

Priority Ranking, Percent Allocation and Funding Justification for FY 2008-2009 & FY 2009-2010

		Priority Ranking			Percent Allocation			Funding Justification		
Core Services		FY 2008-2009	FY 2009-2010	FY 2010-2011	FY 2008-2009	FY 2009-2010	FY 2010-2011	FY 2008-2009	FY 2009-2010	FY 2010-2011
Tier 1	1. Outpatient/Ambulatory Medical Care	1	9	1	25.12%	26.21%	24.51%	Focused on 75/25 Split	5% Increase in out of care	Ambulatory/Outpatient Medical Care remains the top service category for the San Antonio TGA as a quality of life essential service. The actual percentage allocation was a decrease for FY 2010-2011 but an anticipated cash increase above last year to an anticipated amount of \$1,037,176.42 to meet expected unmet need costs associated with increased out of care into care participants. Outpatient/Ambulatory Medical Care is one of the 6 Tier 1 core services, if the anticipated award amount is lower than expected the category would remain at level FY2009-2020 funding of \$936,801.00. The percentage allocated would have to be adjusted during FY2009-2010 to ensure level funding.
Tier 1	2. AIDS Pharmaceutical Assistance (Local)	2	11	2	13.95%	17.05%	15.20%	Focused on 75/25 Split. Issues spending money down because of changes in other medication programs.	Increased allocation to avoid using funds from Health Insurance. AIDS P. Local is necessary to ensure continuity of other drug reimbursement programs.	The AIDS Pharmaceutical Local is a necessary program for the San Antonio TGA to ensure continuity of other drug reimbursement programs, the percentage allocation was a decrease for FY 2010-2011 but an anticipated cash increase above last year to an anticipated amount of \$642,995.74. AIDS Pharmaceutical is one of the 6 Tier 1 core services, if the anticipated award amount is lower than expected the category would remain at level FY2009-2010 funding of \$609,403.00.
Tier 1	3. Oral Health Care	3	13	4	11.72%	12.00%	11.70%	Focused on 75/25 Split. Also, concerned about wait times associated with Oral Health Care. Want to reduce those.	Currently there are only 2 Oral Health care providers that specifically treat PLWHA. Lack of capacity, long-wait times and chronic dental needs among PLWHA prompted increase in funding.	Oral Health Care continues to be one of the most utilized service categories within the San Antonio TGA, the percentage allocation was decrease for FY 2010-2011 but an anticipated cash increase above last year to an anticipated \$495,084.00. Oral Health is one of the 6 Tier 1 core services, if the anticipated amount award amount is lower than expected the category would remain at level FY 2009-2010 funding of \$428,905.00

The SPSA committee, with 8 out of 9 members present, utilized the following data to analyze community needs, determine priorities for our community and determine allocation for our community by service categories for the San Antonio TGA: Part A Service Utilization, Units of Service, Unduplicated Clients and Service costs per Service Category; SATGA Epidemiological Profile; RDR Epidemiological Profile; Anticipated Unmet Need Costs and Projected Award Costs per Service Category; Available Community Financial Resources by Service Category; Community Resource – Available Providers by Service Category; 2008 Needs Assessment Data for Female PLWHA, IRR and Youth; 2008 Needs Assessment Data for In Care/Out of Care.

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Tier 2	4. Early Intervention Services (EIS)	8	17	11	5.58%	1.13%	7.23%	This is a new fundable service category under RWHATMA. The service allocation committee allocated funds to this.	Believe that people are more likely to stay in medical care when their basic needs are met. According to the 2006 census data the poverty rate in BC was 22.2%. There are others who provide this service, however, there are barriers in obtaining these services. Many services are over utilized.	FY 2009-2010 was the first year in recent years that the San Antonio TGA invested in Early Intervention Services. The results from the 3 month project resulted in 74 individuals out of care being brought back into care within the San Antonio TGA. The San Antonio TGA Service Priority Service Allocation committee believes that people are more likely to stay in medical care when their basic needs are met. Other existing Early Intervention Services in our community have been displaced in the past few years due to budget cuts and deteriorating economic conditions, the EIS pilot project funded by the Planning Council last year proved to be highly efficacious and worth continuing through an expanded investment for FY 2010-2011 by the Planning Council.
Tier 1	5. Health Insurance Premium and Cost Sharing Assistance	4	10	10	6.70%	7.03%	7.60%	Critical in assisting PLWHAs in maintaining their health care services. Funding this service category saves money by ensuring Ryan White are the funds of last resort for other core categories.	The estimated cost of bring 5% of PLWHA who are out-of-care and treating them is high compared to routine medical care. This cost was factored into the 1.09% increase given to the Outpatient/Ambulatory Health Services category. With the high percentage of Out-Of-care clients and the cost of maintaining health insurance coverage the Health Insurance allocation was increased by 0.33%. This category also receives funding the Ryan White Part B SD and SS. Medicaid, Medicare, CareLink and SSDI coverage is available to some PLWHA.	With the high percentage of Out-Of-care clients and the cost of maintaining health insurance coverage the Health Insurance allocation remains an essential service in our community an received slight increase in percentage allocation representing approximately an increase of \$70,000.00 for this category or funding for 80 new clients. Health Insurance is a Tier 1 core service, as such, if the grant award for FY 2010-2011 is less than anticipated this category will remain at level FY 2009-2010 funding at \$251,267.00. This category also receives funding the Ryan White Part B SD and SS. Medicaid, Medicare, CareLink and SSDI coverage is available to some PLWHA.

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Tier 2	6. Home Health Care	11	18	17	1.39%	0.00%		The goal of this service would be to assist individuals in obtaining access to medical care and services in their home. Will contribute to 75/25 split.	Defunded because there are many available resources in the community.	This service category was not recommended for funding in FY 2010-2011 due to the past record of little to no utilization within the TGA and the vast number of available funding sources for this category of service including SS, Medicaid, Medicare and others.
Tier 2	7. Hospice Services	10	15	18	4.43%	4.43%	3.74%	The hospice service category has proven to be a critical part of the continuum of care. Helps meet 75/25 split.	Hospice services were not identified as a need by the In-Care and Out-of-Care populations surveyed in the 2008 NA. The SAE committee chose to continue funding at FY2008 levels. Hospice services are available at non-Ryan White funded agencies.	Hospice services have continued to not be identified as a need by the In-Care and Out-of-Care populations surveyed in the past few Needs Assessments. The SAE committee chose to continue funding at FY2008 dollar levels reflecting a slight decrease in the allocated percentage. Hospice services are widely available throughout the community through Medicare and Medicaid paid providers.
Tier 1	8. Mental Health Services	6	12	12	5.58%	6.51%	6.01%	It is not well documented how many PLWHAs living in the HSDA have mental health co-morbidity and are in need of long-term or ongoing treatment. The NAPS committee set this population as a priority.	2008 Needs Assessment outlined a need for mental health services for both the in-care and out-of-care populations. Utilization data and a lack of other community resources indicates a need for increased funding from last year.	Community Needs Assessment data continues to demonstrate a need for mental health services for the out-of-care populations. Utilization data and the wide availability of community resources indicates a need for this service but at levels only slightly higher than current funding levels, therefore, the percentage allocation was a decrease from last year but represents level funding for this category. Mental Health Services is a Tier 1 core services, as such, if the grant award is less than anticipated the service category will remain at FY 2009-2010 level of funding of \$232,681.00.
Tier 2	9. Medical Nutrition Therapy	9	16	26	2.23%	1.10%	1.15%	Received a significant reduction in funding for the FY 2007. However, reductions in other categories has had a nutritional impact on some clients resulting in the need to increase funds this year.	Utilization data and information from the 2008 Needs Assessment were the basis for the priority and allocation for MNT. Expenditures have been historically low in this category.	Utilization data and expenditures for this category has been below expectations, however, community needs still demonstrate a need for this service category. The percentage was slightly increased for this category.

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Tier 1	10. Medical Case Management Services	5	8	3	10.99%	10.99%	9.65%	In making its decisions the SAE took into consideration the required change to medical case management which is a core service. It worked in conjunction with the Comprehensive Planning Continuum of Care Committee which is working on the development of the Standards of Care. Will assist PLWHA's with accessing core medical services.	Medical case management is a vital link to medical care. Because the 2008 SATGA needs assessment report noted that the SATGA has seen a 5% increase in the number of individuals who are out-of-care, it was decided that medical case management services should be funded from Part A to be used in combination with other funding sources.	Medical case management is a vital link to medical care, however, expenditures for this category were less than allocated during FY 2009-2010. The SPSA committee recommended a slight decrease in percentage allocated to this service category that will result in slight dollar increase for this service category. Medical Case Management is a Tier 1 core service, as such, if the award amount is less than anticipated, the service category will be funded at current FY 2009-2010 funding level of \$392,806.00.
Tier 2	11. Substance Abuse Services Outpatient	7	14	13	5.58%	5.32%	3.37%	HARS identified in 2004 a total of 553 individuals with substance abuse as a mode of exposure.	Substance abuse utilization data from 07-08 did not support level funding for substance abuse.	Expenditures in the Substance Abuse service category didn't support level funding for this category. Substance Abuse counseling services are readily available throughout our community through various agencies and funding sources, however, specialization in HIV/AIDS co-occurrence is still an important specialization needed in our community. The SPSA decided to reduce this category's percentage allocation.
Core Services Totals					#REF!	#REF!	#REF!			

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Tier 3	12. Case Management (Non-medical)	13	3	9	2.69%	2.69%	1.80%	Social service case management will concentrate on linking individuals with other local resources to ensure individuals utilize services needed to assist them in maintaining their medical care. Resources are limited, however, these services can be received throughout the community.	High priority is given to case management because of its importance as the link to support services and other resource needs identified in the NA.	Expenditure data for FY 2008-2009 demonstrated a decreased utilization/need for this category in the San Antonio TGA as more clients transition to Medical Case Management Service, however, the need for social case management is still supported by the increased efforts of the TGA to bring out of care into care. This category was decreased to represent decreased utilization but continues to be funded as a needed support to EIS service strategies.
Tier 3	13. Emergency Financial Assistance	17	5	8	0.00%	1.50%	1.84%	Not funded/Want to encourage linkages to other systems.	EFA services were highly ranked in the Needs Assessment, Uses, Gaps, and Barriers. The needs assessment showed a 5% increase in people who are out of care.	EFA services continue to be highly ranked in the Needs Assessment, Uses, Gaps, and Barriers. As the economy continues to lag stressors within our community continue to increase, severely impacting the most vulnerable in our community. EFA services are also seen as a viable and required service to support the TGA's EIS services in stabilizing the in care and out of care to facilitate their medical compliance.
Tier 3	14. Food bank/Home-Delivered Meals	15	6	6	1.81%	1.81%	3.00%	Believes this service has potential to bring out of care individuals into care.	Consistently rated as a high Need, Use, Barrier and Gap. PLWHA are more likely to enroll and remain in medical care if their basic needs are met.	Consistently rated as a high Need, Use, Barrier and Gap and as the economic conditions in our community continues to remain stagnant these needs are increasing in our community. PLWHA are more likely to enroll and remain in medical care if their basic needs are met. The SPSA committee sees the value of linking EFA services with the TGA's EIS strategies.
Tier 3	15. Health Education/Risk Reduction	X	2	15	0.00%	0.00%	0.00%	Not funded	Will be funded under MAI.	This service category was not recommended for funding from Part A but will be funded under MAI.

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Tier 3	16. Medical Transportation Services	14	4	7	2.23%	2.23%	3.20%	Review standards of care to ensure priority is given to those who need transportation for medical appointments. Improve linkages to other services.	Transportation was identified as a barrier to medical care in the 2008 needs assessment.	Transportation continues to be identified as a barrier to medical care in our community. With the increased focus of the Planning Council on EIS services, the demand for medical transportation for out of care will increase, as such the SPSA has recommended an increase in the percentage allocated to this service category.
Tier 3	17. Outreach Services	X	1	16	0.00%	0.00%	0.00%	Funded under MAI	Money reallocated to Early Intervention Services.	This services category was not allocated resources by the SPSA. EIS allocations seem more appropriate and has greater impact than outreach services.
Support Service Totals					6.73%	8.23%	9.84%			
ALL CATEGORY TOTALS					#REF!	#REF!	#REF!			

X = Not Ranked

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The following service categories were not funded due to other funding sources in the community, which can be found in the Resource Guide:

- CHILD CARE SERVICES
- HEALTH EDUCATION/RISK REDUCTION
- HOME AND COMMUNITY-BASED HEALTH SERVICES
- HOME HEALTH CARE
- HOUSING SERVICES
- LEGAL SERVICES
- LINGUISTIC SERVICES
- OUTREACH SERVICES
- PSYCHOSOCIAL SUPPORT SERVICES
- REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES
- REHABILITATION SERVICES
- RESPIRE CARE
- SUBSTANCE ABUSE SERVICES -- RESIDENTIAL
- TREATMENT ADHERING COUNSELING

