Resource Allocation: Guidelines, Emerging Practices, and Innovation

January 28, 2020
2 to 3 p.m. EST

INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER

JSI

About the IHAP TAC

SUPPORTS

Ryan White HIV/AIDS Program Parts A & B recipients and planning bodies

CONDUCTS

national and targeted training and technical assistance activities

FOCUSES

on integrated planning including implementation and monitoring of Integrated HIV Prevention and Care Plans

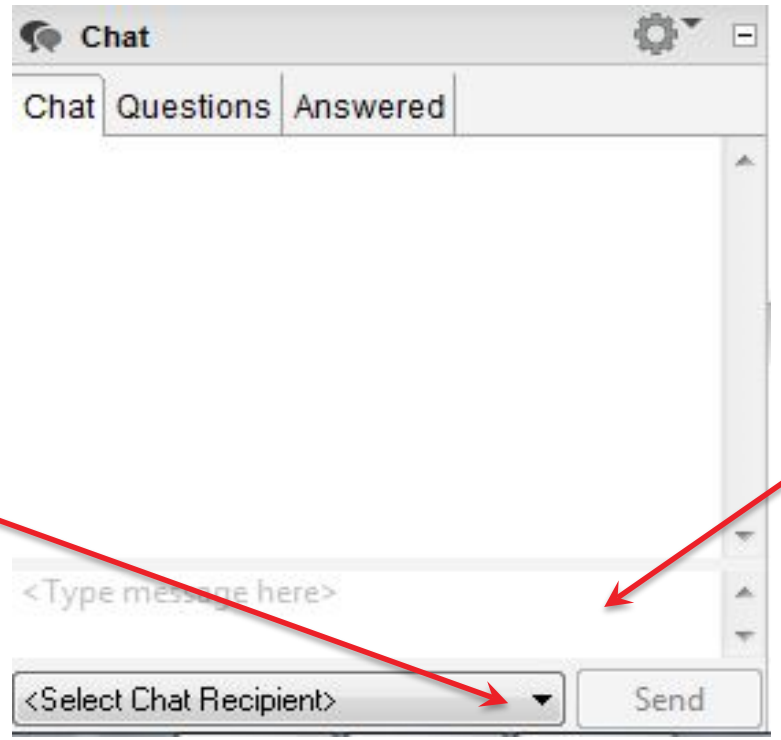
Support and Tools Available

- Plan activity implementation
- Communicating progress on plan activities to stakeholders
- Engaging community in integrated planning efforts
- Monitoring and evaluating plan activities
- Integrating care and prevention in health departments
- Optimizing resource allocation
- Aligning plan activities with other efforts
- Collaborating across jurisdictions

Chat Feature

If you have questions during the call, please use the chat feature. To do so:

Use the drop down arrow to send your comments and/or questions to "Broadcast to All"



Chat comments and/or questions here, and please indicate which jurisdiction you're from.

Webinar Objectives

Following the webinar, participants will be able to:

- Describe at least two key requirements for resource allocation for Ryan White HIV/AIDS Program (RWHAP) Part A or Part B.
- Describe at least one key activity for conducting an effective resource allocation process.
- Describe at least one model for resource allocation implementation.
- Identify how to access resource allocation resources and tools on TargetHIV.org.

Welcome

Rene Sterling

Deputy Director, Division of State HIV/AIDS Program

HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA)

Health Resources and Services Administration
Ryan White HIV/AIDS Program Updates

2020 National Ryan White Conference on HIV Care & Treatment, August 11-14

2020 Clinical Conference, August 9-11

- Marriott Marquis Washington, DC
- Information: https://ryanwhiteconference.hrsa.gov/
- Questions regarding abstracts: agenda@ryanwhiteconference.org

2019 Ryan White HIV/AIDS Program Services Report (RSR)

- Due March 30, 2020
- Eligible Services Reporting implemented
- Questions regarding content & submission: RyanWhiteDataSupport@wrma.com
- Information & resources: https://targethiv.org/library/topics/rsr

Health Resources and Services Administration
Ryan White HIV/AIDS Program Updates

RWHAP AIDS Drug Assistance Program Data Report (ADR)

- Proposed changes announced in Federal Register Notice (FRN)
  - HRSA Ryan White HIV/AIDS Program AIDS Drug Assistance Program Data Report, OMB No. 0915-0345-Revision
  - https://www.federalregister.gov/documents/2019/12/03/2019-26099/agency-information-collection-activities-proposed-collection-public-comment-request-information

CAREWare Update

- Required upgrade to CAREWare Version 6, build 47
- Downloads and technical support:
  https://hab.hrsa.gov/program-grants-management/careware

RWHAP Part B Estimated UOB & Estimated Carryover Request

- Due January 31, 2020

Today's Presenters

Ann Marie Rakovic
JSI, IHAP TAC

Alissa Caron
JSI, IHAP TAC

Maril Ross-Russell
Director, Office of HIV Planning, Philadelphia EMA HIV Integrated Planning Council (HIPC)

Safere Diawara
Clinical Quality Management Coordinator

Ashley Yocum
HIV Care Services Planner

HIV Care Services,
Division of Disease Prevention,
Virginia Department of Health

Let's Take a Poll

First tell us who you are:

- RWHAP Part A: Recipient
- RWHAP Part A: PC/PB
- RWHAP Part A: Stakeholder
- RWHAP Part B: Recipient
- RWHAP Part B: Consortia rep/PB
- Other

Poll

What is your level of confidence with the current resource allocation planning and implementation process for your jurisdiction?

- Low
- Medium
- High

What is priority setting and resource allocation?

Ann Marie Rakovic and Alissa Caron
JSI, IHAP TAC

Priority Setting and Resource Allocation (PSRA) for RWHAP Part A and Part B: Understanding How it Works

- **Priority Setting:** The process of deciding which HIV services are most important.
- **Resource Allocation:** The process used to assign RWHAP funds to prioritized service categories.

Informing PSRA for RWHAP Part A and Part B

- PSRA is informed by **identified and prioritized unmet needs**, and **selecting core medical and support service categories** that can best meet priorities.
- Funding decisions are informed by utilization and outcomes data, subrecipient performance, and the availability of other non-RWHAP funds including federal government and state funds, rebates, program income, and private funding.

Why is PSRA important?

PSRA decisions influence the system of care

- Availability of services
- Accessibility of services
- Capacity of funded providers to meet the specific needs of different groups of people with HIV
- Client outcomes, including: service retention, viral suppression rates and HIV-related health disparities

Understanding the RWHAP Requirements and HRSA Guidance

RWHAP Part A Requirements for Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)

- **HIV Health Services Planning Council (PC)** makes final resource allocation decisions for EMA/TGA.
- **Health Services Planning Body (PB)** provides recommendations to recipient on resource allocation.
- Recipient must participate in the RWHAP Part B-led **Statewide Coordinated Statement of Need (SCSN)**, a process that informs resource allocation decisions.

Source: RWHAP Part A Manual, pg. 190 (https://hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf)

RWHAP Part A Recipient Roles and Responsibilities

- Receives either:
  - written directions from the **Planning Council** on how to allocate funds.
  - written recommendations from the **Planning Body** on how to allocate funds.
- Implements a procurement process to select specific service providers.
- Issues contracts to subrecipients (i.e. service providers) and monitors their status to track spending rates and to ensure that funds are used according to the contract terms.
- Makes corrective actions to improve the procurement process if the PC/PB identifies any shortcomings.

Source: RWHAP Part A Manual, pg 90 (https://hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf)

RWHAP Part A Planning Council/Planning Body Roles and Responsibilities

- Leads the resource allocation process and determines the dollar amount or proportion of RWHAP Part A funds to allocate to each prioritized service category.
- Provides the recipient with directives specifying how to implement the resource allocation plan on a service-by-service basis.
- Assesses the procurement process led by the recipient, and provides feedback for corrective action as needed.
- HRSA HAB mandates elements of PC/PB composition. Members must represent local demographics of HIV epidemic.

Source: Planning CHATT, RWHAP Part A Planning Council Primer, pg 22.
https://targethiv.org/sites/default/files/file-upload/resources/Primer_June2018.pdf

RWHAP Part B Requirements for States

- **Recipient** can choose to oversee resource allocation:
  - on its own,
  - through a lead agency, or
  - through consortia.
- Recipient must gather input from stakeholders.
- Recipient must develop and submit a **SCSN** for the state:
  - process to collaboratively identify needs of people with HIV and to maximize coordination across all RWHAP Parts and with HIV prevention service providers.

Source: Part B Manual, pg 69 and 74
(https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/habpartbmanual2013.pdf)

RWHAP Part B Recipient Roles and Responsibilities

The **RWHAP Part B Recipient**—may choose to oversee resource allocation on its own, through statewide or regional planning bodies, or through consortia. Recipients are required to obtain **community input** when planning for the use of RWHAP Part B resources.

- Many states do this through **RWHAP Part B advisory groups**.
- Some subcontract with **HIV Care Consortia or lead agencies** to oversee resource allocation, procurement, and fiscal monitoring.

Source: RWHAP Part B Manual, pg 69
(https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/habpartbmanual2013.pdf)

Resource Allocation Requirements: Commonalities among RWHAP Parts A and B

- RWHAP is **payor of last resort**.
- At least **75%** of award must be spent on **core medical services**, unless the recipient has received a core medical services waiver.
- Up to **25%** of awarded funds can be spent on **support services**.
- Recipient must implement **schedule of charges** for services delivered to clients with incomes above 100% of the federal poverty level. Charges incorporated as program income.

Source: RWHAP Part A Manual, pgs 7 and 25 (https://hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf), RWHAP Part B Manual, pgs 10 and 63 (https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/habpartbmanual2013.pdf)

RWHAP Part A Award for EMAs and TGAs

- Formula-based RWHAP Part A funds (H89 FRML)
  - Formula considers the number of people with HIV in the EMA/TGA in the most recent year for which data are available.
- Supplemental RWHAP Part A funds (H89 SUPPL)
  - Awarded competitively based on demonstrated need and other criteria.
- Formula-based Minority AIDS Initiative (MAI) funds (H89 MAI)
  - Funds services to improve access to HIV care and health outcomes for disproportionately affected minority populations.
  - Formula considers the number of racial and ethnic minorities with HIV.

Source: RWHAP Part A Manual, pg 7 (https://hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf

RWHAP Part B Award for States

- RWHAP Part B HIV Care Program (Activity Code X07): 5-year award
  - Base award
  - RWHAP AIDS Drug Assistance Program (ADAP) Base award
  - MAI award (for eligible states that choose to apply)
  - Emerging Communities award (for eligible states)
  - ADAP Supplemental award (for eligible states that choose to apply)
- RWHAP Part B Supplemental Grant Program (Activity Code X08): 1-year award.
- ADAP Emergency Relief Funds (Activity Code X09): 1-year award.

Source: RWHAP Part B Manual, pg 11
https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/habpartbmanual2013.pdf

RWHAP Parts A and B: Common Roles and Responsibilities

- **Subrecipients** (service providers) receive funding from the recipient for deliver client services or administrative services.
- **RWHAP Stakeholders** represent a variety of different entities including service recipients and providers, planning bodies, and governance representatives that have specific interests in resource allocation outcomes.
- **Consultants/Subject Matter Experts** can help guide the resource allocation process or prepare materials for presentations to decision makers.

Effective Resource Allocation and Effective Models

Elements to an Effective Resource Allocation Process

The resource allocation process should be **data-driven, informed by needs assessments, stakeholder engagement, and the determination of priority services**. It involves:

- Undertaking comprehensive planning and preparation
- Utilizing proven processes and tools for allocating resources
- Ensuring optimization through process refinement and reallocation

Many approaches to effective resource allocation

- Model 1: Regional Resource Allocation Approach
- Model 2: Jurisdiction-wide Coordinated Funding Approach
- Model 3: Performance Based Resource Allocation Approach
- Hybrid Models and more...

Regional Resource Allocation Approach

- Large states where resource allocation occurs at regional level or EMAs that cross multiple regions
- Distributes RWHAP funds to subrecipients who then decide locally how to allocate and spend funds
- Pros:
  - Most effectively addresses local need and context
- Cons:
  - Recipient may have less direct involvement in and knowledge of how resources are allocated
  - Potential duplication of effort between subrecipients' overlapping regions

Jurisdiction-wide Coordinated Approach

- Incorporates a comprehensive assessment of all funding types and priority services available to RWHAP consumers in a jurisdiction
  - Recipient assesses the amount and type of funding available for each priority service.
- Considers four elements:
  - Service prioritization through consumer needs assessment, epi-data, and other data sources
  - Prior years service utilization
  - Historical and current provider capacity and capability
  - Funding levels for all RWHAP Parts and Centers for Disease Control and Prevention CDC prevention services in the jurisdiction

Jurisdiction Wide Coordinated Approach (cont.)

- Pros:
  - Allows full understanding of the service needs, funding, and gaps within a jurisdiction
  - Helps to ensure that the RWHAP award is allocated with the highest level of coordination and responsiveness
- Cons:
  - May be difficult to access relevant funding and service information in a timely way, as well as the level of effort required to acquire information

Performance Based Resource Allocation Approach

- Ties resource allocation to performance measures that align with HRSA's performance metrics
- Pros:
  - Helps to ensure that RWHAP dollars are allocated based not only on service needs, gaps, and cross-program funding levels but also on improvements in consumer health outcomes and milestones in the HIV care continuum
- Cons:
  - May be difficult to access relevant funding and service information in a timely way.
  - Higher level of effort required to acquire information. May require technical assistance and re-allocation of administrative funds.

Hybrid Models……

- Customized resource allocation approaches and systems that use a variety of practices.
- Pros:
  - A jurisdiction or planning council/body may utilize a combination of previously tested tools, plans, and protocols to create just the right set of systems to effectively manage its own process
  - Jurisdictions tweak their resource allocation systems and processes over the years and make modifications based on evolving understanding and needs
- Cons:
  - In some instances, adapted processes are not implemented with the same level of success as organic ones. Altering existing models costs time and resources

Poll

Which of the following resource allocation approaches most closely aligns to the process undertaken by your jurisdiction? If none, please write in your response.

- Model 1: Regional Resource Allocation Approach
- Model 2: Jurisdiction-wide Coordinated Funding Approach
- Emerging Model 3: Performance Based Resource Allocation Approach
- Hybrid Model—(please select multiple options)
- Something different—please tell us more in a few words

Philadelphia: Regional Resource Allocation Process

Mari Ross-Russell, Director
Office of HIV Planning
215-574-6760

Allocation Process Considerations

Allocations is a year-long process of information/data gathering and investigating issues for use in allocation deliberations.

Annual Presentations and trainings

- Client utilization data
- client intake data
- needs assessment reports (focus groups, listening sessions, surveys, etc.)
- updates to the Integrated Plan
- epidemiological update
- continuum update
- quarterly over/underspending

Allocation Process Considerations

Activities related to allocations are carried out by:

- Comprehensive Planning Committee
- Finance Committee
- Full Planning Council
- Planning Staff

Other participants include:

- Recipient Staff
- Philadelphia Department of Public Health AIDS Activities Coordinating Office
- Pennsylvania Department of Health Bureau of HIV/AIDS
- New Jersey Department of Health, Division of HIV, STD and TB Services
- Other Health Department Divisions
- Community Members

Part A Resource Allocation: What is it?

- **Resource Allocation** is the process of distributing financial resources across Part A funded service categories in the eligible metropolitan area (EMA) or transitional grant area (TGA).
- Allows for shaping a system of HIV care at the local level, to reflect documented jurisdictional needs and priorities.

The Role of the Planning Council

- It is the **role of the Planning Council** to determine what services will be funded as part of the allocations process.
- Funding decisions must be based on **documented need**.
  - The Planning Council works with the recipient and the community to determine needs
  - Documented needs/needs assessments can be surveys, focus groups, town halls, listening sessions, analysis of the latest local research, data analysis, etc.
- Contract Procurement (Recipient Responsibility)

Important Considerations or Assumptions

- Are HIV Program funds the payor of last resort?
- Will the HIV Program funding adequately cover all identified need?
- Are there resources available from other funding sources to meet the service need?

Collaboration

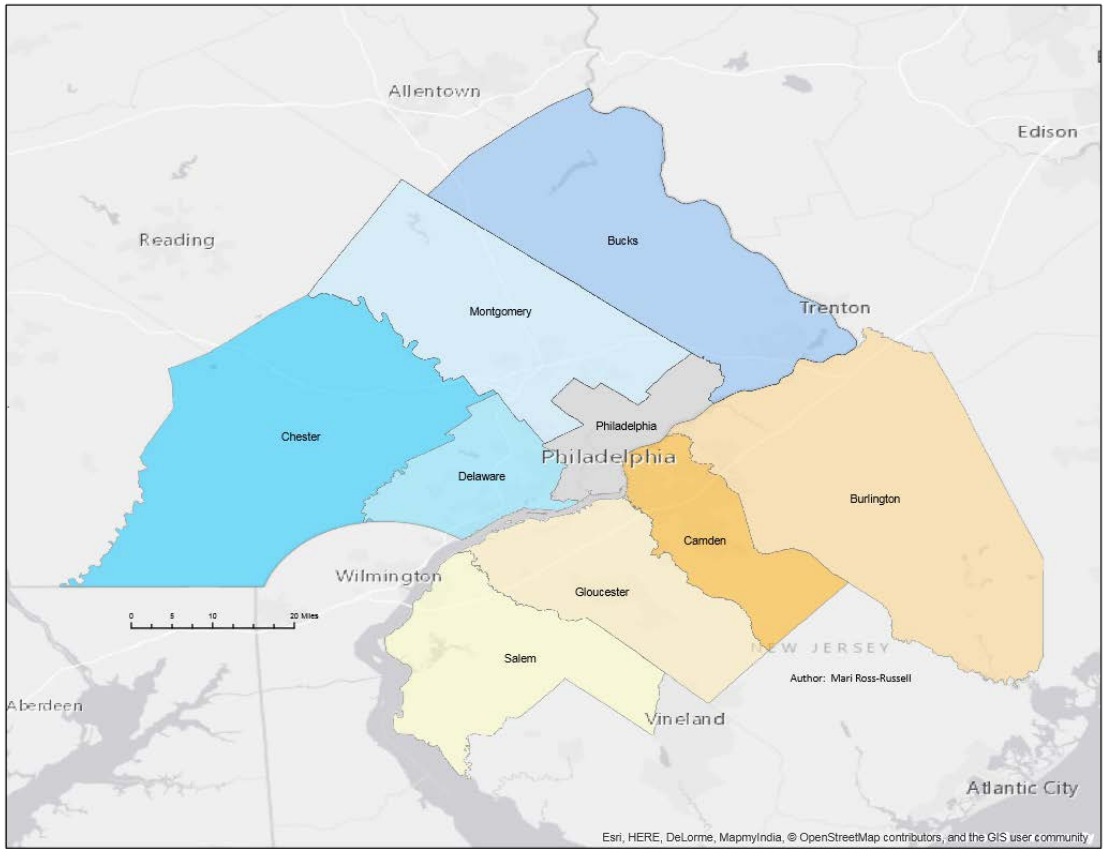
- The Planning Council works with **the recipient and community** to determine the documented the service needs of people with HIV served with RWHAP funds.
- The Planning Council and planning staff works with **other funded providers** (if they are not represented on the planning body) to insure relevant information is included in the allocation process.
- Communication and collaboration with **health departments and providers** in the jurisdiction is key to accessing and providing data to document the needs of people with HIV.

Regionalized Process Description

Philadelphia EMA Regions

The Philadelphia EMA is comprised of three geographic regions:

- the city/county of Philadelphia
- four non-Philadelphia Pennsylvania counties
  - Bucks, Chester, Delaware, and Montgomery
- four New Jersey counties
  - Burlington, Camden, Gloucester, and Salem



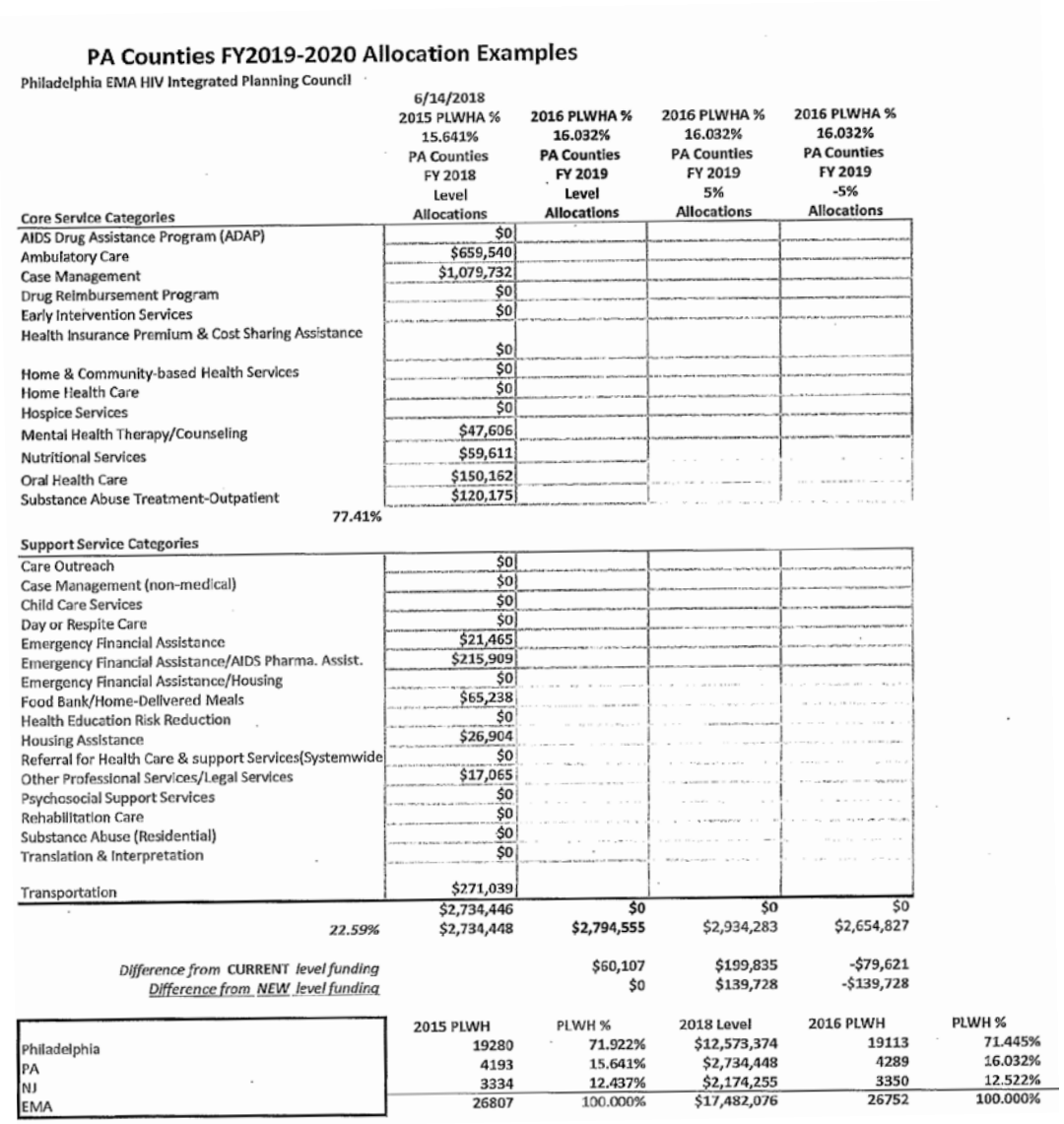
Regional Sessions

- Held for each geographic region:
  - Philadelphia
  - PA Counties
  - NJ Counties
- Includes Planning Council members from the respective region
- May include non-voting members
- Follows a standardized format
- Prepare and approve 3 budget options

Deliberations

The Planning Council members from the three regions deliberate until they have arrived at majority approval of the following:

- Level funding budget (based on a 0% increase in overall funding for the EMA from the current year)
- 5% decrease budget
- 5% increase budget



PA Counties FY2019-2020 Allocation Examples

Philadelphia EMA HIV Integrated Planning Council

Core Service Categories	6/14/2018 2015 PLWHA % 15.641% PA Counties FY 2018 Level Allocations	2016 PLWHA % 16.032% PA Counties FY 2019 Level Allocations	2016 PLWHA % 16.032% PA Counties FY 2019 5% Allocations	2016 PLWHA % 16.032% PA Counties FY 2019 -5% Allocations
AIDS Drug Assistance Program (ADAP)	$0			
Ambulatory Care	$659,540			
Case Management	$1,079,732			
Drug Reimbursement Program	$0			
Early Intervention Services	$0			
Health Insurance Premium & Cost Sharing Assistance	$0			
Home & Community-based Health Services	$0			
Home Health Care	$0			
Hospice Services	$0			
Mental Health Therapy/Counseling	$47,606			
Nutritional Services	$59,611			
Oral Health Care	$150,162			
Substance Abuse Treatment-Outpatient	$120,175			
77.41%				
Support Service Categories				
Care Outreach	$0			
Case Management (non-medical)	$0			
Child Care Services	$0			
Day or Respite Care	$0			
Emergency Financial Assistance	$21,465			
Emergency Financial Assistance/AIDS Pharma. Assist.	$215,909			
Emergency Financial Assistance/Housing	$0			
Food Bank/Home-Delivered Meals	$65,238			
Health Education Risk Reduction	$0			
Housing Assistance	$26,904			
Referral for Health Care & support Services(Systemwide	$0			
Other Professional Services/Legal Services	$17,065			
Psychosocial Support Services	$0			
Rehabilitation Care	$0			
Substance Abuse (Residential)	$0			
Translation & Interpretation	$0			
Transportation	$271,039			
	$2,734,446	$0	$0	$0
22.59%	$2,734,448	$2,794,555	$2,934,283	$2,654,827
Difference from **CURRENT** *level funding*		$60,107	$199,835	-$79,621
Difference from NEW level funding		$0	$139,728	-$139,728

	2015 PLWH	PLWH %	2018 Level	2016 PLWH	PLWH %
Philadelphia	19280	71.922%	$12,573,374	19113	71.445%
PA	4193	15.641%	$2,734,448	4289	16.032%
NJ	3334	12.437%	$2,174,255	3350	12.522%
EMA	26807	100.000%	$17,482,076	26752	100.000%

Regionalized Process Description Continued

For service categories in which substantial changes to the previous year's allocations are made, the regional body must articulate the reasons for the changes for inclusion in the annual grant application.

- **Instructions to the Recipient.** The region then may choose to offer instructions to the recipient to accompany their allocation decisions
- **Voting.** The Council members present formally vote to recommend that the approved regional allocations be adopted by the full Planning Council and incorporated into the EMA-wide decisions. Again, only Planning Council members are eligible to vote but everyone present can participate in the discussion.
- **Presentation to Full Council.** Finally, it is the Finance Committee Co-Chair/s (or Finance Committee designee) presents and explains each of the region's decisions to the full Planning Council, with the assistance of staff as needed.

Regionalized Process Materials

- Allocations for the current fiscal year
- A report noting under/overspending
- A table and/or chart showing RWHAP Part A funding in the context of all related funding laid out by service category for the most recent year that funding information is available
  - the chart and/or table includes funds from RWHAP Part B, Part C, Part D, Part F, SPNS, and other various public funding (by region), as available
- Unit cost and service utilization for each service category.
- Changes to HRSA guidelines or Policy Clarification Notices
- Needs assessment data
- Additional contextual information provided by the recipient related to a funded service category
- Priority setting results

*delineated by region and cumulative across the EMA

Outpatient/Ambulatory Health Services

HRSA Service Definition

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.
Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Program Guidance:
Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

*As part of Outpatient and Ambulatory Medical Care, provision of **laboratory tests** integral to the treatment of HIV infection and related complications*

Number of Clients Served, Units Provided, Expenditures*, Allocation* and Over/Under-spending

Year	2015	2016	2017	2018
Medical Care Clients	11,201	11,011	11,176	11,056
Medical Care Units (Dr. visit)	39,965	38,850	35,662	36,606
Medical Care Dollars	7,476,559	7,227,633	7,104,406	7,362,705
Allocated Dollars	7,101,939	7,152,427	7,162,288	7,055,207
Over/Under-spending	$374,620	$75,206	$57,882	$307,498

*Includes MAI

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds (State & Local)	Total Part D Funds (State & Local)	Total Part F Funds
Last Year Allocation	$6,684,543	$370,664		$836,135			
Current Allocation	$6,587,785	$364,861	$471,071		$4,726,308		

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Ambulatory Health Services	242	93.8%	6.2%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2016 MMP Percent with a Need	2018 Client Services Unit Need at Intake
Ambulatory Health Services	4.2%	32.8%

Recipient Service Considerations

Ambulatory Health Services

Philadelphia Allocations

Thursday, July 18, 2019
12:00 p.m. – 5:00 p.m.

Call to Order

Welcome and Introductions

Overview of process and documents (30 min)

Public Comment (15 min)

LUNCH (30 min)

Small Group Break Outs: Needs, Service Gaps, and Barriers to Retention (45 min)

Small Group Report Back and Development of Priorities for Allocations (30 min)

BREAK (15 min)

Deliberations of Allocations (60 min)

- **Level Funding Budget**
- **5% Increase Budget**
- **5% Decrease Budget**

BREAK (15 min)

Development of Directives to the Recipient (30 min)

Announcements

Adjournment

HIV Integrated Planning Council

Philadelphia Allocations Table of Contents

None of this would be possible without our planning partners!

Thank you

Mari Ross-Russell, Director
Office of HIV Planning
215-574-6760

Virginia Ryan White HIV/AIDS Program Part B Resource Allocation Process

Safere Diawara
Quality Management Coordinator
HIV Care Services
Division of Disease Prevention (DDP)

Ashley Yocum
HIV Care Services Planner
HIV Care Services
Division of Disease Prevention (DDP)

VDH VIRGINIA DEPARTMENT OF HEALTH

Resource Allocation Process Overview

- Each year, VDH must make decisions regarding allocation of Ryan White HIV/AIDS Program Part B (RWHAPB) funds and report them to the Health Resources and Services Administration (HRSA) in the form of a Program Terms Report which includes the priority areas established and the dollar amount of RWHAP and Minority AIDS Initiative allocated to each prioritized service category related to eligible Core Medical and Support Services.

- HIV Care Services (HCS) allocates funds to subrecepients in each region of the state based on information collected from a variety of data sources:
  - Current and prior allocation, expenditure, and service utilization data
  - Performance and Risk Assessment
  - Regional service utilization patterns
  - Epidemiological data
  - Other funding sources
  - Needs Assessment data

VDH VIRGINIA DEPARTMENT OF HEALTH

Resource Allocation Process Continued

- Generally, VDH does not know what the RWHAPB award amount will be for the upcoming year, so allocations are based on the current award amount.
- HCS Service Coordination team utilize all data sources to project allocations based on gathered information for the upcoming grant year
- HCS Service Coordinators present proposed allocation information to HCS Leadership Staff and make recommendations for funding for each subrecipient
- HCS Leadership makes final approval of the recommendations and those recommendations are utilized to start the contracting process for the new grant year.

VDH VIRGINIA DEPARTMENT OF HEALTH

Resource Allocation Timeline

All of the information is collected and collated beginning approximately 3-6 months prior to the end of the current grant year.

- **October:**
  - HCS Service Coordinators revise and complete contract justification tables
  - Service Coordinators engage subrecipients in projecting service needs
- **November:**
  - Finalize budget and justification tables
  - Present to HCS Management Team
  - Present to DDP Leadership
- **December:**
  - Begin renewal process for new grant year
  - All contracts are executed no later than March 31st of each year

VDH VIRGINIA DEPARTMENT OF HEALTH

VDH's Funding Justification Template

Contract Number	Approved FY19 Funding	VDH Proposed FY19 Funding	FY18 Funding	FY18 Spending YTD (as of Sept. 30)	FY17 Funding	FY17 Expenditures	Part A	Part C	Part D	Justification
Agency Name	$ -	$ -	$ -	$ -	$ -	$ -	N/A	N/A	N/A	
Outpatient/Ambulatory	$ -	$ -	$ -	$ -	$ -	$ -				
Labs	$ -	$ -	$ -	$ -	$ -	$ -				
Oral Health Care	$ -	$ -	$ -	$ -	$ -	$ -				
EIS	$ -	$ -	$ -	$ -	$ -	$ -				
Health Insurance Premium & Cost Sharing Assistance	$ -	$ -	$ -	$ -	$ -	$ -				
Mental Health Services	$ -	$ -	$ -	$ -	$ -	$ -				
Medical Nutritional Therapy	$ -	$ -	$ -	$ -	$ -	$ -				
Medical Case Management (including Treatment Adherence)	$ -	$ -	$ -	$ -	$ -	$ -				
Substance Abuse Services–outpatient	$ -	$ -	$ -	$ -	$ -	$ -				
ADAP Treatment	$ -	$ -	$ -	$ -	$ -	$ -				
Services	$ -	$ -	$ -	$ -	$ -	$ -				
Home Health Care	$ -	$ -	$ -	$ -	$ -	$ -				
Hospice	$ -	$ -	$ -	$ -	$ -	$ -				
Case Management (non-Medical)	$ -	$ -	$ -	$ -	$ -	$ -				
Child Care Services	$ -	$ -	$ -	$ -	$ -	$ -				
Emergency Financial Assistance	$ -	$ -	$ -	$ -	$ -	$ -				
Food Bank/Home-Delivered Meals	$ -	$ -	$ -	$ -	$ -	$ -				
Health Education/Risk Reduction	$ -	$ -	$ -	$ -	$ -	$ -				
Housing	$ -	$ -	$ -	$ -	$ -	$ -				
Other Professional Services	$ -	$ -	$ -	$ -	$ -	$ -				
Linguistics Services	$ -	$ -	$ -	$ -	$ -	$ -				
Medical Transportation Services	$ -	$ -	$ -	$ -	$ -	$ -				
Outreach Services	$ -	$ -	$ -	$ -	$ -	$ -				
Psychosocial Support	$ -	$ -	$ -	$ -	$ -	$ -				
Referral for Health Care/Supportive Services	$ -	$ -	$ -	$ -	$ -	$ -				
Substance Abuse Residential	$ -	$ -	$ -	$ -	$ -	$ -				
Permanency Planning	$ -	$ -	$ -	$ -	$ -	$ -				
Rehabilitation Services	$ -	$ -	$ -	$ -	$ -	$ -				

In the columns for other RWHAP funding, if agencies receive RWHAP Part A, Part C, or Part D, Service Coordinators put their current funding amount for each of those.

VDH VIRGINIA DEPARTMENT OF HEALTH

VDH's Funding Justification Template

Contract Number	Approved FY19 Funding	VDH Proposed FY19 Funding	FY18 Funding	FY18 Spending YTD (as of Sept. 30)	FY17 Funding	FY17 Expenditures	Part A	Part C	Part D
Key factors to consider when determining funding recommendations for GY 2019:									
Factors									
· Met goals in GY 2017 and on track for GY 2018									
· Expended funds in GY 2017 and on track for GY 2018									
· Increase in the # of existing and new clients served (a 'point in time' between grant years)									
· New services added									
· Administrative Performance (invoices, reports, etc. in on time; T/A provided and tasks improved; participation in VDH meetings; etc.)									
· Major service delivery issues identified and resolved									
· Staff turnover									
· Needs Assessment									
· Clients Eligible for Medicaid Expansion									
· Surveillance Data(As of Dec 30, 2017)								**2017**	**2016**
Health Regions	**Central**	**Central**	**Eastern**	**Northern**	**Northwest**	**Southwest**	**unknown**	**TOTAL**	**TOTAL**
PLWH	5,739	5,739	7,459	6,722	2,005	1,994	177	29,835	24,396
Health Regions	**Central**	**Central**	**Eastern**	**Northern**	**Northwest**	**Southwest**	**unknown**	**TOTAL**	**TOTAL**
Newly Diagnosed	214	214	307	221	66	73		1,095	905
. Health Outcomes:	**Link**	**Link**	**Ret**	**ART**	**VL**				
	80%	80%	76%		87%				
References:									
· e2VA									
· Invoice tracking sheets									
· Monthly and annual progress reports									
· Site visit									
· Peer Review									
· Annual Report (used for HRSA end of the year progress report)									
· Needs Assessment									
· Surveillance Data									
· Care and Prevention Integrated Plan									

Questions and Contact Information

- **Ashley Yocum**
  HIV Care Services Planner
  Ashley.Yocum@vdh.virginia.gov
  804-864-7621

- **Safere Diawara**
  HCS Quality Management Coordinator
  Safere.Diawara@vdh.virginia.gov
  804-864-8021

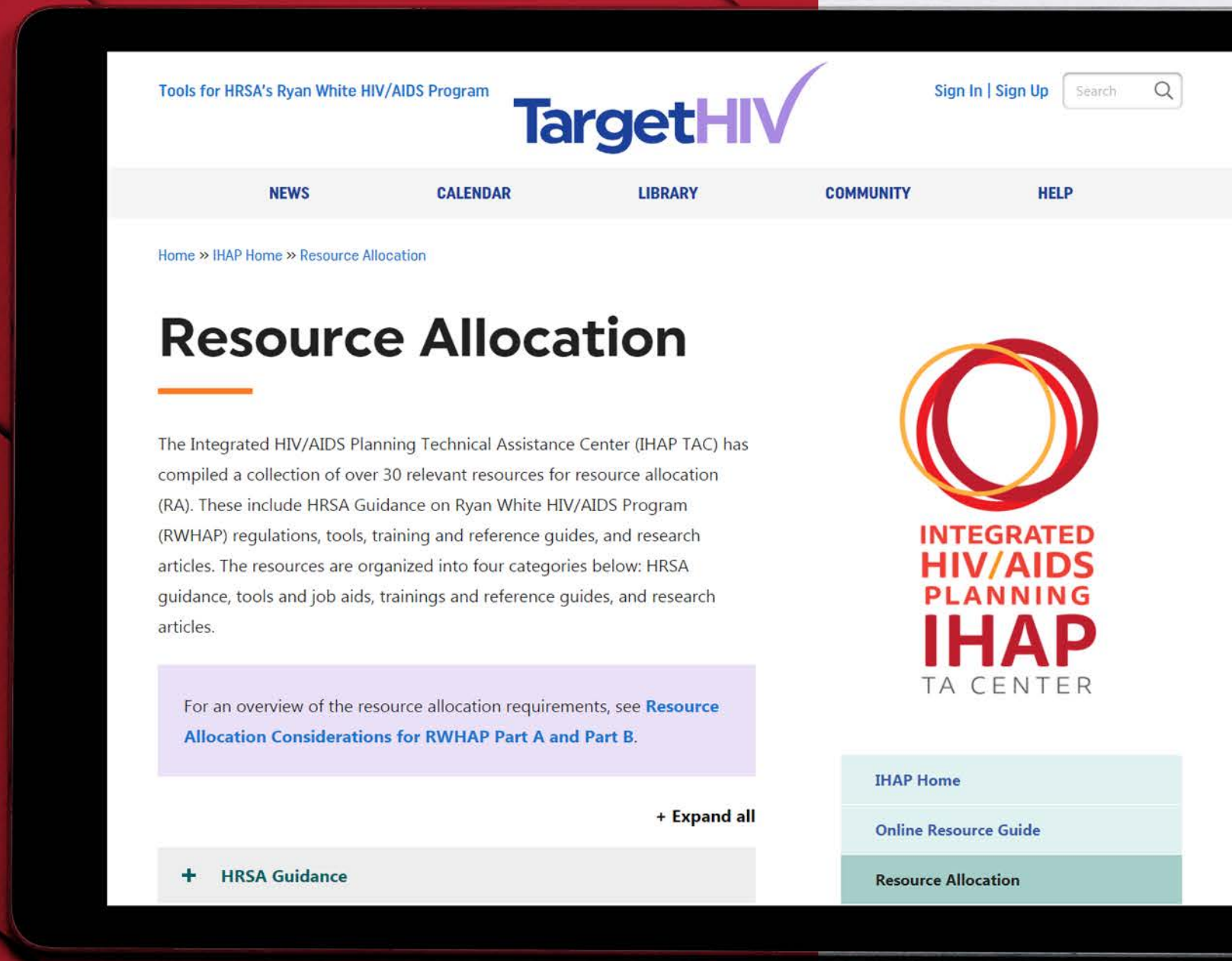
VDH VIRGINIA DEPARTMENT OF HEALTH

Questions

Please chat your questions into the Chat Box.

IHAP Resource Allocation Landing Page

www.targethiv.org/ihap/resource-allocation



Resource allocation considerations for RWHAP Part A and Part B

August 2019

IHAP TAC

Background

Resource allocation is an essential step in planning the optimal use of Ryan White HIV/AIDS Program (RWHAP) funds by assigning awarded RWHAP resources to prioritized service categories.

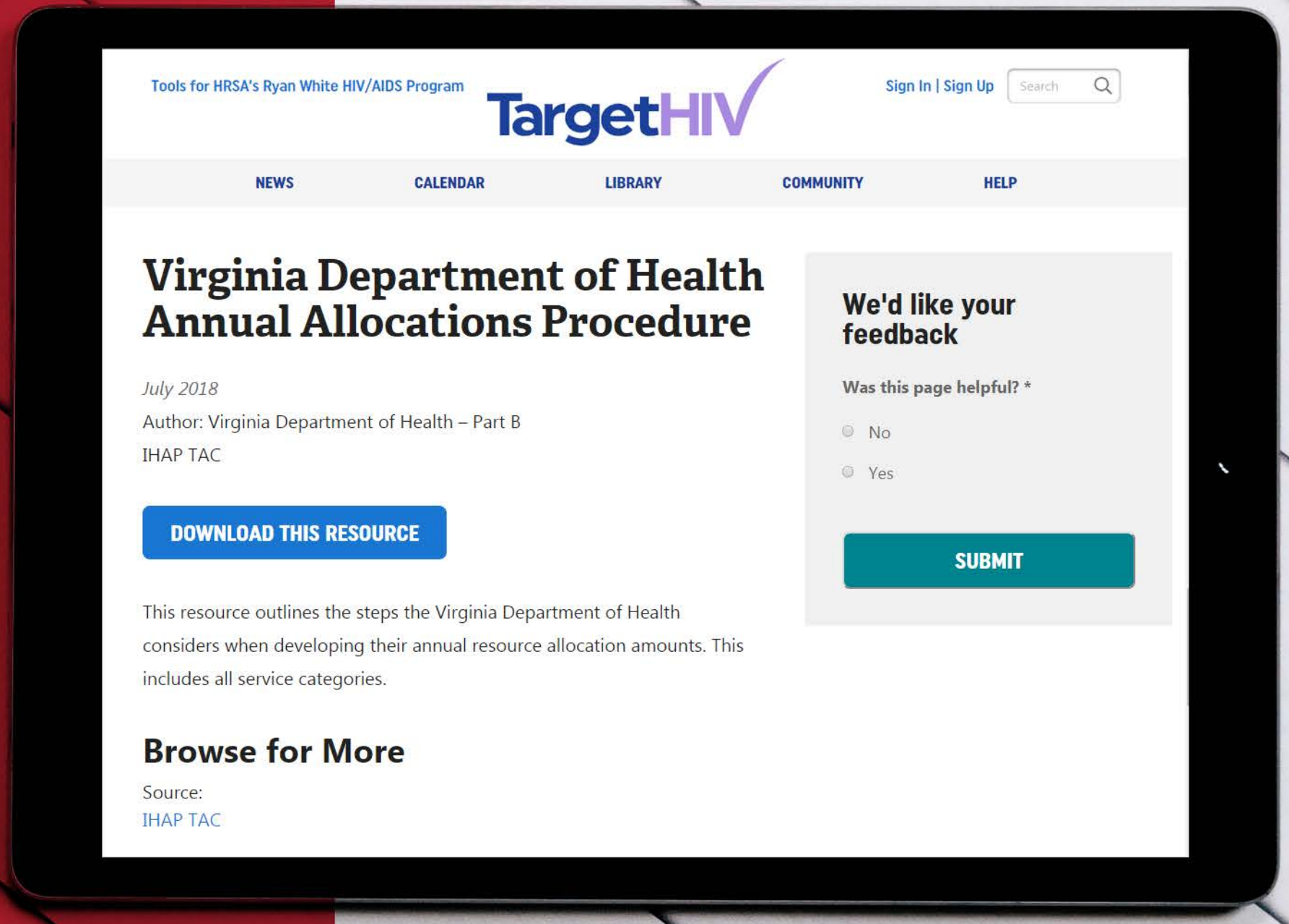
Resource allocation is informed by identifying and prioritizing unmet needs, and selecting service categories that can best meet those priorities. Through resource allocation, RWHAP funds are assigned to priority services in order to best meet local HIV care and treatment needs. Allocation decisions are made

INTEGRATED HIV/AIDS PLANNING IHAP TA CENTER

IHAP Home

Online Resource Guide

Resource Allocation


Tools for HRSA's Ryan White HIV/AIDS Program
TargetHIV
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Virginia Department of Health Annual Allocations Procedure
July 2018
Author: Virginia Department of Health – Part B
IHAP TAC
DOWNLOAD THIS RESOURCE
This resource outlines the steps the Virginia Department of Health considers when developing their annual resource allocation amounts. This includes all service categories.
Browse for More
Source:
IHAP TAC
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Philadelphia HIV Integrated Planning Council Allocation Materials

July 2018

Office of HIV Planning, Philadelphia PA

DOWNLOAD THIS RESOURCE

This document includes all of the financial and service data the Philadelphia EMA Planning Council uses. It allows them to make resource allocation decisions for Part A funds.

The materials include:

- RWHAP service category definitions

Related Resources

Philadelphia EMA HIV Integrated Planning Council Ryan White Part A Resource Allocation Process

We'd like your feedback

Was this page helpful? *

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IHAP TAC Webinars

- Access our archived and upcoming webinars www.targetHIV.org/ihap/webinars
- Tomorrow from 3-4 pm EST!
  - Incorporating Hepatitis C in Integrated HIV Prevention and Care Planning: Health Department Challenges and Lessons Learned in Aligning Resources, Strategies, and Services to End the Epidemics

INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER

Thank you!

Contact us at ihaptac@jsi.com!

Obtain more information, join our mailing list, request TA, or share your experiences or resources.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30144, Ryan White HIV/AIDS Program Integrated HIV Planning Implementation. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.