APPENDIX F

ryan white Part a/b grantee Interview guide

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RYAN WHITE HIV/AIDS PROGRAM MODELING STUDY

RYAN WHITE pART A/B GRANTEE INTERVIEW guide

DRAFT

JUNE 6, 2013

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IDENTIFYING INFORMATION

[TO BE COMPLETED BY NOTETAKER]

| Organization Name |  |
| --- | --- |
| Respondent Name |  |
| Type of Grantee [Part A or B] |  |
| Respondent Telephone Number |  |
| Date and Time of Call |  |
| Interviewer Name |  |
| Notetaker Name |  |
| Additional Comments |  |

Section I: Introduction

Hi, my name is [NAME]. I work for Mathematica Policy Research. Thank you for taking the time to talk with me. As you know from the letter you recently received from the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services, the Mathematica project team is speaking with Part [NAME A or B] grantees to obtain insights from the field about Ryan White program-funded services.

This call will last about 60 minutes. I will ask you questions on six topics: (1) HIV service needs and use, (2) your current allocation of Ryan White program funding for medical and support services; (3) other sources of funding you receive for HIV services; (4) strategies you have used to manage your Ryan White program expenditures; (5) coordination of eligibility, enrollment, and benefits between the Ryan White program and other payers; and (6) factors that influence the need for Ryan White program funding in your jurisdiction.

I will not share your individual comments with anyone. Our reports will present an aggregate analysis, describing the general experiences and viewpoints expressed across grantee and provider organizations. None of the responses will be attributed to specific individuals or organizations or jurisdictions. Also, your participation in this interview will have no effect on decisions about funding that your organization receives for HIV care and treatment. My co-worker [NAME] is taking notes of today’s interview, and we’d also like to audiotape our discussion to ensure that we’ve captured your comments accurately. The audio recording will not be shared with anyone and will be destroyed after preparing our report. Is this OK with you?

The last thing I would like to mention is that I need to cover a wide range of topics during this interview. At times I may need to move our conversation along to make sure we have enough time to cover everything within one hour. Do you have any questions for me before we get started?

Section II: Interview questions

A. Respondent Information and Context

1. What is your current position in your agency?
2. How long have you been in your position? In your agency?

B. Ryan White Program Clients

*Today we are going to talk about your Part [NAME A or B] grant.*

1. In 2012, how many people (an unduplicated count) in your [STATE, EMA, OR TGA] received Part [NAME]-funded medical or support services, including early intervention services? (NOTE: Confirm the data are for 2012. If data are not available for 2011, please provide data for 2011.)
2. Of the total [NUMBER] clients in your jurisdiction, how many (or what percentage) were:
   1. Enrolled in Medicaid
   2. Enrolled in Medicare
   3. Enrolled in private health insurance (NOTE: Private insurance, through continuation of an employer-based plan, COBRA, or other private insurance plans.)
   4. Enrolled in a pre-existing condition insurance plan (PCIP) or a state high-risk insurance pool (NOTE: PCIPs are state or federal high risk pools for people with pre-existing conditions, such as HIV/AIDS.)
   5. Uninsured (NOTE: This includes self-pay clients.)
3. In 2012, approximately what percentage of the total [NUMBER] clients had income that was:
   1. Below 138 percent of the Federal Poverty Level (FPL) (NOTE: In 2012, 138 percent of the FPL for an individual is $15,415.)
4. Between 138 and 400 percent of FPL (NOTE: In 2012, 400 percent of the FPL for an individual is $44,680.)
5. At 400 percent of FPL and above (NOTE: In 2012, 400 percent of the FPL for an individual is $44,680.)
6. [***Question for Part B grantees only:***] In 2012, what was the number of ADAP clients in your state? Approximately what percentage of the ADAP clients are uninsured?

C. HIV Service Needs

*For the next set of questions, please refer to the list of Ryan White program services in* ***Table 1*** *at the end of this interview guide.*

1. Among your ***Medicaid clients***, which HIV medical and support services do they use most? Among your clients with ***Medicaid***, which services do they use that are covered either in part or in full by Medicaid? What percentage of the cost of providing that service is paid by Medicaid? (e.g., respond with a range like ‘More than 50%’ or ‘Less than 50%’) Which services do your Medicaid clients use that are not covered by Medicaid?
2. Among your ***privately insured clients***, which HIV medical and support services do they use most? Among your clients with ***private insurance***, which services do they use that are covered either in part or in full by their insurance? What percentage of the cost of providing that service is paid by private insurance? (e.g., respond with a range like ‘More than 50%’ or ‘Less than 50%’) Which services do your privately insured clients use that are not covered by private insurance?
3. Among your ***uninsured clients***, which HIV medical and support services do they use most?

D. Ryan White Program Funding Prioritization and Allocation

*For the next few questions, please refer to the list of Ryan White program services in* ***Table 1*** *at the end of this interview guide.*

1. In 2012, how much Part [NAME] funding did you receive from the Ryan White program? Is this funding an increase, decrease, or no change from prior years?
2. What medical or support service categories were given the highest priority in terms of your Ryan White program funding allocations in 2012? (NOTE: For Part A respondents, ask for their planning council’s “priority ranking” table.)
3. Why did you identify these as the highest priority services?
4. Which service categories were identified as low priority? Why were these determined to be low priority services?

D. Other Sources of Funding for HIV Services

1. In 2012, in addition to the total [AMOUNT] of Part [NAME] funding you received, did you receive funding from other sources to pay for HIV testing, medical, and support services? This can include other Part A, B, C, D, SPNS, or MAI funding from the Ryan White program, as well as funding from city, county, or state governments, other HRSA programs and other federal agencies, and foundations. (NOTE: For Part A respondents, ask for their “other funding” grant application table.)
2. How much did you receive from each of those other sources, and which services were provided using each of those different funding sources?
3. Do the HIV providers in your jurisdiction have the capacity to bill commercial insurers and other third-party payers for HIV services?

E. Strategies to Manage Your Ryan White Program Expenditures

1. In 2012, did you take any steps to manage or leverage your ADAP expenditures or expenditures for other medication assistance programs If so, please describe.

1. In 2012, did you take any steps to manage your non-ADAP Ryan White program expenditures? If so, please describe.

F. Coordination of Client Eligibility, Enrollment, and Provider Selection

1. Do you currently work with your state’s Medicaid program to coordinate HIV programs and services? If so, how do you work together and on what programs or services? Do you currently fund services that:
   1. Educate clients about the provisions of the Affordable Care Act
   2. Help clients apply for and enroll in Medicaid or other insurance plans
   3. Help clients manage their HIV care across multiple service providers
2. If so, what types of services do you fund? (NOTE: Models of assistance might include: benefits coordinators; intake services; outreach, linkage, and referral services; and patient navigation or other case management practices.)

Section Iii: Closing

That ends my questions. Is there anything that I haven’t asked you that you think would be important for me to know to better understand the service needs among Ryan White Program clients in your jurisdiction?

Thank you very much for taking the time to speak with me. If we realize I missed something or have a follow-up question, can I give you a quick follow-up call?

(NOTE: INTERVIEWER: REMIND RESPONDENT OF ANY ITEMS HE/SHE AGREED TO SEND AND CONFIRM HE/SHE HAS YOUR CONTACT INFORMATION.)

Table 1. List of Ryan White Program-Covered Services

|  |
| --- |
| **Core Services** |
| Outpatient Ambulatory Health Service |
| Oral Health Care |
| Early Intervention Services |
| Home Health Care |
| Home and Community-Based Health Services |
| Hospice Care |
| Mental Health |
| Medical Nutrition Therapy |
| Med Case Management |
| Substance Abuse Services – Outpatient |
| Local Pharmaceutical Assistance |
| Health Insurance Program |
| **Support Services** |
| Non-Medical Case Management |
| Food Bank / Home Delivered Meals |
| Health Education / Risk Reduction |
| Transportation Services |
| Psychosocial Support |
| Treatment Adherence Counseling |
| Childcare |
| Development Assessment |
| Emergency Financial Assistance |
| Housing Services |
| Legal Services |
| Linguistic Services |
| Outreach Services |
| Permanency Services |
| Referral for Healthcare / Supportive Services |
| Rehabilitative Services |
| Respite Care |
| Residential Substance Abuse Services |