

Module 3: Overview of the RWHAP Part A Annual Planning Cycle

GETTING READY: NOTES FOR TRAINERS

MODULE SCOPE

Purpose

To help new Ryan White HIV/AIDS Program (RWHAP) Part A planning council/planning body (PC/PB) members and committee members become familiar with the planning cycle as implemented each year, and identify approaches to collaboration between the PC/PB and recipient that contribute to meeting annual deadlines.

Content Overview

The Annual RWHAP Part A Planning Cycle

- Integrated Plan Review/Updates
- Annual Work Plan: “Plan to Plan”
- Epidemiologic Profile and Needs Assessment
- Review of All Data
- Priority Setting and Resource Allocation (PSRA)
- Data Review and Reallocation
- Evaluation and Planning Outcomes

Successfully Completing Annual Planning

- Special Considerations for Integrated Prevention-Care Planning Bodies
- Key Planning Challenges
- Responsibilities of Individual PC/PB Members
- Committee Roles
- Responsibilities of the PC/PB as a Whole

How the PC/PB and Recipient Collaborate in Annual Planning

- Shared Responsibilities
- Flow Chart Showing How the PC/PB and Recipient Work Together
- Importance of Timing
- Sound Practices for Collaboration

Learning Objectives

Following training (which may take place over one or more sessions), participants will be able to:

1. List and describe each component of the RWHAP Part A annual planning cycle
2. Identify entities responsible for each of the major annual planning tasks
3. Describe and distinguish the roles of individual PC/PB members, committees, and the PC/PB as a whole in the annual planning cycle
4. Describe 4 key dates in the annual planning cycle
5. Provide 3 examples of PC/PB-recipient collaboration needed for successful annual planning.

USING THE MODULE

Suggested Uses

- As an introduction to the RWHAP for new members of the PC/PB, to help clarify the annual planning cycle and its demands on members
- As a session for all PC/PB members and non-PC/PB members who serve on committees, where the PC/PB wants to improve coordination across committees and timely, organized completion of annual planning tasks and products
- As part of the orientation for new PLWH committee or caucus members or non-PC/PB members who serve on committees, so they understand their part in the overall planning cycle
- As part of the training new PC/PB support staff and recipient staff who have little or no previous experience with RWHAP planning
- For members of newly integrated planning bodies, to help those from a prevention background become familiar with the scheduling and demands of the RWHAP Part A planning cycle versus the expectations for a prevention planning body
- As part of pre-participation orientation for potential members the PC/PB who have limited prior community planning experience

Localizing the Module

- Insert the name and/or logo of your PC/PB and your Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) onto the slides
- Ask committee chairs to talk about how they carry out their responsibilities for various steps in the planning cycle
- Ask recipient representatives to describe their responsibilities at various stages of the planning cycle

EQUIPMENT AND MATERIALS CHECKLIST

- PowerPoint projector and laptop
- Easel pad, markers, and tape
- Copies Activity Handout for Participants
- Copies of Quick Reference Handout

MATERIALS FOR THIS MODULE

- PowerPoint Slides: Participating in Your First Planning Cycle
- Activity 3.1: Annual Planning Cycle: Responsibilities and Timing
- Quick Reference Handout: Annotated Flow Chart of the Annual RWHAP Part A Planning Cycle

BACKGROUND INFORMATION FOR TRAINERS

Focus and Importance of Module 3

This module is important because it can help new PC/PB members—and new recipient and PC/PB support staff—to understand the flow of work that must be completed each year to keep RWHAP Part A funds flowing to service providers and ensure that services are meeting the needs of PLWH. The better their understanding of the work flow of a RWHAP Part A program and its PC/PB, the more they can contribute to the process.

Every planning council has important legislatively defined tasks that need to be implemented, most of them every year, in a sequence that requires close coordination between the PC and recipient. While planning bodies that are not planning councils do not have these legislatively defined roles, HRSA/HAB has indicated that sound practice is for them to carry out the same tasks, providing advice rather than serving as decision makers.

The module demonstrates the importance of close cooperation and collaboration between PC/PB and recipient. Each entity needs to complete its work on schedule so that the other entity can meet its responsibilities. RWHAP Part A community planning is deadline-driven, designed to ensure that all needed information is available in the late summer, when each RWHAP Part A program must submit an annual application for funding. That application must include service priorities and funding allocations set by the PC/PB. Its decision making about priorities and allocations depends on the availability of a wide range of data. Some of that information—such as epidemiologic, client characteristics, service utilization, and cost data—are provided by the recipient. Some must be collected by the PC/PB through needs assessment. A carefully calibrated annual planning cycle is required to ensure that data needed for decision making is planned for, obtained, and analyzed on schedule. While planning for the next year, the recipient is administering current funding, and the PC/PB is reviewing expenditures and working with the recipient to reallocate funds across service categories to address underspending or funding gaps. This module explains this annual planning cycle and how the PC/PB and recipient work together to implement it.

Key Concepts and Terms

Below are brief discussions of several key concepts to provide context that may be important for this module and may need clarification during the training. (Key Concepts and Terms are designed primarily for use by the trainer but can also be provided to participants as a handout.)

Timing: The timing of various planning processes is a key consideration in RWHAP Part A annual planning. The planning cycle is guided by the need to have all required information gathered and analyzed—and priority setting and resource allocation (PSRA) decisions made—in time for inclusion in the annual RWHAP Part A application. In a sense, the entire planning council works backward from that HRSA/HAB application submission deadline, which is usually in **September**. Other important dates also influence the planning schedule. The RWHAP Services Report (RSR) for the prior calendar year is due in March, and those client characteristics and service utilization data can then be analyzed and provided to the PC/PB for use in PSRA. Needs assessment findings must be prepared for use in PSRA and for inclusion in the application. Recipients are penalized if they fail to spend at least 95% of their formula funds during the funding year, so it is very important for PC/PBs to approve the reallocation of funds from under-spent service categories to those that can use additional resources, and to do this while there is time to obligate funds before the funding year ends on **February 28**. The PC/PB cannot make sound decisions about reallocation unless it has accurate, recent information on projected versus actual expenditures by service category, which comes from the recipient based on invoices received from subrecipients. The recipient needs to submit a carryover request by **December 31** of each year in order to be eligible to receive and use those funds in the following funding year. Any delay in a major task can cause further delays along the planning cycle. This means that the work of RWHAP Part A PC/PBs is very much calendar-driven.

In integrated prevention and care planning bodies, this deadlines-based planning can be a new experience for members who have

primarily been involved in HIV prevention planning. Prevention planning groups are advisory, are not involved in PSRA, and tend to focus more on discussing the implications of research and other information on topics such as vaccine development, use of PrEP (Pre-Exposure Prophylaxis) and nPEP (non-occupational Post-Exposure Prophylaxis), effective prevention interventions, treatment as prevention, and identification of key target populations. These are important discussions but may have trouble competing for attention when the PC/PB is in the midst of PSRA or another deadline-based task. The planning cycle needs to include a well-designed calendar that ensures that deadlines are met and that less time-sensitive activities also receive needed attention.

Collaboration: Collaboration involves two or more parties working jointly towards a common goal. Other modules in this *Training Guide* (such as *Module 2: Roles and Responsibilities of RWHAP Planning Councils/Planning Bodies and Recipients*) describe the individual and shared responsibilities, boundaries, and relationship between PC/PB and recipient. This module addresses the importance of collaboration for successful completion of the annual planning cycle. Each entity depends on the other to provide information, technical support, and recommendations on a timely basis so that sound planning decisions can be made and people living with HIV can obtain high quality, appropriate services. Effective collaboration requires a shared commitment to completing tasks and a willingness to provide support without attempting to control the process. For example, a planning council is legislatively responsible for deciding how RWHAP Part A program funds will be allocated to specific fundable service categories. However, the planning council can make sound decisions only if the recipient provides data

about client characteristics, service utilization, and costs per unit of service or annual costs per client per year for a particular service category. Often, the planning council asks the recipient to provide its recommendations for changes in allocations. The PC develops and approves directives related to service models, geographic locations, and PLWH subpopulations—but needs to discuss the financial and practical implications of these directives with the recipient to decide whether they appear practical and to allocate funds so they can be implemented. A *Memorandum of Understanding* (MOU) can support collaboration

by clarifying roles and responsibilities, identifying information and reports to be provided by each entity, specifying what information will *not* be shared, and laying out communications and conflict resolution processes to help guide the relationship. All PC/PB members—as well as PC/PB support staff and recipient staff—need to understand not just the appropriate division of labor, but also the importance of maintaining a mutually respectful, supportive relationship in order to do sound planning.

For More Information

Additional Resources

- [Planning Council Primer](#) [2018 update], especially Appendix II: Sample Program Calendar
- Compendium of Materials for Planning Council Support (PCS) Staff, especially:
 - [Houston Area HIV Services Planning Council: Timeline of Critical Activities](#)
 - [Tip Sheet: Working Successfully with the Recipient](#)

Related Training Guide Resources

- Module 2: Roles and Responsibilities of RWHAP Part A Planning Councils/Bodies (PC/PBs) and Recipients
- Modules 4, 5, and 6, which help prepare PC/PB members and committee members to carry out three of the most important legislative responsibilities that are part of the annual planning cycle: Needs Assessment, Priority Setting and Resource Allocation, and Integrated/Comprehensive Planning
- Module 7: Other PC/PB Roles for Maintaining and Improving a System of Care

For links to all the resources listed above, go to www.TargetHIV.org/planning-chatt/module3