

**Thursday, January 17, 2019**

**2:00 – 4:00PM**

Office of HIV Planning 340 N. 12<sup>th</sup> Street Suite 320  
Philadelphia, PA

**Call to Order/Introductions**

**Approval of Agenda**

**Approval of Minutes (*December 2018*)**

**Report of Staff**

**Report of Chair**

**Discussion Item:**

**Racial Equity Workgroup  
Priority Setting Process**

**Old Business**

**New Business**

**Review/Next Steps**

**Announcements**

**Adjournment**

**COMPREHENSIVE PLANNING COMMITTEE  
MEETING AGENDA**

**PLEASE TURN ALL CELL PHONES TO SILENT.**

*The next meeting of the Comprehensive Planning Committee is  
February 21, 2019 from 2 to 4 pm at 340 N. 12<sup>th</sup> Street, Suite 320,  
Philadelphia, PA 19107. Please refer to the Office of HIV Planning calendar of  
events for committee meetings & updates ([www.hivphilly.org](http://www.hivphilly.org)). If you require  
any special assistance, please contact the office at least 5 days in advance.*



**Unmet need data for Priority Setting 2017**

	Client Services Unit Intake 2016 (N= 1887)	Medical Monitoring Project 2014 (N=193)	Score
Oral Health Care	3%	57%	8
Housing Assistance	51%	11%	8
Benefit Assistance	46%		5
Food Bank/Home Delivered Meals	27%	6%	5
Legal/SSDI	4%	25%	5
Medical Care	24%		5
Medications	23%	2%	5
Mental Health Treatment	26%	8%	5
Transportation Assistance	25%	11%	5
Child care		2%	3
Health Insurance	18%		3
HIV education/Risk Reduction	13%	1%	3
Home Health		3%	3
Medical Case Management		13%	3
Rental Assistance (DEFA)	8%		3
Substance Use Treatment	6%	1%	3
Support Groups	7%	4%	3
Treatment Adherence		1%	1
Translation/Interpretation		0%	1



Consumer Survey Question 38. Please review the list of services below and check all the services you used in the last 12 months and the services you needed but could not get for any reason. Skip any services you didn't use or didn't need. N=392

Core Service Categories/Support Service Categories (B)	% I have used this service	% I needed this service	% I did not use/need	% needed/used	score
Oral Health Care	63.0%	11.2%	23.0%	74%	8
Medical Care/Ambulatory Outpatient Care	57.9%	3.8%	35.5%	62%	8
Case Management	47.7%	5.9%	43.6%	54%	8
Mental Health Therapy/Counseling	31.9%	10.5%	54.8%	42%	5
Housing Assistance	25.8%	15.1%	56.4%	41%	5
Food Bank/Home-Delivered Meals	30.4%	9.9%	56.9%	40%	5
Nutritional Services	30.1%	9.9%	57.1%	40%	5
Psychosocial Support Services	29.6%	9.4%	57.9%	39%	5
Transportation	25.8%	11.2%	60.2%	37%	5
Emergency Financial Assistance/AIDS Pharma. Assist.	31.6%	3.8%	61.5%	35%	5
Health Insurance Premium & Cost Sharing Assistance	19.4%	11.7%	65.8%	31%	5
Other Professional Services/Legal Services	17.6%	12.5%	67.1%	30%	3
Emergency Financial Assistance	11.5%	17.6%	68.1%	29%	3
Treatment Adherence	14.5%	9.9%	72.7%	24%	3
Home & Community-based Health Services	11.2%	11.7%	74.0%	23%	3
Home Health Care	11.5%	11.2%	74.2%	23%	3
Rehabilitation Care	11.2%	11.0%	74.7%	22%	3
Substance Abuse Treatment- Outpatient/Substance Abuse (Residential)	13.0%	8.7%	75.3%	22%	3
Care Outreach/ Case Management (non-medical)	12.2%	7.9%	77.0%	20%	3
Translation & Interpretation	6.6%	10.5%	79.8%	17%	3
Hospice Services	4.6%	11.2%	81.1%	16%	3
Child Care Services	4.1%	10.2%	82.7%	14%	1
Day or Respite Care	2.8%	11.5%	82.7%	14%	1



## Priority Setting and Resource Allocations

The planning council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources.

This means the members decide which services are most important to people living with HIV in the EMA or TGA (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocations). In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA or TGA, without regard to who funds those services.

The planning council must prioritize only service categories that are included in the RWHAP legislation as core medical services or support services. These are the same service categories that can be funded by RWHAP Part B and RWHAP Part C programs. (See page 22 for a list of service categories eligible for RWHAP Part A funding.)

After it sets priorities, the planning council must allocate resources, which means it decides how much RWHAP Part A funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for outpatient/ambulatory health services, mental health services, etc. In allocating resources, planning councils need to focus on the legislative requirement that at least 75 percent of funds must go to cover medical services and not more than 25 percent to support services, unless the EMA or TGA has obtained a waiver of this requirement. Support services must contribute to positive medical outcomes for clients. Typically, the planning council makes resource allocations using three scenarios that assume unchanged, increased, and decreased funding in the coming program year.

The planning council makes decisions about priorities and resource allocations based on many factors, including:

- Needs assessment findings
- Information about the most successful and economical ways of providing services
- Actual service cost and utilization data (provided by the recipient)
- Priorities of people living with HIV who will use services
- Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape
- The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders—since RWHAP is the “payor of last resort” and should not pay for services that can be provided with other funding.





### Service Priority Setting Worksheet 2017

Each service category will be scored according to these factors and scales using the sources noted for each factor. The group will score the factors for each service together, reaching consensus whenever possible. If disagreement occurs, then the majority of the group will decide the score for the factor.

Factor	Definition	Scale
<b>Consumer Survey (25%)</b>	Percentage of consumers who said they used or "needed but didn't get" in the last 12 months, in the 2017 Consumer Survey.	1- 0-15% 3- 16-30% 5- 31-45% 8- >46%
<b>Care Continuum (20%)</b>	Ryan White services help consumers in diagnosis, linkage and retention to care, as well as treatment adherence. This factor quantifies the impact of these service categories along the care continuum, the more points/categories along the cascade the RW service supports, the higher the score.	1- no category 3- 1-2 categories 5- 3 categories 8- 4 categories
<b>Unmet Need (30%)</b>	Unmet need is measured through consumer report of needing a service and not receiving it. Two sources are used: Medical Monitoring Project and Client Services Unit Intake. The higher percentage between the two data sources is the one used to score the factor.	1 – no mention 3 – 1-20% 5 – 21-50% 8 – >50%
<b>Essential Health Benefit (10%)</b>	The Affordable Care Act ensures health plans offered in the individual and small group markets, offer a comprehensive package of items and services, known as <i>essential health benefits</i> . Essential health benefits must include items and services within at least the following 10 categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.	1 – Yes 5 – Yes, but may not meet PLWHA needs or HIV care guidelines 8 - No
<b>Community Conscience (15%)</b>	This factor seeks to quantify community opinion/expertise of delivering and receiving HIV services in relationship to emergent needs and issues, vulnerable populations, community knowledge, and service utilization data.	1- neutral, community need is addressed/represented by other factors  5- some concern that community need is not represented by other factors  8- great concern that community need is under-represented by the other factors



Information & Referral Services			
Ambulatory Outpatient Medical Care			
Health Education Risk Reduction			
Care Outreach			
Linguistic Services			
	Substance Abuse (outpatient)		
	Health Insurance Premium Assistance & Cost Sharing		
	Substance Abuse (Inpatient)		
	Medical Transportation		
	Psychosocial Support		
	Childcare		
	Non-Medical Case Management		
	Medical Case Management		
	Mental Health		
	Direct Emergency Financial Assistance		
	Other Professional Services (Includes Legal)		
		Housing	
		Nutritional Therapy	
		Treatment Adherence	
		Food Bank/ Meals	
		Oral Health Care	
		Home Health Care	
		Home and Community-based Health Services	
		Rehabilitative Services	
			AIDS Drugs Assistance Program
			Local Drug Assistance
Early Intervention Services			

Diagnosed

Linked to Care

Retained in Care

Viral Suppression/Prescribed ART

Any remaining core and or supportive service not shown above was intentionally left out because it does not support clients along the cascade



**Philadelphia EMA Planning Council FY 2017 Priority Setting Tool**

				Possible Score (Scale varies by factor)										
				8	5	3	1							
Service Category	Rank 2015	Rank 2017	Unmet Need 30%	Consumer Survey 25%	Continuum 20%	Essential Health Benefit 10%	Committee Conscience Individual Scores			score before %	Common Committee Conscience 15%	Service Category Total Score	Service Category Total Percentage	
							Members voting	8	5					1
Oral Health Care	2	1	8	8	3	8	12		4	8	2.33	0.35	6.15	76.88%
Housing Assistance	5	2	8	5	3	8	11	1	6	4	3.82	0.57	5.62	70.28%
Ambulatory Care	4	3	5	8	8	1	14			14	1.00	0.15	5.35	66.88%
Transportation	8	4	5	5	5	8	11		11		5.00	0.75	5.30	66.25%
Medical Case Management	3	5	5	3	5	8	15	10	5		7.00	1.05	5.10	63.75%
Case Management (non-medical)	1	5	3	8	5	8	12			12	1.00	0.15	4.85	60.63%
Health Insurance Premium & Cost Sharing Assistance	6	7	3	5	5	5	15	15			8.00	1.20	4.85	60.63%
Health Education Risk Reduction	10	8	3	1	8	8	15	12	2	1	7.13	1.07	4.62	57.75%
Legal Services	15	9	5	3	5	8	12		7	5	3.33	0.50	4.55	56.88%
Food Bank/Home-Delivered Meals	16	10	5	5	3	8	14		4	10	2.14	0.32	4.47	55.89%
Care Outreach	11	11	1	3	8	8	15	5	10		6.00	0.90	4.35	54.38%
Mental Health Therapy/Counseling	14	12	5	5	5	1	12	1	4	7	2.92	0.44	4.29	53.59%
Psychosocial Support Services	18	13	3	5	5	8	12		1	11	1.33	0.20	4.15	51.88%
Emergency Financial Assistance/meds	15	14	3	3	5	8	14	1	11	2	4.64	0.70	4.15	51.83%
Local Pharmaceutical Assistance	12	15	5	5	3	5	12		2	10	1.67	0.25	4.10	51.25%
AIDS Drug Assistance Program (ADAP)	13	16	5	5	3	5	14			14	1.00	0.15	4.00	50.00%
Translation & Interpretation	9	17	1	3	8	8	12		2	10	1.67	0.25	3.70	46.25%
Child Care Services	21	18	3	1	5	8	14	5	5	4	4.93	0.74	3.69	46.12%
Nutritional Services	22	19	1	5	3	8	10		7	3	3.80	0.57	3.52	44.00%
Information & Referral	7	20	1	1	8	8	11		1	10	1.36	0.20	3.15	39.43%
Substance Abuse Treatment (Residential)	19	21	3	3	5	1	12			12	1.00	0.15	2.90	36.25%
Substance Abuse Treatment (Outpatient)	20	21	3	3	5	1	11			11	1.00	0.15	2.90	36.25%
Treatment Adherence	23	23	1	3	3	8	11		1	10	1.36	0.20	2.65	33.18%
Home Health Care	27	24	3	3	3	1	11			11	1.00	0.15	2.50	31.25%
Hospice Services	25	25	1	3	1	8	11		1	10	1.36	0.20	2.25	28.18%
Early Intervention Services	24	26	1	1	3	5	15	1	6	8	3.07	0.46	2.11	26.38%
Home & Community-based Health Services	26	27	1	3	3	1	11			11	1.00	0.15	1.90	23.75%
Rehabilitation Care	28	27	1	3	3	1	11			11	1.00	0.15	1.90	23.75%
Day or Respite Care	29	29	1	1	1	8	15		4	11	2.07	0.31	1.86	23.25%