TARRANT COUNTY HIV ADMINISTRATIVE AGENCY PLANNING MANUAL

Contents

ACRONYM KEY

TC AA: Tarrant County Administrative Agency

AHF: AIDS Healthcare Foundation

AOC: AIDS Outreach Center

CAN: CAN Community Health

CDC: Centers for Disease Control

DSHS: Department of State Health Services

HASA: HIV Administrative Service Area

HRSA: Health Services and Resources Administration

HAB: HIV/AIDS Bureau

HSDA: Heath Service Delivery Area

JPS: John Peter Smith-Healing Wings Clinic

PSRA: Priorities Setting and Resource Allocations

PC: The North Central Texas Planning Council

PC SS: Planning Council Support Staff

PMC: Preventative Medicine Clinic

RW: Ryan White

RWHAP: Ryan White HIV/AIDS Program

SAFW: Salvation Army of Fort Worth

SAM: Samaritan House

SOC: Standards of Care

SS/SSR: State Services/ State Services Rebate

ROLES AND RESPONSIBLITIES

Tarrant County HIV Administrative Agency (TC AA) Duties

The Tarrant County HIV Administrative Agency (TC AA) has several planning duties that are shared with the planning council. These include assisting the planning council with needs assessment, the Integrated HIV Prevention and Care Plan, and providing information the planning council needs to carry out its priority setting and resource allocation responsibilities. It also shares responsibility for coordination with other RWHAP activities and services. In addition, the TC AA has administrative duties, which means that it is responsible for making sure that RWHAP and Texas HIV State Service funds are fairly and correctly managed and used. The main duties of the TC AA are described below.

- TC AA Administrative Duties:
    - Procurement of Services. The TC AA is responsible for identifying and selecting qualified service providers for delivering RWHAP Part A services. The TC AA must award service funds to eligible providers (subrecipients) based on a fair and equitable system, usually through a competitive Request for Proposals (RFP) process.
        - In contracting for services, the TC AA must distribute RWHAP Part A and Part B and SS funds according to the priority setting and resource allocation decisions of the planning council. In addition, the TC AA must follow planning council directives about "how best to meet" priority needs.
            - *The planning council has no say about how the TC AA uses funds for its own administrative expenses*.
    - Once subrecipient contracts have been awarded, the TC AA must manage them and regularly monitor subrecipients. The TC AA must make sure that the providers who receive RWHAP Part A, Part B, and SS funds use the money according to the terms of the subrecipient contract they signed with the TC AA and meet RWHAP Part A and Part B Monitoring Standards, as well as other federal requirements established by HRSA/HAB and DSHS. The recipient monitors subrecipients to determine how quickly they spend RWHAP funds, and if they are providing the contracted services, providing services only to eligible clients, using funds only as approved, and meeting reporting and other requirements. Contract monitoring is solely a recipient's responsibility.
    - Clinical Quality Management activities and Evaluation of Performance and Outcomes.
    - Establish grievance procedures to address funding-related decision making.
    - Ensure delivery of services to women, infants, children, and youth with HIV.
    - Ensure that RWHAP funds are used to fill gaps and do not pay for care that can be supported with other existing funds.
    - Ensure that services are available and accessible to eligible clients.
    - Control recipient and provider administrative costs.
    - Prepare and submit the annual RWHAP funding applications.
    - Meet HRSA/HAB and DSHS reporting and monitoring requirements.

TC AA Duties Shared with the Planning Council

- Support for Planning Council Operations
    - The TC AA must cooperate with the planning council by negotiating and managing its budget, providing staff expertise to support committees, and providing information the

planning council needs to carry out its responsibilities. This includes data on client characteristics, service utilization, and service costs, as well as information for assessing the efficiency of the administrative mechanism.

- Both the planning council and the TC AA have the responsibility to support the participation of people living with HIV on the planning council, although primary responsibility lies with the planning council.
  - One example includes reimbursing expenses of consumer members such as travel. The planning council establishes reimbursement policies for expenses of consumer members; the TC AA helps to ensure timely payment of reimbursements. The recipient assists in training planning council members by explaining TC AA roles and helping planning council members understand the information provided by the TC AA, such as data on service costs and client utilization of funded services.

- Needs Assessment
  - The TC AA works with the planning council to assess the needs of communities affected by HIV. The TC AA usually arranges for an epidemiologic profile to be provided by its surveillance unit or by the state's surveillance unit, and it ensures that funded providers cooperate with needs assessment efforts such as surveys and focus groups of people living with HIV and providers.
- Integrated HIV Prevention and Care Plan
  - The TC AA and planning council work together to develop, review, and periodically update the CDC and HRSA Integrated HIV Prevention and Care Plan for the organization and delivery of HIV services. The recipient helps develop goals and objectives and works with the planning council to ensure a joint plan for implementation. Usually, the recipient plays a key role in arranging to collect performance and outcomes data to evaluate progress towards the goals and objectives of the plan. Both recipient and planning council participate in reviewing and updating the plan.
- Coordination with Other RWHAP Parts, Activities and Other Services
  - The TC AA and planning council work together to make sure that RWHAP Part A and Part B funds are coordinated with other services and funders. This coordination occurs partly through planning, including needs assessment and the Statewide Coordinated Statement of Need. Throughout the year, the TC AA helps keep the planning council informed about changes in HIV-related prevention and care services and funding, as well as the evolving healthcare landscape.
  - Participation in the Statewide Coordinated Statement of Need (SCSN).
- Development of Service Standards

Planning Council Support Staff (PC SS)

- Planning councils need personnel to assist them in their work, and money to pay for things like a needs assessment and meeting costs. This is called planning council support. Planning council support should cover reasonable and necessary costs associated with carrying out legislatively mandated functions. The planning council's budget is a part of the TC AA's administrative budget, so the planning council and TC AA decide together what funds are needed. The planning council then works with its planning council support staff to develop its own budget and

monitor expenses with oversight by the TC AA and must meet RWHAP and TC AA rules regarding use of funds. In deciding how much planning council support to pay for, planning councils and TC AA should balance the need for support in order to meet planning requirements with the need for other administrative activities and for direct services for people living with HIV.

- HRSA encourages planning councils to use some planning council support funds to reimburse unaffiliated consumer members for their actual expenses related to participation in the planning council, such as travel. However, RWHAP funds may not be used to provide stipends to members.

OVERVIEW OF THE TC AA PLANNERS JOB DUTIES

The Planner positions involve managing workgroups and collaborating with appropriate stakeholders to ensure that the planning process is accomplished in a federally appropriate manner. The responsibilities of the Planners are as follows:

- Conduct planning activities and provide pertinent data to the planning council.
- Assist in planning activities for creating the Integrated HIV Prevention and Care Plan, Needs Assessment, and Priority Setting and Resource Allocations Process.
- Provide epidemiological data to the planning council to assist in the planning process. This data is used annually in the planning process and is available from the Centers for Disease Control and Texas Department of State Health Services (DSHS) websites. It is important to have the most recent epidemiological profiles for each jurisdiction to meet the current need.
- Work with the planning council and stakeholders to accomplish planning tasks, identify needs and barriers, and plan future services. This includes participation in the planning council's monthly activities, meetings, and sessions.
- The Planners will work closely with the North Central Texas Planning Council Support Staff to ensure that all areas of the jurisdiction are represented.
- The TC AA Planners also assist in the incorporation of Part B and State Services funding for the Fort Worth HSDA. It is mandatory to conduct ongoing studies in the HSDA annually. These studies can be accomplished through focus groups, panels, or survey administration.
- Perform other duties as assigned by Tarrant County HIV Administrative Agency Grants Manager. The TC AA Planners directly respond to the Grant Manager.
- The Texas Department of State Health Services (DSHS) identifies the following activities are required for Planning at Administrative Agencies:
    - **Design and carry out a community input process through recruitment, training, and support.** On an annual basis, TC AA planners will provide DSHS with a description of the planned community input activities for the coming year. The plan, due on November 1st of each year, will show the activities for the coming year and an overall description of the community input process. The plan should also contain planning goals for the upcoming year and describe how the TC AA will evaluate its process. The TC AA should use this plan as the basis for commenting on community input activities in their quarterly report.
    - **Ability to understand, interpret, and disseminate basic information on HIV/AIDS morbidity and service utilization.** The planners will participate in quarterly reviews of

service utilization and will assure that information on morbidity and services resources are included in discussions.

- **Capacity to produce a comprehensive plan for HIV/STD service delivery**. The planners will assure that DSHS receives a copy of the plan, including priorities and allocations, on an annual basis, and that all required programmatic reporting of priorities and allocations are consistent with the plan. The plan should include all required sections specified in guidance from DSHS. Progress in meeting the plan's goals should be noted in quarterly reports and should be a collaborative effort across TC AA staff. The plan must also be made available to the public and community stakeholders.

PLANNING PROCESSES

COMMUNITY INPUT POLICY and COMMUNITY INPUT PLAN

Requirements for the Community Input Process:

The TC AA must obtain community input into the development of the comprehensive HIV services delivery plan. The process used to gather input should be tailored to the capacities of the community, but should meet the following requirements:

- Efforts must be made to include major stakeholders in the process. These stakeholders include persons living with HIV/AIDS (especially consumers of local HIV services), affected parties, HIV services providers, other planning groups, and other allied providers, where appropriate.
- Input must be gathered through multiple avenues, which should be designed with stakeholders in mind.
- The TC AA must use communications technology, such as conference calls or video/virtual conferences/meetings to reduce the cost of soliciting feedback.
- The TC AA should not conduct input processes that replicate information from existing data sources or the activities of other advisory bodies or the NCTPC.
- The TC AA will conduct annual public hearings through the NCTPC or Community input on the plan, including allocations.

Community input is gathered using multiple avenues for the HSDA. The TC AA Planner also works in conjunctions with the Planning Council Support Staff to solicit community input. The TC AA must maintain operating procedures for ensuring community input and disseminate updates to stakeholders. These procedures include a community input plan that specifies how input is solicited, and evidence of progress towards implementing the plan. The procedures below provide a brief outline regarding how community input is solicited. Tarrant County HIV Administrative Agency respects and observes all of the following methods equally as viable avenues for collecting information from community stakeholders. TC AA Planners may reference: Community Input Policy and Procedure, DSHS Guidance.

Community Input can be obtained via the following methods:

- Consumers (PLWH) representative of the epidemic in the administrative services area (e.g., race/ethnicity, sex).

- Individuals with knowledge of and expertise on the local HIV medical and social support service delivery systems, client needs and barriers to services, public health, HIV/STD prevention, current HIV treatment practices, epidemiology.
- Stakeholders with expertise on special topics, as needed to answer specific questions about local service delivery.
- *Newspapers*: Public notices are sent to local newspapers informing community members about public meetings and/or relevant community input events. Newspaper notices are at no cost and are to be published at least two weeks prior to the scheduled event. It is helpful to keep a log of the newspapers in each HSDA, including contact information to ensure press releases can be easily placed.
- *Provider Solicitation*: Providers are contacted by phone and e-mail, as needed, to inform them about providing feedback on planning activities. Each subrecipient assists in the planning process. The Executive Director of each agency should also be aware of all planning activities occurring in the HSDA and should be included in planning communications.
- *Community Partner Solicitation:* A list of all community partners should be maintained and updated annually. Community stakeholders provide excellent input and offer the opportunity for networking.
- Other HIV or health planning entities and bodies, as appropriate
- *General e-mail, traditional mail, phone, and fax communications*: Input from community stakeholders and partners may solicit via General e-mail, traditional mail, phone, and fax communications.

COMMUNITY INPUT PLAN					
Action/Activity	Frequency	Responsible Party	Audience	Outcome (living)	Evaluation
Consult with relevant stakeholders (at minimum three times a year) while developing and implementing plans. Ongoing communication through the dissemination of written copies of the plan, roadmaps, thriving guides, postings to the Beat HIV TC social media, Planning Council meetings, and HIT HIV meetings.	Monthly	• Grant Coordinator Quality and Planning • Assistant Quality and Planning Coordinator • Grants Manager	• Planning Council • HIT HIV • Community Stakeholders • Service Organizations in the HSDA serving People Living with HIV • Persons Living with HIV • Affected Communities • Tarrant County Public Health	1. HIT HIV meetings 2. Graphically Illustrated Listening Sessions	• Monitor feedback • Conduct an evaluation of the effectiveness
Produce an integrated/comprehensive HIV service delivery plan that supports the State integrated plan. This plan should include service priorities and information on how best to meet these needs (both produced by Part A Planning Councils along with the TC AA), as well as quality management. It should establish goals and objectives relating to access to services, elimination of barriers, and quality of services as well as quantitative objectives for services delivery. As required in the Ryan White HIV/AIDS Program, the service delivery plan should include strategies for reducing the number and proportion of persons living with HIV/AIDS in their service area who have unmet needs for HIV-related medical care.	Monthly	• Grant Coordinator Quality and Planning • Assistant Quality and Planning Coordinator • Grants Manager • Consultant-Collaborative Research • Planning Council-Comprehensive Planning Committee • Planning Council	• Planning Council • HIT HIV • Community Stakeholders • Service Organizations in the HSDA serving People Living with HIV • Persons Living with HIV • Affected Communities • Tarrant County Public Health • Prevention Agencies • Faith-Based Community Agencies • Non-For-Profits • Key Points of Entry	1. Assist in the development	• Monitor feedback • Conduct an evaluation of the effectiveness

Participate in the development of the Statewide Standards of Care. Develop local standards that, at minimum, meet the Statewide Standards of Care.	Monthly	• Grant Coordinator Quality and Planning • Assistant Quality and Planning Coordinator • Grants Manager • Grants and Data Coordinator • Planning Council- Evaluations Committee • Planning Council	• Planning Council • HIT HIV • Community Stakeholders • Service Organizations in the HSDA serving People Living with HIV • Persons Living with HIV	*Pending DSHS follow-up on statewide standards.* Qtr. three review of Service Standards. Provide resources to the Evaluation committee.	• Monitor feedback • Conduct an evaluation of the effectiveness
Coordination with other RWHAP activities and other services, including participation in the Statewide Coordinated Statement of Need (SCSN) and ensuring that the use of RWHAP funds is coordinated with other funding services and with other healthcare systems and services in order to uphold RWHAP status as the payor of last resort.	Monthly	• Grant Coordinator Quality and Planning • Assistant Quality and Planning Coordinator • Grants Manager • Grants and Data Coordinator • Financial Analyst • Planning Council	• Planning Council • HIT HIV • Community Stakeholders • Service Organizations in the HSDA serving People Living with HIV • Persons Living with HIV	*Pending DSHS follow-up and guidance on SCSN*	• Monitor feedback • Conduct an evaluation of the effectiveness

GROUPS, PANELS, AND COMMITTEES

Workgroups have proven essential to ensuring provider and expert involvement in planning. Focus groups can be conducted to provide qualitative information from consumers and stakeholders. Panels and committees can be created to increase community, subject matter expert, subrecipient, and provider input.

The following are tips for managing groups:

- Maintain an updated log of contact information on all workgroup and panel participants. This includes having background information on file for each participant.
- When possible and appropriate, set a schedule for meetings with workgroup and/or panel participants.
- Always set deadlines for receiving information from participants.

Integrated HIV Prevention and Care Plan

HAB has required Ryan White Part A grantees to submit an updated Comprehensive Plan now known as the Integrated HIV Prevention and Care Plan every three years. The purpose of this multi-year plan is to assist grantees in the development of a comprehensive and responsive system of care that addresses service delivery gaps and resource needs. Comprehensive and integrated HIV services planning goes beyond this annual process and provides a road map for developing and improving a comprehensive and responsive system of care over time. It provides an opportunity for the planning council to step back from short-term tasks to review the current system of care and envision an "ideal" system of care, then develop a three-year plan for working towards it, based on a Guidance provided by HRSA/HAB. The

Integrated HIV Prevention and Care Plan should also reflect input from area stakeholders on how best to plan, prioritize, and deliver HIV/AIDS services, particularly in the light of available Federal, State, and local resources. Factors to consider in the comprehensive plan are epidemiologic, needs assessment, and client utilization data; data on individuals who know their status but are not in care and HIV-positive individuals unaware of their status; existing resources to meet those needs; and barriers to care; and consulting with the community to obtain their perspectives about the system of care. The Integrated HIV Prevention and Care Plan must be compatible with existing plans including the Statewide Coordinated Statement of Need (SCSN). In addition, Ryan White grantees must discuss how their Integrated HIV Prevention and Care Plan will address the goals of the National HIV/AIDS Strategy, as well as identify the specific goals being addressed, including:

1. Reducing new HIV infections.
2. Increasing access to care and improving health outcomes for people with HIV.
3. Reducing HIV-related health disparities.

The Integrated HIV Prevention and Care Plan should also discuss how the Healthy People and Achieving Together objectives will be addressed.

As required in the Ryan White HIV/AIDS Program, the service delivery plan should include strategies for reducing the number and proportion of persons living with HIV/AIDS in their service area who have unmet needs for HIV-related medical care. The Integrated HIV Prevention and Care Plan should be completed upon its due date and submitted to the DSHS and HRSA.

Stakeholders are provided the revised edition, with a minimum of 2 weeks to review draft sections of the Comprehensive Plan and subsequently provide community input.

Comprehensive planning helps answer four basic questions:

1. Where are we now? (What does our epidemic look like and what is our current system of care?)
2. Where do we need to go? (What is our vision of an ideal system?)
3. How will we get there? (How does our system need to change to assure the availability of and accessibility to core services? What steps will we take to develop this ideal system?)
4. How will we monitor our progress? (How will we evaluate our progress in meeting our short- and long-term goals?)

The planning council works with the TC AA to develop a long-term plan on how to provide services in the Integrated HIV Prevention and Care Plan. The planning council shares responsibility with the TC AA for ensuring that Ryan White services and funds are re-coordinated with other programs and services, to provide a comprehensive continuum of care for people with HIV. This includes looking for ways that Ryan White Part A and B services can work with other Ryan White and non-Ryan White programs to fill gaps in care. The planning council learns about service needs and gaps from the perspective of all Ryan White Parts through the Statewide Coordinated Statement of Need (SCSN) that is developed at least every three years under the coordination of the Part B program; special attention should be given to early intervention services, HIV prevention, and substance abuse prevention and treatment; and ongoing coordination with other services like Medicaid.

NEEDS ASSESSMENT AND SURVEY ADMINISTRATION

Needs assessment is a collaborative activity of the planning council, TC AA, and community, and is used as the basis for other Ryan White planning activities including priority setting and resource allocation and planning. Needs assessments determine needs in specific areas such as:

- People with HIV who know their HIV status but are not in care.
- Disparities in access to care for certain populations and underserved groups.
- Coordination between care programs and providers of HIV prevention and substance abuse treatment services.
- Outreach and early intervention services.

DSHS mandates that a new Needs Assessment be carried out every three (3) years. The Part B Needs Assessment is carried out along the same timeline as the Part A process.

The TC AA Planners can utilize multiple methods of collecting community input and data such as:

- **Utilize focus groups.** These focus groups may function to provide qualitative information to complement decreased quantitative survey information. Provide lunch and perhaps small prizes, but no incentives for these focus groups. This cuts some costs for the needs assessment.
- **Creating surveys.** Surveys are often used as a means for collecting large amounts of data from consumers. Surveys are used heavily in the needs assessment processes. After the survey tool has been approved by the workgroup, a plan for administration will be decided among the committee. The TC AA Planners will work in conjunction with the planning council to develop and administer surveys. Surveys are also used as a data collection source to analyze the information provided in the Needs Assessment and to address goals, objectives, and barriers in the HIV Comprehensive Services Plan.

PRIORITY SETTING AND RESOURCE ALLOCATIONS (PSRA)

Based on the findings of the needs assessment, the planning council establishes priorities for the provision of HIV services in the local community. Service priorities are based on:

- The size and demographics of the population of individuals with HIV/AIDS and their needs, including those who know their HIV status but are not in care.
- Compliance with the legislative requirement to use not less than 75 percent of funds to provide core medical services.
- Cost-effectiveness and outcome effectiveness of proposed services and strategies
- Priorities of people with HIV for whom services are intended.
- Coordination of services with programs for HIV prevention and treatment of substance abuse.
- Availability of other governmental and non-governmental resources in the service area.
- Capacity development needs, resulting from disparities in the availability of services for underserved populations.

Once service priorities are established, the planning council makes resource allocations, in accordance with the legislative requirement to use not less than 75 percent of funds to provide core medical services. The priority setting and resource allocation process involves the planning council in

determining how much funding will be dedicated to each service category. The planning council does not, however, select the providers to deliver services or participate in the management of service provider contracts.

Annually in the fall, a PSRA process is established. The TC AA will provide the planning council with recommendations based on expenditures, utilization, and additional data. The goal is to provide the most information, to ensure data-driven decision making. The TC AA will participate in the annual How Best to Meet the Need sessions.

The TC AA ensures that PSRA processes adhere to DSHS and HRSA guidelines, particularly concerning the issue of having a conflict-free process.

In addition to the consumer input provided via PSRA process, general public input time must be allotted on the agenda for each PSRA process. This is the time when anyone may provide comment or feedback that should be considered before the actual prioritization and allocations processes occur.

For additional information on the TC AA allocations processes, please refer to policies and procedures in the TC AA manual and guidance from the TC AA Financial Coordinator.

STANDARDS OF CARE

Standards of Care Review Process

Standards of Care (SOC) ensure that recipients of funded services are receiving high-quality care, from providers who are fully qualified to provide it. SOC are considered minimal and basic requirements; therefore, each funded agency is expected to comply with them and expand on them according to the specific needs of their clientele and their own organizational mission.

Annually, stakeholders are contacted and sent standards of care to be reviewed. A two-week period should be allowed for feedback to be received from the public on the SOC.

ORDERING INCENTIVES/GIFT CARDS

Offering incentives for the gratitude of time given to consumers has been a common practice, for HIV Community Input. It is important to maintain consistency when utilizing gift cards so that equal fairness is given to all. For additional information please reference the TC AA Gift Card Policy.