Directives

Directives are the PC's guidance to the recipient on "how best to meet each such priority and additional factors" to consider in procurement.

Develop Directives Before Resource Allocation

Directives can be developed year-round but are best completed and adopted prior to resource allocation because they often have fiscal implications:

- The cost of implementing a directive needs to be included in the allocation for the affected service category
- Adding funds to one category may require reducing funds for other categories – best done as part of the allocation process

Directives: Purposes and Examples 1

1. **Ensuring availability of services in all parts of the TGA or in a particular county or area**

   Examples:

   - PLWH located in all three regions of the TGA must be able to obtain outpatient ambulatory health services (HIV-related medical care) within their region or less than 5 miles outside it
   - Mental health services must be available in Outlying County A

Directives: Purposes and Examples 2

2. **Ensuring services appropriate for specific target populations**

   Examples:

   - Core medical service providers must have bilingual Spanish-English staff in positions with direct client contact, including clinical staff
   - Each of the three counties in the TGA must have at least one service provider qualified to provide culturally appropriate services to young MSM of color

Directives: Purposes and Examples 3

3. **Overcoming barriers that reduce access to care**

   Examples:

   - Every funded outpatient ambulatory health services (OAHS) provider and medical case management provider must offer services at least one evening each week or one weekend day each month
   - Transportation must be made available to PLWH who are unwilling to obtain care in their own communities due to fear of exposure and stigma, and who require such assistance so they can access care in another location within the TGA

Directives: Purposes and Examples 4

4. **Calling for the testing or broader use of a particular service model**

   Examples:

   - At least one medical provider will receive funds to test a Rapid Response linkage to care model, designed to ensure that newly diagnosed PLWH clients have their first medical visit within 72 hours after receiving a positive test result
   - All medical case management providers will ensure that at least one case manager completes recipient-approved geriatric training on a refined case management model for older PLWH

HRSA/HAB Expectations – Directives Should:

- **Address a documented need,** often using data/analyses based on information from:
  - **Needs assessment** – service gaps or problems identified by consumers or providers
  - **HIV care continuum** – disparities in linkage to care, retention, and/or viral suppression among specific PLWH populations
  - **Service utilization** – disparities in use of particular service categories by different PLWH populations
  - **Clinical Quality Management** – changes in service models that improve patient care, health outcomes, and patient satisfaction

HRSA/HAB Expectations (cont.) – Directives Should:

- **Be explored and developed as needed throughout the year** – often with the involvement of several committees, such as the following:
  - Needs Assessment and Planning
  - Care Strategy/System of Care
  - Consumer/Community Access
  - Priority Setting and Resource Allocation
- **Be presented in relation to the PSRA process**, since they often have financial & procurement implications
- **Be approved by the full PC,** along with or separate from resource allocations

HRSA/HAB Expectations – Directives Must Not:

- **Have the effect of limiting open procurement by making only 1-2 providers eligible**

  Examples:

  - **OK:** Mental health services must be provided by clinicians that can demonstrate expertise in serving people living with HIV
  - **Not OK:** Mental health services must be provided by organizations with prior RWHAP experience

Quick Scenario C: Directives

The PC is concerned about the low retention in care for formerly incarcerated PLWH, who also have high rates of substance use. The Care Strategy Committee has been exploring ways to address this problem and has suggested testing either a peer navigator model associated with medical care management or an intensive case management model with specially trained case managers.

1. ***How might a directive be used in this situation*?**
2. ***What might the directive say?***

In Developing Directives, PCs should:

- **Work with the recipient to explore cost implications**

  Example:

  To improve retention of employed PLWH, the PC wants to require OAHS and medical case management providers to have evening or weekend hours

  - **Cost implications:** Adding evening or weekend hours adds costs for staff and for keeping the facility open longer
  - **Funding implications:** Implementing this directive will require adding funds to OAHS and medical case management or serving fewer people in these service categories

After a Directive is Approved

- Recipient must follow directives in procurement and contracting but cannot always guarantee full success

  Example:

  - Recipient puts out a request for proposals but receives no qualified responses

- Recipient should be asked to provide updates on implementation of directives
- PC and recipient should work together to assess the results and value of the directive

Activity: Developing Directives

- Work in a small group, choosing a facilitator, recorder, and reporter
- Review your information package and identify an issue that should be addressed through a directive
- Develop a draft directive, considering its purpose, wording, rationale, potential costs, and additional exploration needed before it can be recommended for adoption by the PC
- Put your draft directive on easel pad paper
- Have your reporter prepared to report on the proposed directive at the PC's monthly meeting