

Priority Setting Methodology for 2006

The priority setting model is based on four sources of data, each with a specific weight assigned. The 2006 Comprehensive HIV Client Needs Assessment accounts for 40% of an overall category score. The service taxonomy from the Texas Department of State Health Services (DSHS) counts for 30% of an overall score, utilization (unduplicated client count) is weighted 20%, and the 2006 Ryan White CARE Act reauthorization proposals definitions of core medical services count for 10%.

The 2006 Central Texas HIV/AIDS Client Needs Assessment ranks 30 services by importance to clients for each HSDA. The last portion of the assessment survey asks clients to rank the service categories by importance. The ranking is based upon aggregate importance from all surveys. For services ranked 1 – 6, the category received 5 points, for those ranked 7 – 12, 4 points were assigned, rank 13 – 18 received 3 points, rank 19 – 24 received 2 points, and ranks 25 – 30 received 1 point.

The DSHS taxonomy of service categories divides services into groups of importance (see <http://www.tdh.state.tx.us/hivstd/taxonomy/default.htm>). Tier 1 health care services: core (Ambulatory Outpatient Medical Care, Drug Reimbursement, Mental Health Services, Oral Health Services, Substance Abuse Inpatient/Outpatient, Case Management) received 5 points, tier 1 health care services: non-core medical (Treatment Adherence, Health Insurance, Rehabilitation Services, Home Health Care, Hospice Care) received 4 points, tier 2 access services (Housing and Housing Related Services, Outreach Services, Referral for Health Care/Supportive Services, Referral to Clinical Research, Transportation Services, Early Intervention Services) received 3 points, and tier 3 support services (Nutritional Counseling, Childcare Services, Child Welfare Services, Buddy/Companion Service, Client Advocacy, Psychosocial Support Services, Developmental Assessment/early intervention, Day or Respite Care, Emergency Financial Assistance, Food Bank/Home Delivered Meal, Health Education / Risk Reduction, Legal Services, Permanency Planning, Other Support Services) received 2 points.

Utilization is based on quintile calculations of unduplicated client count utilization of each service between April 1, 2005 and March 31, 2006. The number of unduplicated clients served for each service category was placed in ascending order. Using a formula to calculate the quintile division point, the services were then divided into five segments of utilization. The quintile with the most utilization received 5 points, down to the lowest utilization, which received 1 point.

Reauthorization proposals of the Ryan White CARE Act in 2006 have defined a set of core medical services in which 75% of Ryan White funds must be allocated and spent. To account for this, services that are defined in the bills as core medical received 5 points, while all other services received 3 points. The list of core medical services within the proposals include: Outpatient and Ambulatory Health Services, ADAP Treatments and Pharmaceutical Assistance, Oral Health Care, Early Intervention Services, Health Insurance Premium and Cost Sharing Assistance, Home Health, Hospice, Home and Community-based Health Services (excluding homemaker services), Mental Health and Substance Abuse Outpatient Services, and Medical Case Management. It is important to note that the reauthorization proposals list medical case

management as core medical, yet the category Case Management, is assigned only 3 points. Historically, social case management is the only funded form of case management in the Central Texas HIV Planning Area, and is not defined as a core medical service, thus receiving only 3 points.

Each score is then multiplied by its corresponding weight. For example, Ambulatory Outpatient Medical Care (AOMC) may be ranked as the most important service to clients, receiving 5 points multiplied by 40% (the weight given to the needs assessment) = 2. The DSHS taxonomy lists AOMC as a tier 1 core medical service, thus receiving 5 points multiplied by 30% = 1.5. Client utilization placed the service as one of the most used services, scoring 5 points multiplied by 20% = 1. The Ryan White CARE Act reauthorization proposals list AOMC as a core medical service, thus scoring 5 points multiplied by 10% = 0.5. After all point scores are multiplied by their weight, the products are added to get the service category overall score. $2 + 1.5 + 1 + 0.5 = 5$. See this example shown in the table below:

Service	Needs Asst.	DSHS Taxonomy	Utilization	RWCA Reauthorization	Total based on 40/30/20/10 weights
AOMC	$5 \times 40\% = 2$	$5 \times 30\% = 1.5$	$5 \times 20\% = 1$	$5 \times 10\% = 0.5$	5

The overall service category scores are then ordered and then assigned a priority. The highest overall category score ranks as the first priority. Some overall category scores were the same, and thus assigned the same priority ranking.

Example: Home Health

Home Health ranked in the middle of client importance, scoring 3 points; the DSHS taxonomy lists the service as tier 1 non-core medical, scoring 4 points; client utilization shows this was one of the least used services, scoring 1 point; and the Ryan White CARE Act reauthorization proposal lists Home Health as a core medical service, scoring 5 points.

$(3 \times 40\%) + (4 \times 30\%) + (1 \times 20\%) + (5 \times 10\%) = 3.1$

Service	Needs Asst.	DSHS Taxonomy	Utilization	RWCA Reauthorization	Total based on 40/30/20/10 weights
Home Health	$3 \times 40\% = 1.2$	$4 \times 30\% = 1.2$	$1 \times 20\% = .2$	$5 \times 10\% = .5$	3.1