



Quick Reference Handout 3.1: Annotated Flow Chart of the Annual RWHAP Part A Planning Cycle

How a Planning Council/Planning Body* Works with the Recipient to Carry out its Responsibilities

Understanding/Interpreting the Flow Chart

The flow chart is based on legislative requirements for RWHAP Part A recipients and planning councils. Responsibilities of non-PC planning bodies are often very similar to those of planning councils but are not legislatively specified. The flow chart assumes that a planning body will carry out the same tasks as a planning council, but that it will provide recommendations rather than the final decisions made by planning councils.

Planning Council/Planning Body Responsibilities

Teal boxes are planning council/planning body (PC/PB) responsibilities—though the recipient provides needed data and often recommendations to support the PC/PB’s work. The PC/PB has a responsibility to:

Do priority setting and resource allocation (PSRA), which includes the following:

- Hold a data presentation, using data obtained through the needs assessment and provided by the recipient
- Set service priorities, indicating the relative importance of the core medical and support services that may be funded through RWHAP Part A
- Develop directives on how to best meet needs—usually addressing service models, geographic locations, and/or target populations

- Allocate resources to prioritized service categories—includes both RWHAP Part A and Part A Minority AIDS Initiative (MAI) program funds
- Provide its priorities, allocations, and directives to the recipient for inclusion in the RWHAP Part A application
- Receive and review program expenditure data by service category that is provided by the recipient, usually each month
- Use that information to reallocate funds across service categories as needed—including rapid reallocation towards the end of the funding year—to ensure that program funds are used for needed services and minimize carryover

Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, usually after the program year has ended

Recipient Responsibilities

Gray boxes show recipient responsibilities, tasks for which the PC/PB has no responsibility. However, sometimes the PC/PB provides information or products that are used by the recipient in carrying out these tasks:

Prepare the epidemiologic profile, or work with State HIV surveillance staff to obtain it

Provide client characteristics, service utilization, and expenditure data, collected by RWHAP subrecipients and reported to the recipient and HRSA/HAB through the RWHAP Services Report (RSR) which is submitted in March of each year

* Responsibilities of non-PC planning bodies are often very similar to those of planning councils, but are not legislatively determined.

Generate performance, clinical outcomes, and clinical quality management (CQM) data, which are provided to the PC/PB in aggregate form for the entire service area or by service category, with no identification of individual subrecipients; this often includes HIV care continuum data both for all people living with HIV (PLWH) in the service area and for RWHAP clients served by all program “Parts”

Carry out procurement and contract management, tasks with which the PC/PB has no involvement:

- Contract for services and amend contracts as needed—subrecipient contracts often cover several program years, but are amended each year based on changes in allocations and the size of the award
- Monitor subrecipients

Prepare and submit the annual RWHAP Part A application; the PC/PB provides PSRA process and decisions, needs assessment data, the letter of assurance or concurrence, and other input to the application, but its preparation is a recipient responsibility.

Shared Responsibilities

Orange boxes are shared responsibilities of the PC/PB and recipient. Both have a responsibility to do the following, though the PC/PB takes the lead on some:

Develop, review, and update the five-year HRSA/CDC Integrated HIV Prevention and Care Plan—the PC/PB takes the lead

Conduct needs assessment—the PC/PB takes the lead

Analyze and review data, including needs assessment data and information provided by the recipient

