

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 BE SUMMARIZED 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: _____

RESPONDENT'S NAME: _____

STATE: _____ CITY: _____

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 : (CHECK ONE)

- | | |
|---|---|
| <input type="checkbox"/> HOSPITAL OR HOSPITAL-BASED CLINIC | <input type="checkbox"/> HEALTH DEPARTMENT |
| <input type="checkbox"/> PUBLICLY FUNDED COMMUNITY HEALTH CENTER | <input type="checkbox"/> OTHER PUBLIC HEALTH AGENCY |
| <input type="checkbox"/> PUBLICLY FUNDED COMMUNITY MENTAL HEALTH CENTER | <input type="checkbox"/> SOLO OR GROUP PRIVATE HEALTH CARE PRACTICE |
| <input type="checkbox"/> PUBLICLY FUNDED DRUG TREATMENT CENTER | <input type="checkbox"/> OTHER HEALTH |
| <input type="checkbox"/> OTHER COMMUNITY -BASED SERVICE ORGANIZATION | <input type="checkbox"/> OTHER NON-HEALTH |
| <input type="checkbox"/> PWA COALITION | |

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

CLINICAL

- HIV COUNSELING AND TESTING
- PRIMARY CARE
- SPECIALTY CLINICAL CARE
- DENTAL
- MENTAL HEALTH
- DRUG TREATMENT
- HOME HEALTH
- HEALTH EDUCATION, ADHERENCE COUNSELING, ETC.
- OTHER: _____
- OTHER: _____
- OTHER: _____

OTHER SERVICES

- CASE MANAGEMENT
- TRANSPORTATION
- EMERGENCY ASSISTANCE
- CHILD DAY CARE
- FOOD BANK/HOME DELIVERY MEALS
- BUDDY SERVICES
- SUPPORT GROUPS
- PREVENTION
- OUTREACH, CASE FINDING, ETC.
- OTHER: _____
- OTHER: _____

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

- | | |
|---|--|
| <input type="checkbox"/> MEDICAID FEE-FOR-SERVICE | <input type="checkbox"/> <u>COMMERCIAL</u> MANAGED CARE CAPITATION OR NEGOTIATED PAYMENT ARRANGEMENTS (NOT MEDICAID) |
| <input type="checkbox"/> <u>MEDICAID</u> MANAGED CARE CAPITATION OR OTHER NEGOTIATED PAYMENT ARRANGEMENTS | <input type="checkbox"/> PRIVATE INSURANCE FEE-FOR-SERVICE |
| <input type="checkbox"/> RWCA TITLE I FUNDS | <input type="checkbox"/> CDC PREVENTION FUNDS |
| <input type="checkbox"/> RWCA TITLE II FUNDS | <input type="checkbox"/> CDC COUNSELING AND TESTING |
| <input type="checkbox"/> RWCA TITLE III FUNDS | <input type="checkbox"/> CDC COUNSELING AND TESTING FUNDS |
| <input type="checkbox"/> RWCA TITLE IV FUNDS | <input type="checkbox"/> OTHER STATE GOVERNMENT FUNDS |
| <input type="checkbox"/> RWCA SPNS | <input type="checkbox"/> OTHER LOCAL GOVERNMENT FUNDS |
| <input type="checkbox"/> MEDICARE | <input type="checkbox"/> CHARITABLE DONATIONS AND FUND RAISING |
| | <input type="checkbox"/> OTHER (SPECIFY) _____ |

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

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

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

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

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

- They were unaware of these activities
- Other (*Specify*) _____

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

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

8. How easy has it been for your HIV program to obtain RWCA funds for your HIV program?

- VERY EASY EASY SOMEWHAT DIFFICULT VERY DIFFICULT DON'T KNOW

9. What activities or factors have helped your HIV program to obtain RWCA funds? **NONE**

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