



## Quick Reference Handout 5.4: Priority Setting

### Introduction

Priority setting is the process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all people with HIV in your Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA). It is the first step in Priority Setting and Resource Allocation (PSRA). Planning councils/planning bodies (PC/PBs) agree on the relative importance for your jurisdiction of all core medical services and support services that can be funded under Part A of the Ryan White HIV/AIDS Program (RWHAP); that list of service priorities becomes the basis for decision-making about the use of Part A funds in your EMA or TGA.

The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) expects priorities to be developed based on the service needs of all people with HIV who live in the EMA or TGA, regardless of who they are or where they live. Your PC/PB must assign a priority ranking to all core medical and support services annually<sup>1</sup>, using a sound, fair process. That process should ensure that decisions are based on data, such as needs assessment findings and utilization of currently funded services, and address the needs of diverse people with HIV who may depend on RWHAP for their HIV care. RWHAP Part A programs can fund only core medical service categories listed in the legislation and support services approved by the Secretary of Health and Human Services (HHS) based on the legislation. The current listing of those services is provided in Policy Clarification Notice (PCN) #16-02, "Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds," which was issued in 2016 and is periodically updated<sup>2</sup>.

Decisions about priorities should be based solely on the importance of service categories to diverse groups of people with HIV who depend on RWHAP for their HIV care. It should not consider who currently funds these services or how much funding they have – that is addressed through a separate PRSRA process, resource allocation.

### Sound Practices

Sound practices for priority setting include the following:

- **Effective timing:** Set priorities after the PC/PB has held its annual data presentation, so members will be familiar with the most recent available data about service needs and utilization in the EMA or TGA.
- **Full list of priorities:** Prioritize each of the 28 service categories that HRSA HAB permits to be funded under RWHAP Part A (see list on page 2). This is now HRSA HAB's guidance. Base your rankings on how important each service is to people with HIV in your EMA/TGA. Give lowest priority to services members agree are not important in your EMA or TGA and probably will not be needed by RWHAP Part A clients during the next program year. Carefully consider your rankings. Even if your PC/PB cannot fund all the services on your priority list with expected Part A funds, it is possible that additional resources will become available. Don't exclude service categories because they are currently funded under some other funding source – the other funding for an important service might be lost.

- **Use of current priorities list:** Begin with the current year’s priorities and revise from there. Some PC/PBs do a full “reprioritization” every 3-4 years and review and update in between.
- **Relation between priorities and allocations:** When your PC/PB gets to the resource allocation phase of PSRA, the allocations should reflect your agreed-upon priorities. While support from other funding streams may make Part A funding unnecessary or reduce the amount required, your overall allocations should reflect your priorities.

## **RWHAP Part A-Fundable Service Categories**

### **Core Medical Services (13)**

AIDS Drug Assistance Program (ADAP) Treatments  
 AIDS Pharmaceutical Assistance  
 Early Intervention Services (EIS)  
 Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals  
 Home and Community-Based Health Services  
 Home Health Care  
 Hospice  
 Medical Case Management, including Treatment Adherence Services  
 Medical Nutrition Therapy  
 Mental Health Services  
 Oral Health Care  
 Outpatient/Ambulatory Health Services (OAHS)  
 Substance Abuse Outpatient Care

### **RWHAP Support Services (15)**

Child Care Services  
 Emergency Financial Assistance (EFA)  
 Food Bank/Home Delivered Meals  
 Health Education/Risk Reduction  
 Housing  
 Linguistic Services  
 Medical Transportation  
 Non-Medical Case Management Services  
 Other Professional Services (e.g., Legal Services, Permanency Planning, Income Tax Preparation Services)  
 Outreach Services  
 Psychosocial Support Services  
 Referral for Health Care and Support Services  
 Rehabilitation Services  
 Respite Care  
 Substance Abuse Services (residential)

## Typical Steps in Priority Setting

- 1. Agree on the principles, criteria, and decision-making process for priority setting.** This should be a clearly stated process that the PC/PB has approved. Be sure everyone understands the process your PC/PB has chosen.
- 2. Review and clarify current HRSA HAB service category definitions** for both core medical-related and support services to be sure everyone understands them.<sup>3</sup> Discuss any EMA/TGA-specific refinements such as a narrowing of those definitions or further descriptions of how services are to be provided. For example, your PC/PB may limit Emergency Financial Assistance (EFA) to certain types of assistance such as Food and/or Housing, and not allow funds to be used for Utility Assistance, or Emergency Medication Assistance.
- 3. Review information inputs from year-round work and from your data presentation.** The recipient should be present to provide information and help explain the data – especially service utilization data – and offer advice, but the PC/PB is the decision maker.
- 4. Review and discuss** current priorities and the rationale used for developing them, and the implications of needs assessment, service utilization, and other data “inputs” – so you can identify possible need to revise your priorities. Consider which service categories appear to warrant higher or lower priority based on the needs of all people with HIV or particular subpopulations.
- 5. Use the approved process for decision making.** This might involve electronic or paper prioritization sheets where people can record their individual priorities, some other form of voting, or consensus based on discussion. HRSA HAB now expects PC/PBs to prioritize all fundable service categories; some PC/PBs allow members to choose to identify certain services as “not needed” and give them the lowest ranking on their prioritization form.
- 6. Once services have been ranked in priority order, review the list** to be sure it reflects agreed-upon principles and criteria. Discuss any remaining concerns.
- 7. Take a final vote on the entire list of service priorities.** Be sure the approved list of priorities is written down and provided to PC/PB support staff at the end of the meeting. If a voting process was used, keep the voting forms and tallies in case there are questions later.
- 8. If the entire PC/PB did not participate, present recommendations and rationale to the full PC/PB.** The full PC/PB is the final decision maker about priority setting and resource allocation. Many PC/PBs do priority setting as a full body, while others assign that responsibility to a committee, which is expected to present not only its recommended priorities but the reasons for changes in the priorities or for excluding some service categories from the list.

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### End Notes

<sup>1</sup>See the RWHAP Part A Recipient Letter from the Director of the HRSA HAB Division of Metropolitan HIV/AIDS Services, at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/planning-council-planning-body-requirements-expectations.pdf>.

<sup>2</sup>PCN #16-02 was revised on October 22, 2018; it is available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>.

<sup>3</sup>The service category definitions in #16-02 are summarized in Quick Reference Handout 5.1: Quick Guide to RWHAP Part A-Fundable Service Categories.