

<b>Central Florida HIV Planning Council (CFHPC)</b>		
Bylaws Reference: Not Applicable		
Scope: Ryan White HIV/AIDS (RWHAP) Part A & B		
Program procedure: CFHPC-POLICY-		
Title:	<u><a href="#">Annual Resource Allocation</a></u>	Effective: 5/19/2018 Revised: 10/25/2023

**Purpose:**  
To establish a process by which Ryan White HIV/AIDS (RWHAP) Part A & B resources are allocated to service categories that have been prioritized by the Planning Council on an annual basis.

**Policy:**  
The Resource Allocation Process shall be developed, revised or updated prior to the annual resource allocation (RA) of grant funds for the upcoming grants year.

- Procedure:**
1. The process for the allocation of funds shall be developed and/or updated by the Planning Council.
    - a. To ensure consistency between the Data Presentation, Priority Setting, Ways to Best Meet Needs and Resource Allocation, the Service Systems Planning & Quality (SSPQ) Committee shall develop/revise the process.
    - b. The draft RA process shall be forwarded to the Executive Committee for approval and placement on the Planning Council agenda.
    - c. The draft RA process shall be distributed to the Planning Council members for a 30-day review prior to voting for its adoption.
    - d. The process shall clearly indicate that for the RWHAP Part B resources the allocations are recommendations to the Lead Agency and that the Lead Agency has the authority to make changes without prior approval of the Planning Council.
  2. The Council shall review and consider data presented at the Annual Data Presentation as part of the decision making process in allocating resources. Data includes but is not limited to:
    - a. Needs Assessment, including unmet needs, and service gaps and barriers

- b. Early Identification of Individuals with HIV/AIDS (EIIHA)
  - c. Epidemiological profiles
  - d. Service Utilization and Expenditures
  - e. Other funding sources and alternate resources
  - f. Outcome Measurement Data, including system wide HIV Care Continuum and the Ryan White HIV/AIDS Program (RWHAP) Service System
  - g. Trends and events in the Health Care arena
  - h. Provider Capacity & Capability
  - i. Resource Inventory/Funding Streams
  - j. Other variables that may impact RWHAP clients
3. The full Planning Council shall meet for the specific purpose of allocating resources for the Orlando Service Area (OSA). As stated in the Bylaws (Section 9.3) and the Data Presentation Policy and Procedures, in order to vote on Allocations, a Planning Council member must have participated in the annual Data Presentation.

<b><i>Process to Establish Allocations:</i></b>
1. A slate prepared by the Recipient and Planning Council Support shall be presented to the SSPQ Committee for discussion and approval during the August Committee meeting. If no August Committee meeting is scheduled then the SSPQ Committee shall convene a special session to approve the slate.
2. During the RA meeting an explanation of how the proposed slate was developed will be provided to the full Council.
3. The floor will then be opened for Planning Council members to make any motion to adopt or reject the proposed slate.
4. If the initial slate is rejected, Planning Council members may make motions to change allocations by service categories.
5. After a motion is on the table (and has been seconded), discussion consisting of a <u>maximum</u> of three pros and three cons for each motion occurs before a vote is taken. Planning Council members with a conflict of interest on an issue may not participate in the discussion or vote. Once a motion has been adopted the category/categories affected by the motion will be locked. Discussion must be in accordance with the "Principles for Decision Making" and the "Criteria" in Tables 1 and 2 below.
6. The above process in subsection e continues until all the RA slate is approved. At that time, a motion to ratify the whole slate is made, seconded, voted on,

and accepted by the Council, at which time the process is complete and no further changes can be made.
7. Member conflicts do not apply when discussing or voting on a slate.
8. At the conclusion of the RA Process, the participants shall complete a survey to evaluate the process. The results of the survey shall be reviewed and used to improve the process for the next year.

Table 1
<b>PRINCIPLES for DECISION MAKING</b>
1. Decisions must be based on documented needs.
2. Services must be responsive to the epidemiology of HIV in the service area.
3. Priorities should contribute to strengthening the agreed-upon continuum of care, providing primary health care and limiting duplication of services.
4. Decisions are expected to address overall needs within the service area, not narrow advocacy concerns.
5. Services must be culturally appropriate.
6. Services should fill identified service gaps for underserved populations.
7. Equitable access to services should be provided across geographic areas and subpopulations.
8. Services should meet Public Health Service treatment guidelines and other standards of care; and be of demonstrated quality and effectiveness.
9. Ryan White resources will be considered the payer of last resort.
10. Ryan White resources will not be able to meet all identified needs.
Table 2
<b>CRITERIA</b>
1. Documented Need
2. Cost effectiveness
3. Quality
4. Outcome-effectiveness of services based on client surveys, outcomes evaluation and quality management programs.
5. Client preferences or priorities, based on services and interventions for particular populations with severe needs, historically underserved communities, and individuals who know their status but are not in care.
6. Consistency with the continuum of care: An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PWH.

7. Balance between ongoing service needs and emerging needs.

8. Inclusion of services to women, infants, children and youth (WICY)

9. Lack of other funding: Resources from other sources are not available to meet this service need.