HIV SERVICE AGENCY PROVIDER CONSULTATION

WE ARE ASSESSING THE ROLE OF MINORITY AND OTHER PROVIDERS IN THE RYAN WHITE CARE ACT (RWCA) ON BEHALF OF THE HRSA HIV/AIDS BUREAU. WE WOULD LIKE YOUR IMPRESSIONS ABOUT THE ROLE OF PROVIDERS IN HIV CARE PLANNING AND FUNDING. YOUR COMMENTS WILL BESUMMARIZED IN A REPORT TO THE HRSA HIV/AIDS BUREAU. INDIVIDUAL RESPONSES WILL BE NOT ATTRIBUTED TO AGENCIES TAKING PART IN THIS CONSULTATION. COMPLETION OF THIS CONSULTATION IS VOLUNTARY.

PLEASE RETURN THIS CONSULTATION BY FAX TO: (410) 263-6611 OR MAIL IT TO: POSITIVE OUTCOMES, INC. 115 GIBSON ROAD ANNAPOLIS MD 21401 RETURN THIS CONSULTATION BY:

AGENCY NAME: _____

HIV PROGRAM'S NAME: ______ STATE: CITY:

RESPONDENT'S NAME:

CONTACT INFORMATION IS NEEDED TO COMPUTE THE RESPONSE RATE TO THIS CONSULTATION REQUEST AND TO FOLLOW-UP TO CLARIFY RESPONSES.

1. WHAT TYPE OF AGENCY OR FACILITY IS THIS :

- **q** HOSPITAL OR HOSPITAL-BASED CLINIC
- **q** Publicly funded community health center
- q Publicly funded community mental health center
- **q** PUBLICLY FUNDED DRUG TREATMENT CENTER
- **q** OTHER COMMUNITY -BASED SERVICE ORGANIZATION
- **q PWA** COALITION

2. WHAT TYPES OF HIV SERVICES ARE PROVIDED BY YOUR AGENCY? (CHECK ALL THAT APPLY)

CLINICAL

- HIV COUNSELING AND TESTING
- **q P**RIMARY CARE
- **q** Specialty clinical care
- q Dental

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- **q** Mental health
- **q** Drug treatment
- q Home health
- **q** HEALTH EDUCATION, ADHERENCE COUNSELING, ETC.
- q Other: _____
- q Other: _____
- q Other: _____

OTHER SERVICES

- **q** Case management
- **q** TRANSPORTATION
- **q** Emergency assistance
- **q** Child Day Care
- **q** Food bank/home delivery meals
- q BUDDY SERVICES
- **q** SUPPORT GROUPS
- q PREVENTION
- **q** Outreach, case finding, etc.
- q Other:
- q Other:

3. WHAT SOURCES OF FUNDS SUPPORT YOUR AGENCY'S HIV SERVICES? (CHECK ALL THAT APPLY)

- **q** MEDICAID FEE-FOR-SERVICE
- **Q** MEDICAID MANAGED CARE CAPITA TION OR OTHER NEGOTIATED PAYMENT ARRANGEMENTS
- **q RWCA** TITLE I FUNDS
- **q RWCA** TITLE **II** FUNDS
- q RWCA TITLE III FUNDS
- q RWCA TITLE IV FUNDS
- q RWCA SPNS
- q Medicare

- **q** <u>Commercial</u> Managed care capitation or negotiated payment arrangements (not medicaid)
- **q** Private insurance fee-for-service
- **q** CDC PREVENTION FUNDS
- **q** CDC COUNSELING AND TESTING
- **q** CDC COUNSELING AND TESTING FUNDS
- **q** OTHER STATE GOVERNMENT FUNDS
- **q** Other local government funds
- **q** Charitable donations and fund raising
- q OTHER (SPECIFY) ____

- (CHECK ONE)
 - **q** Health department
 - **q** OTHER PUBLIC HEALTH A GENCY
 - **q** Solo or group private health care practice
 - **q** Other health
 - q OTHER NON-HEALTH

4. WHICH OF THE FOLLOWING CATEGORIES DESCRIBES YOUR AGENCY? (CHECK ALL THAT APPLY)

- q An agency in which minority group members make up greater than 50% of the agency's board members
- q Minority group members make up greater than 50% of the agency's staff members in HIV direct services
- q Solo or group private health care practice in which greater than 50% of the clinicians are minority group members
- q Other "traditional" provider that has historically served minority patients/clients but does not meet the criteria above
- q Other type of agency or facility

5. IN THE <u>LAST 12 MONTHS</u> DID YOUR HIV PROGRAM'S STAFF PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES : (CHECK ALL THAT APPLY)

- q State HIV/AIDS services planning group or subcommittees
- q State HIV/AIDS prevention planning group or subcommittees
- q AIDS Drug Assistance Program (ADAP) advisory group
- q Title I Planning Council (as a member)
- q Title I Planning Council committees
- q Title II Consortia (as a member)
- q State or local HIV/AIDS public hearings, town-hall meetings, focus groups, or surveys
- q Other organized HIV/AIDS services planning activities
- q NONE Ë If your HIV program <u>did not</u> participate in any of the items above:

5a. Why did your HIV program's staff not participate in the activities listed above?

q They were unaware of these activities

q Other (Specify)_____

6. What factors have facilitated the participation of your HIV program in HIV service planning activities? q None

7. What barriers has your HIV program experienced in participating in HIV service planning activities? q None

| q Very easy | q Easy | q Somewhat difficult | q Very difficult | q Don't know |
|--|--------|----------------------|------------------|--------------|
| 9. What activities or factors have helped your HIV program to obtain RWCA funds? q NONE | | | | |

10. What barriers did your HIV program encounter in obtaining RWCA funds? q None