BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

Priority Setting & Resource Allocation Committee

Policies and Procedures (Revised)

Approved by HIVPC: January 23, 2025

The Priority Setting & Resource Allocation (PSRA) Committee prioritizes services and conducts funding allocations. **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established. **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories.

Recommendations are submitted to the Broward County HIV Health Services Planning Council (Planning Council). All Council members are involved in the priority setting and resource allocation process, which adheres to Conflict of Interest policies outlined in the Council's By-Laws to prevent perceived conflicts of interest. The Committee may receive data on other Ryan Whites Parts, the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program and the Ending the HIV Epidemic (EHE) initiative. However, the PSRA Committee only sets priorities and allocates funds for the Ryan White Part A and Minority AIDS Initiative (MAI) Programs.

The Planning Council Chair appoints the PSRA Committee Chair and Vice Chair. Prospective community members of the PSRA Committee must complete a Standing Committee application for approval by the Committee Chair and the general body. Committee membership should reflect the local epidemic's demographics. The Committee will include Council members, Ryan White Consumers, frontline HIV workforce members, and community stakeholders to ensure collaboration and coordination across funding streams. People with HIV (PWH) and community members are encouraged to participate in all meetings. The Committee will meet as determined by the Council By-Laws.

The Committee will recommend language to the Planning Council on factors the Recipient should consider when disbursing grant funds to subrecipients. These factors include, but are not limited to, the documented needs of the local HIV-infected population, the service priorities of the local HIV-infected communities, and access to the system of care. The Committee will review any deviations in planned expenditures for possible reallocation and/or reprioritization. Unexpended amounts in any funding category may be reallocated by the Committee in two cycles, with the third reallocation conducted by the Recipient.

Priority and allocation recommendations shall be forwarded to the Planning Council and, if approved, to the Ryan White Part A Recipient. The Recipient Administrator shall submit the recommendations to the Division Director, who will forward them to the Broward County Board of County Commissioners for approval.

Prioritizing Services

The Committee prioritizes the following core and support services of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) as outlined in Policy Clarification Notice 16-02:

Core Services

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (Local)
3. Health Insurance Premium & Cost-Sharing Assistance (HICP)
4. Medical Case Management (Disease)
5. Mental Health Services
6. Oral Health Care (Dental)

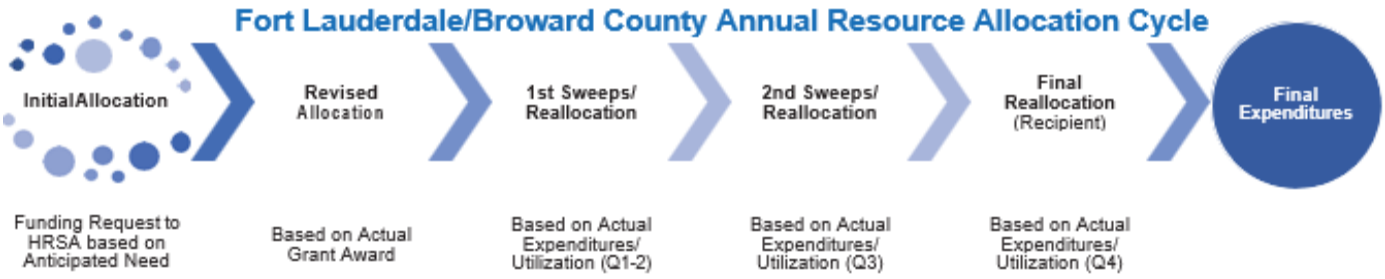
7. Substance Abuse Services – Outpatient
8. AIDS Drugs Assistance Program Treatments (ADAP)
9. Medical Nutrition Therapy
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services

Support Services

1. Food Bank/Home-Delivered Meals
2. Emergency Financial Assistance
3. Legal Services
4. Non-Medical Case Management
5. Housing Services
6. Medical Transportation Services
7. Substance Abuse Services - Residential
8. Psychosocial Support Services
9. Outreach Services
10. Health Education/Risk Reduction
11. Referral for Health Care/Supportive Services
12. Linguistics Services (Integration and Translation)
13. Other Professional Services
14. Child Care Services
15. Rehabilitation Services
16. Permanency Planning
17. Respite Care

Allocation Process

Allocate Funding to Service Categories. The Committee shall first allocate funding to the core services followed by support services.



Estimate Client Need. The Committee shall estimate the number of clients needing each service category based on current service utilization, prevention and surveillance data, unmet medical needs (both aware and not in care), and service gap estimates. This involves determining current Part A service utilization by service category. Estimating the number of new clients needing services, including (a.) Estimating the number of eligible PWHs needing but not receiving services (service gaps and unmet needs). b. Estimating the number of eligible newly diagnosed PWH who will need services.

Other Funding. The Committee should review the availability of other funding sources and resources for similar services and estimate the number of clients likely to be served by these funds. This involves:

1. Estimating the number of clients to be served through other funding for similar services.
2. Subtracting the number of PWH likely to be served through an increase in available other funding.
3. Adding the number of PWHs estimated to need services due to decreases in other available funding.

Revised Allocation (Based on Actual HRSA Ryan White GrantAward)

The following process shall be used to revise allocations based on receiving the final Ryan White Part A grant award that is either greater than or less than the amount that the EMA requested.

Funding Increase: If a funding award exceeds the amount received in the previous year, service categories will be funded at the most recent fiscal year's final expenditure levels, if applicable. The Recipient will then use discretion to allocate any remaining increase to services based on the ranking of service categories and their needs.

Funding Shortages: In the event of funding shortages (i.e., level funding or less), core service categories will be funded at the prior year's final allocation level, minus un-obligated administrative and carryover funds. If this is not feasible or would result in a reduction of 15% or more from the previous year's final expenditure amount allocated to support services, the Recipient's office will convene the committee to revise funding allocations. Deviations in expenditures exceeding 10% in any funding category shall be reviewed by the Committee for possible reallocation, using the same processes outlined above.

Reallocation/Sweeps Process (Based on periodic review of service utilization)

The Committee shall review any deviations in planned expenditures exceeding 10% in any funding category at least twice yearly (bi-annually) for possible reallocation and/or reprioritization. The Recipient's Administrative entity may reallocate unexpended amounts less than 10% in any funding category.

Biannual reallocation: The following process shall be utilized for the biannual reallocation of resources: The Recipient should present the Committee with funding deviation estimates and explanations for the possible causes. Funding should be maintained within the service category. If maintaining the funding within the service category is not feasible, the funding should be moved in ranked order to the next highest-ranked category experiencing a shortfall. The Committee reserves the right to deviate from this process to address the emergent needs of underserved populations in lower or non-ranked categories. Any deviations from the planned allocation will be documented with justifications for the changes.

Final Reallocation: To ensure complete expenditure of funds by the end of the fiscal year, the Committee authorizes the Recipient to move funds between categories within a service provider's contract. This authority is granted with the understanding that the reallocation process has already occurred, the amount involved is less than 10% of the funding award, and fewer than 120 days remain in the fiscal year.

Data Sources

The Committee participates in data-driven decision-making. Examples of data sources include, but are not limited to:

- PSRA Service Category Scorecards (utilization, expenditures, etc.)
- Community input (through listening sessions, focus groups, CEC rankings, community forums, Integrated Committee forums, etc.)
- Review the status of the Florida and Broward County Integrated HIV Prevention and Care Plans.
- Epidemiology (including incidence, prevalence, co-morbidities, etc.)
- HIV Needs Assessment
- Unmet Need / Early Identification of Individuals with HIV/AIDS (EIIHA)
- Community Empowerment Committee's (CEC)Ranking of Part A Services
- Ryan White, HIV Prevention, EHE, HOPWA funders Reports
- HIV AIDS Bureau (HAB) Health Performance Measures
- Affordable Care Act Updates

- Ryan White Program Services Report (RSR)
- Quality Management Part A Client Health Outcome and Quality Improvement Projects