

Proposed Action Item: Modification of the HIV Services Priority Plan for FY 2010-13 – Dental Services

Background: The Commission on AIDS is responsible for developing and approving a plan for allocating public funds to HIV treatment and care services. The Commission convened a group of unconflicted persons, known as the Funding Allocation Working Group (FAWG), to develop a set of recommendations for the period FY2010-13. The group completed their work in May 2009 and Commissioners adopted the Plan.

The Commission is required by the federal government to review and approve a service priority and funding plan on an annual basis. The HIV Services Priority Plan is the basis for funding and contracting recommendations made to the Sonoma County Board of Supervisors. In the months since the FY10-13 HIV Services Priority Plan was adopted there have been major changes to HIV funding allocations from the State of California. In addition, there continues to be uncertainties about the amount of Ryan White Part A funding that will be allocated to Sonoma County in future years.

The Executive Committee discussed the recent California Budget cuts, DentiCal funding for adults was eliminated except for emergency treatment. This possibility was discussed in January when the Dental Task force met and in May when the FAWG met, but the budget decision had not been made. Now with the loss of DentiCal, there are more uninsured HIV+ individuals and a need for additional Ryan White funding for basic Dental service. In addition, as mentioned on prior occasions, Home and Community Based Health Care has been minimally utilized in recent years.

Recommendation:

- a. The fiscal agent recommends that \$10,000 be added to the Dental services category in the FY2010-2013 Plan.
- b. The fiscal agent recommends that Home and Community Based Health Care be allocated \$3,000. Remaining funds will be added to the Plan.

HIV Services Plan FY2010-13- Ryan White Part A

RANK	Eligible Services	Scenarios		
		1	2	
1	Medical Care - Primary Care		464,000	487,000
2	Medical Case Mgt.		120,000	138,000
3	Med. Transportation (vouchers)		4,000	4,000
4	Dental		60,700	65,700
5	Mental Health Psych. Assess		20,000	22,000
6	Mental Health Counseling		58,000	65,000
7	Medical Nutritional Counseling		46,000	48,000
8	Home & Comm.Based Health		15,000	15,000
9	CD Counseling		40,000	40,000
10	NonMedical C.M.		55,000	60,000
11	Food & Nutrition-Bank,Vits, Meals	67,563	105,000	114,000
12	CD Inpatient Tx		0	0
13	Re-Connect		0	0
14	Linguistics/Translation		0	0
15	Childcare (vouchers)		0	0
Total			\$987,700	\$1,058,700
Plan with actual FY09-10 Part A grant			950,263	

HIV Services Plan FY2010-13- Ryan White Part A

RANK	Eligible Services	Scenarios		
		1	2	
1	Medical Care - Primary Care		464,000	487,000
2	Medical Case Mgt.		120,000	138,000
3	Med. Transportation (vouchers)		4,000	4,000
4	Dental		70,700	70,700
5	Mental Health Psych. Assess		20,000	22,000
6	Mental Health Counseling		58,000	65,000
7	Medical Nutritional Counseling		46,000	48,000
8	Home & Comm.Based Health		3,000	3,000
9	CD Counseling		40,000	40,000
10	NonMedical C.M.		55,000	60,000
11	Food & Nutrition-Bank,Vits, Meals	69,563	105,000	11,000
12	CD Inpatient Tx		0	0
13	Re-Connect		0	0
14	Linguistics/Translation		0	0
15	Childcare (vouchers)		0	0
Total			\$985,700	\$948,700
Plan with actual FY09-10 Part A grant			950,263	

2010 - 2013 AIDS Funding In Sonoma County

What we know

- Ryan White Program Part A funds Eligible Metropolitan Areas (EMAs)¹ that bear a higher burden of the AIDS epidemic.
- Sonoma County has not met the criteria for new EMAs since 1989.
- In 2006, Sonoma County became a Transitional Grant Area (TGA)².

What happened in 2009?

- The Commission on AIDS continues to plan for the loss of Ryan White funding.
- The Ryan White HIV/AIDS Treatment Extension Act of 2009 was signed into law by President Obama. This act continues Ryan White programs and services through 2013.
- The legislation continues Transitional Grant Area (TGA) status for all but the smallest TGAs, and Sonoma County is one of the smallest. Sonoma County will have Part A funding through February 2011 (year 1), then in the next year (year 2) 75% of Part A formula funding will go to the State, 50% in year 3, and 25% in year 4.

Frequently Asked Questions

Q: But we have many more than 800+ people living with AIDS in the county. Why don't we qualify? If Sonoma County increases their living AIDS cases (which is not affected by the names reporting not being mature, only funding amts are affected) will we receive Part A funds?

A: The eligibility criteria are based on living AIDS cases (case reports). Sonoma County had fewer than 900 living AIDS cases as of April 2009, far fewer than the required 1,400.

¹ **EMA** - An area with a cumulative total of at least 2,000 AIDS cases reported during the most recent 5 years and a population of 500,000 or more. There are 22 EMAs in FY 07.

² **TGA** – Defined in the 2006 legislation as an area with a cumulative total of at least 1,000 but fewer than 2,000 AIDS cases during the most recent 5 years. There were 34 TGAs in FY 07. However, the new legislation will extend current rules for transitional grant area status. It will add a provision that if a metropolitan area has between 1400-1500 cumulative living AIDS cases and does not have more than 5% of its total grants unobligated for the prior fiscal year, it will be treated as having met the criteria for continued eligibility as a TGA. The legislation also modifies the transfer of amounts from TGAs that lose their eligibility during the reauthorization period. As is the case currently, when a TGA loses its status, \$500,000 will be transferred to the overall Part B pool for states. However, given the economic conditions of many States, and the desire to maintain stability for people living with HIV/AIDS, the state in which the TGA resides will retain 75% of the TGA formula funding in the first year after the TGA loses eligibility, 50% in the second, and 25% in the third. By the fourth year, all of the former TGA's funding will go to the overall Part B pool.

Q: Will Sonoma County continue to receive funds after 2011?

A: The funds after 2011 will be included in the State of California's Part B allocation. The legislation's intent is clearly to prevent destabilization of local services. In year 1, 75% of Sonoma County of Sonoma's formula funding goes directly to the State's Part B pool., 50% the year after and 25% the third year.

Q: Sonoma County has a Commission before Part A, will there still be a Commission?

A: In 1987 the Sonoma County Board of Supervisors established the Commission and provided funds for its support. Those funds are no longer available

Q: What if we are able to identify more living cases of AIDS than have been reported?

A: Sonoma County identifies approximately 40 HIV cases per year. It is unlikely that we will identify over 500 individuals that have AIDS that haven't been diagnosed.

Q: What if we exceed the lower threshold before 2011?

A: Sonoma County must meet the criteria in 2010. The Grantee received notices each year for two years that have been shared with the Commission that the threshold has not been met.

Q: What is the dollar amount Sonoma County receives from Ryan White funds? How much goes to services, administration, quality improvement and planning council support?

A: Sonoma County receives Part A Minority AIDS Initiative funds that provide \$45,000 for primary care services for minorities and \$5,000 for administrative support. Part A Formula provides \$767,974 for services, Part A supplemental provides \$349,983 for services. Part A provides \$55,898 for quality improvement and \$111,796 for administration and planning council support.

Q: This is about Part A, what about Part B?

A: At the September Commission meeting information was shared that State Part B funds were allocated to Local Health Jurisdictions in a Single Allocation Method in a Two Tier Program (funds are to be used only for primary medical care and services that assist the neediest clients to stay in care).