

## APPENDIX D: SURVEY: ASSESSMENT OF PROVIDER CAPACITY AND CAPABILITY

### SURVEY OF PART A PROVIDER CAPACITY

HRSA guidelines for development of a Comprehensive Plan recommend that the description of the Current System of Care includes “An assessment of provider capacity and capability (e.g., do current providers have the expertise and infrastructure to meet current and projected service needs?).”

Given the impact of the RWTMA of 2006, specifically reduced funding and the requirement for 75%/25% allocation of direct service dollars to core medical services and support services, we should examine providers of all services.

Therefore for each **core medical service provider** please complete the following assessment.

<b>Name of Provider:</b>	
<b>Services provided:</b> (List all for FY 2008)	

**For each service:**

1. What is the current level of funding (FY 2008)?
2. How many clients is the provider contracted to serve within the current contract amount?
3. Is the level of funding and number of clients an increase or decrease over last year (FY 2007)?
4. What is the reason for the change?
  - a. Reduced Part A grant award
  - b. Other (please explain)

- c. If Part A funding to this provider was increased to expand services, could this expansion occur immediately or at the start of FY 2009 (March 1)? (Check one.)

	Yes, with no problem.
	Yes, but only for a small increase. Larger amounts would take longer.
	No, there are too many barriers.
	No, they are at capacity. (Please explain – physicians, space, staff, etc.)
	No, they do not want to expand.
	Other. Please explain.

5. In your assessment, is there any cap or maximum amount of funding or staff beyond which the provider cannot expand?

What is this funding or staffing level?

What are some of the barriers to expansion of capacity? (Examples are listed below.)

1. Hiring staff. Takes too long (how long). Many roadblocks.
2. Staff turnover
3. Salaries.

6. How has the change in social appropriations from the federal level changed their HIV systems. (For example, more dual staffing = e.g., RWCA with HOPWA.)
7. According to RWU, reallocations are not always based on ability of agencies to get clients, but is more often due to staff turnover and/or lack of staff to handle clients. Agencies cannot meet their performance expectations.

For this provider and core medical service, has their Part A funding been reallocated **to another provider and from this provider?** If yes, why? (List reasons.)

For this provider and core medical service, has their Part A funding been reallocated **from another provider and to this provider?** If yes, why? (List reasons.)

8. Please add any other information you think is relevant to this provider's capacity to serve additional PLWHA.