



# Home & Community Based Health Services

## 2012 Service Area Review Summary

HRSA Core Medical Service

Essential Service—Continuum of Care

Comprehensive Plan—YES

Home & Community Based Health Services - includes skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Includes durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous/aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate developmental, mental health, and rehab. Inpatient hospitals services, nursing home and other long term care facilities are NOT included.

There is currently 1 contract with a metro provider and 0 contracts with greater MN providers to serve 24 clients.

### DATA SUMMARY HIGHLIGHTS

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 11% of the 515 respondents indicated that they had received home or community-based health care services within the 12 months. Of those who had not received this service in the past twelve months (n=459), twelve people (3%) indicated that they needed the service. The barriers or reasons listed by those twelve people who needed to but were unable to access the service during the past year included did not qualify (3), unaware of service (3), system barriers (2), and transportation.

In 2011, utilization may be lower than expected due to the lag time between the previous provider ending their contract early and a new provider picking up the service. However, the current provider currently has a waiting list of five (5) individuals who need this service.

Due to budget cuts, this service is less available through State programs (including Medicaid and Medicare). With an aging population, the need for this service could increase as more people are living longer with HIV disease.

### CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
18 out of 26 service areas	23 out of 25 service areas

### ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	\$117,800	0%		
2010	\$117,800	(25%)	\$114,657	97%
2009	\$156,800	63%	\$144,222	92%

### UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	32	<1% (n=6,814)	<1% (n=4,131)
2009	45	<1% (n=6,552)	1% (n=3,700)
2008	41	<1% (n=6,221)	<1% (n=4,713)

### ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=515)		
Accessed Service in last 12 Months - n=56 or 11%	Did NOT Access Service in last 12 months - n=459 or 89%	
	Did not Need service n=447	Needed service, but unable to access n=12
	97%	3%



# Service Area Review Summary—Legend

The HRSA definition for the service area/activity is listed in this box. The Planning and Priorities Committee reviews and revises these definitions every two years to reflect the HRSA definition and the current local practice.

This box indicates whether the service area is a **core medical** or **support** service on HRSA list of allowable services

HRSA Support Service

Essential Care Service—  
Continuum of Care

Comprehensive Plan—  
YES

This box indicates the number of metro and Greater MN contracts for FY 2011 and the number of clients to be served by those contracts. The number of contract reflects the funding source (Part A, Part B or both and not the number of agencies providing this service.

This box indicates the type of service as described in the Continuum of Prevention and Care Services.

This box indicates whether or not the service area is a part of a goal or activity within the current Strategic Plan.

## DATA SUMMARY HIGHLIGHTS

Data Summary Highlights are drafted by the Needs Assessment & Evaluation Committee and are derived from various reports including the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, the Path to Care Study, the Study of Oral and Behavioral Health Services, the 2006 Brief Assessment of Client Need, the 2010 Minnesota Dept. of Health HIV Surveillance Report, Utilization Data, and other reports.

Data in this table is from the Planning Council Allocations tables.

Data in this table is from the Client Level Data Reporting System maintained by the Minnesota Department of

Data in this table is from the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease. The number of respondents varies based on the question.

## CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
Ranking from 2010 Prioritization	Ranking from 2010 Needs Assessment

## ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011				
2012				
2009				

## UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010			
2009			
2008			

## ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=)		
Accessed Service in last 12 months - n=XXX - XX%	Did NOT Access Service in last 12 months - n=XXX or XX%	
	Did not Need service n=XXX	Needed service, but unable to access n=XX
	XX%	XX%