.

The Ryan White Service Delivery (RWSD) contract used to run from April 1 to March 31, but in 2012 DSHS changed the contract periods to match those of State Services, September 1 to August 31.

The AA also oversees a housing contract, Housing Opportunities for People With AIDS (HOPWA), whose funds are allocated by DSHS not the AA. HOPWA funds are taken into consideration when allocating funds to housing but HOPWA is not part of the Priorities and Allocations process.

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 requires that at least seventy-five percent (75%) of RWSD be allocated to the medical core categories. The Modernization Treatment Act lists the core medical services as follows:

- AIDS Drug Assistance Program (ADAP)*
- AIDS Pharmaceutical Assistance (local)
- Early Intervention Services
- Health Insurance Premium and Cost Sharing Assistance
- Home & Community-Based Health Services
- Home Health Care
- Hospice Services
- Medical Case Management (including treatment adherence)
- Medical Nutritional Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/ Ambulatory Medical Care
- Substance Abuse Services - Outpatient

*Although ADAP is listed as a medical core category, no funding is allocated locally since the Texas HIV Medication Program administers the ADAP.

Since states receiving Part B funds must allocate, at a minimum, 75% of RWSD funds to the medical core categories, that leaves, at a maximum, 25% for ancillary services (social support services). Areas are not required to fund all the core medical services if not all are needed, but at least 75% of RWSD funds must be used for medical core services that are needed in the service area. At this time, the 75/25-percentage requirement does not apply to State Services, just RWSD funds.

The Modernization Act describes social support services as those services needed by people living with HIV/AIDS to “enhance access to and retention in care.” HRSA has identified social support services as Case Management Non-Medical, treatment adherence counseling, medical transportation, food bank, emergency financial assistance, housing, respite care, child care, health education/risk reduction, legal, outreach, psychosocial support, referral for health care/supportive services, rehabilitation and linguistic services.

The AA allocates at least 75% of Part B to the medical core categories needed in each area, as mandated by HRSA, and the remaining 25%, or less, to Case Management Non-Medical. The AA minimizes or does not fund core categories whose services are provided through another source. Four medical core categories are generally not funded in any HSDA- Early Intervention Services, Home Health Care, Hospice Services, and Home & Community-Based Health Services as the services are usually available through community resources. State Services funds are used to fund/supplement Non-Medical Case Management and other social support services that can not be fully funded through RWSD and have no alternative means of community provision.

Again, it is important to note that medical core categories are not always listed as a high priority or even as a priority. As listed above, RWSD and State Services are the payors of last resort and there are not sufficient funds to allocate to each service priority or service category or to meet every need. In order to maintain funding of the core medical services, the AA Contingency Plan is to reduce the funds of non-core services by cutting funds across the board.

Community review and feedback about the service priorities and allocations are always welcome and are necessary to ensure they best meet the needs of people infected and affected by HIV/AIDS. Please provide feedback in any of the following ways:

By written letter: StarCare Specialty Health System
Attention: María E. Salazar, Planning Coordinator
P.O. Box 2828, Lubbock, Texas 79408-2828

By phone: (806) 766-0308 or Toll Free at 1 (800) 658-6198 ext 308

By e-mail: info@panwest.org

By attending a public comment forum: Please call the AA for upcoming meetings/events in Amarillo, El Paso, Lubbock, and Midland/Odessa.