

Philadelphia EMA HIV Integrated Planning Council

Ryan White Part A Resource Allocation Process

Revised March 2018

[Note: A separate process exists for the prioritization of service categories.]

Part One: Gathering and Presentation of Information

The Office of HIV Planning staff, along with relevant committees of the Council, gathers information needed to support objective and responsible decision making for priority setting and allocation of resources. The information, described immediately below, is presented to the Council as a whole and to the regional groups that meet to make regional recommendations, described later in this process.

Documented Need. Throughout the year, the staff of the Office of HIV Planning conducts activities to assess the needs of people living with HIV (PLWH) (such as surveys, focus groups, and key informant interviews) and gathers new information from outside sources (data, literature) for the purpose of updating the documented need materials reported to the Planning Council. The documentation includes but is not limited to:

- Epidemiologic data (by region and for the EMA as a whole).
- Service utilization data (by region and for the EMA as a whole).
- Analyses and other existing information about the extent of unmet and severe needs especially among historically underserved populations, including people with HIV who are not in care.
- Results of needs assessment activities (surveys, focus groups, key informant interviews, town hall meetings, miscellaneous feedback comments, etc.)

[Note: It is here that the input from the community is captured and considered. The information presented here must be broad-based, clearly providing documentation of the community's needs as expressed by community members; many and varied opportunities for community input must be represented in the information provided. This information must be taken into account and cited directly in the Council's explanation of its priorities.]

The reference materials and needs documentation provide the basis on which the Planning Council makes decisions regarding priorities and allocations.

Financial Information. The staff of the Office of HIV Planning develops a set of informational documents for use by the Planning Council in making allocation decisions. This information includes funding across time (allocations and expenditures from the recent past, the budget for the current fiscal year, and future funding levels needed to ensure continuity of services) and funding available from other sources. The information

may include but is not limited to the following (delineated by region and cumulative across the EMA):

- Allocations for the current fiscal year (by region)
- A report noting under/overspending
- A table and/or chart showing Ryan White 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 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, including historic and forecast expenditure and unit cost data
- Changes to HRSA guidelines or Policy Clarification Notices
- Additional contextual information provided by the recipient related to a funded service category

This information provides a framework of current funding, enabling the Planning Council to ensure that allocations support the notion that Ryan White program funds are utilized as the "payer of last resort."

In addition, the Finance Committee develops a working draft budget for each region, based on level funding (a 0% increase over the previous year), and a draft for EMA-wide categories (such as Planning Council Support, Information and Referral, Capacity Building, and Minority AIDS Initiative funds). These drafts are not recommendations; rather, they are documents that are used in the regional allocation sessions as a starting point to consider when allocating funds to service categories. The total dollar amount for each of the regional budget drafts is pro-rated based on the most recent living HIV and AIDS case data available from the CDC (or Table 1 submitted with the annual application).

Part Two: Regional Meetings

The Philadelphia EMA is comprised of three geographic regions: the city/county of Philadelphia (PH), the four non-Philadelphia Pennsylvania counties of Bucks, Chester, Delaware, and Montgomery (PA), and the four New Jersey counties of Burlington, Camden, Gloucester, and Salem (NJ). Each of these regions has distinct characteristics, needs, healthcare delivery systems, demographics of the epidemic, and available non-Part A resources. Consequently, allocation activities are conducted separately prior to the full Planning Council approving the final EMA-wide allocations.

Three regional sessions are convened, one for each of the three geographic regions referenced above. Each regional group is comprised of the Planning Council members from each respective region and may include other non-voting participants. Only Council members are eligible to vote on allocation decisions.

Each regional session will follow this standardized format:

- A. Allocations. The staff of the Office of HIV Planning presents, describes, and explains the set of financial documents developed for use in these sessions. A member of the Planning Council's Finance Committee, with the support of staff, presents and explains the working draft budget the Committee developed for the region. The Committee member reiterates that the working draft is not a recommendation, but that it is merely to be used as a starting point for the regional group's work.

The Planning Council members from the region then 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 previous year), which includes at least 75% of the funds awarded to direct client services (not including system wide categories) allocated to “core services” as defined by HRSA
- 5% decrease budget, which includes at least 75% of the funds awarded to direct client services (not including system wide categories) allocated to “core services” as defined by HRSA {Note: The recipient will inform the Planning Council of any risks to existing programs and services, based on these budgets}
- 5% increase budget, which includes at least 75% of the funds awarded to direct client services (not including system wide categories) allocated to “core services” as currently defined by HRSA

These deliberations are facilitated by the Co-Chairs of the Finance Committee as designated by the Co-Chairs of the Planning Council (or by a designated Finance Committee member) with the support of the staff of the Office of HIV Planning. 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.

- B. Instructions to the Recipient. The region then may choose to offer instructions to the recipient to accompany their allocation decisions
- C. 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.
- D. Presentation to Full Council. Finally, it is the Finance Committee Co-Chair/s (or Finance Committee designee) who has the responsibility it is to present and explain

each of the region's decisions to the full Planning Council, with the assistance of staff as needed.

Part Three: Planning Council Session

- A. Development of EMA-Wide Recommendations. The staff of the Office of HIV Planning combines the three regional recommendations on Part A allocations into one EMA-wide document with the addition of pro-rated Minority AIDS Initiative funds. The staff also develops the support documentation with each region's explanations that accompany substantial changes in allocations from the previous year (including across-category items such as funds dedicated to care of women, infants, children, and youth).
- B. Presentation of Recommendations. The full Planning Council receives, deliberates, and considers for approval the allocation recommendations from each of the three regional groups and the recommendations for the EMA-wide categories along with any accompanying justification and explanation. Staff assists as needed.
- C. Deliberation on Recommendations. The Planning Council members then deliberate until they have arrived at allocations that have the majority approval of the Council. These deliberations are facilitated by the Co-Chairs of the Planning Council with the support of staff.
- D. Voting. The Planning Council formally votes to approve an EMA-wide list of allocations and instructions to the recipient. Only Planning Council members are eligible to vote.
- E. The Planning Council may authorize the Finance Committee to address any changes in the Part A fundable service categories or allocations requirements that may result from the changes to the legislation governing the use of Part A funds. The Finance Committee must present revised allocations budgets for the three regions and the EMA to the Planning Council for approval. This will be done in accordance with the prioritized list of services developed by the Comprehensive Planning Committee and approved by the Planning Council. Revisions are presented to the Planning Council 30 days after the required change but a period no longer than 60 days. All changes in allocations must be justified either by HRSA requirements, utilization, spending, or documented need data.