



WAYS YOU CAN'T GET HIV



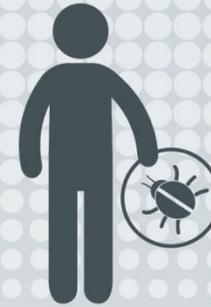
BIRDS AND ANIMALS



STALE FOOD



KISSES



INSECTS



HANDSHAKES

Priority Setting & Resource Allocation

Prepared for CFHPC Annual Training 2025





Objectives

1. Understand HRSA's expectations for PSRA
2. Learn key concepts about priority setting.
 - a. We are required to differentiate among competing needs due to limited resources.
 - b. Priority setting should be considered independently of resource allocation.
3. Explain that some needs are more essential than others.
 - a. How do we make those decisions?
4. Learn key concepts about resource allocation.
 - a. Resources may not be allocated to some priorities.
 - b. Considering non-Ryan White funding sources.



Priority Setting



Priority Setting is...

The process of deciding which HIV services are the most important in providing a comprehensive system of care for all people with HIV (PWH) in the Eligible Metropolitan Area (EMA).



Setting Priorities

PRIORITY



We should consider:

- Size and demographics of the population of People with HIV (PWH) and their needs.
- Cost effectiveness and outcome effectiveness of strategies.
- Community priorities.
- Coordination of services, including substance abuse.
- Decisions expected to address overall needs within the area, not narrow advocacy concerns.
- Should include services for women, infants, children and youth (WICY).



Sound Practices in Priority Setting

Set priorities after the annual Data Presentation

Prioritize each of the 28 service categories that are important to PWH in your EMA – only exclude services that are not needed

Begin with current year's priorities and revise from there



Service Categories

Core Medical-Related Services

- ADAP
- Local Pharm Assistance Program
- Early Intervention Services
- Health Insur Premium and Cost-Sharing Assistance
- Home & Community-based Health Services
- Home Health Care
- Hospice
- Medical Case Management
- Med Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpat/Ambulatory Health Services
- Substance Abuse Outpatient Care



Service Categories

Support Services

- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home-Deliv Meals
- Health Educ/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Med Case Management
- Other Professional Services
- Outreach Services
- Psychosocial Support Services
- Referral for Healthcare & Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Servs (Resid)

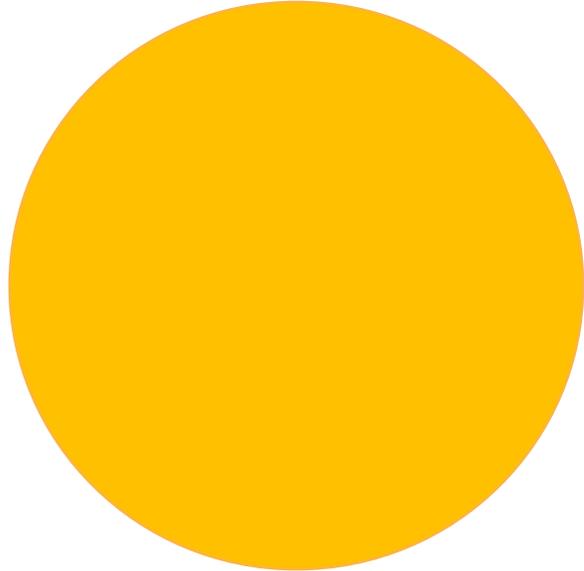


Steps in the PS Process

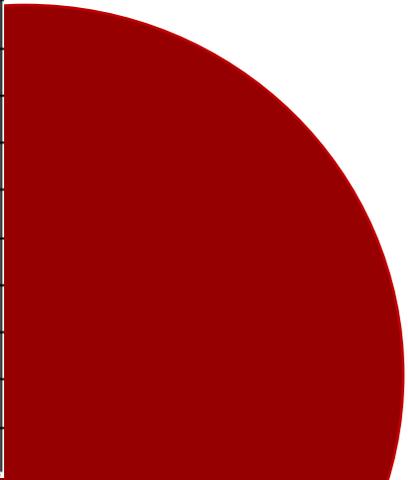
1. Review the data
2. Set the top 5 priorities
3. Create Slate 1
4. Create Slate 2 (if needed)

2024-2025 Priorities Ranking	Service Category**	2025-2026 Priorities Ranking Top 5	2025-2026 Priorities Ranking slate 1	2025-2026 Priorities Ranking slate 2
1	Local Pharmaceutical Assistance Program	1	1	
1a	AIDS Drug Assistance Program Treatments	1a	1a	
2	Medical Case Management	2	2	
3	Housing Services	5	5	
4	Health Insurance Premium & Cost Sharing	3	3	
5	Oral Health Care	4	4	
6	Outpatient Ambulatory Health Services		6	
7	Referral for Healthcare and Support Services		8	
8	Non-Medical Case Management		9	
9	Psychosocial Support		10	
10	Mental Health Services		7	
11	Substance Abuse Outpatient Care		12	





2024-2025 Priorities Ranking	Service Category**
1	Local Pharmaceutical Assistance Program
1a	AIDS Drug Assistance Program Treatments
2	Medical Case Management
3	Housing Services
4	Health Insurance Premium/Cost Sharing
5	Oral Health Care
6	Outpatient Ambulatory Health Services
7	Referral for Healthcare and Support Services
8	Non-Medical Case Management
9	Psychosocial Support
10	Mental Health Services
11	Substance Abuse Outpatient Care
12	Medical Transportation
13	Early Intervention Services
14	Medical Nutrition Therapy
15	Food Bank/Home Delivered Meals
16	Linguistic Service
17	Outreach Services
18	Home and Community Based Health Services
19	Home Health Care
20	Hospice Services
21	Substance Abuse Services (residential)
22	Health Education/Risk Reduction
23	Emergency Financial Assistance
24	Child Care Services
25	Rehabilitative Services
26	Other Professional Services*
27	Respite Care



Ways to Best Meet Needs (WBMN)

Directives to the Recipient



Ways to Best Meet Needs (Directives to the Recipient)

- The planning council also has the right to provide directives (aka Ways to Best Meet Needs or WBMN) to the recipient on how best to meet the service priorities it has identified.
- This is a Planning Council responsibility that may include:
 - Guidance to the recipient on service models
 - Increasing access to care
 - Targeting populations of focus or service areas

***Note: Conflicts of Interest also apply to this process.**



Ways to Best Meet Needs (Directives to the Recipient)

- Directives should be based on identified needs such as:
 - Poor service areas
 - Lack of culturally and linguistically appropriate service
 - Too few providers in an outlying area
 - A need for new models and strategies.
- **Note:** the planning council cannot pick specific agencies to fund (procurement) or make its directives so narrow that only one agency will qualify or be able to complete it.



Components of WBMN

- Scope
 - Which counties will the directive apply to (the full OSA, the EMA, only Brevard)?
 - Will this be a recommendation to Part A or Part B (or both)?
- Details of the Directive
 - The recommendation for improvement
- Monitoring Tools
 - How the Planning Council will receive updates on the progress of the directive throughout the year



Developing Directives

- Examples:
 - It may direct the recipient to fund services in particular parts of the EMA (such as outlying counties), or to use specific service models (Test & Treat or One Stop Shop)
 - It may tell the recipient to take specific steps to increase access to care (for example, require that Medical Case Management providers have bilingual staff or that primary care facilities be open one evening or weekend a month).
 - It may also require that services be appropriate for particular subpopulations—for example, it may specify funding for medical services that target young gay men of color.



What to consider when establishing directives

What service categor(ies) should be used or targeted?

How might this directive affect service costs, and how might you get more information about probable cost implications?

What should be the purpose of the directive—what should it try to accomplish?

How should the directive be worded? Develop and agree on draft language.

What other work is needed before the directive can be ready for presentation and possible approval by the PC?

Be Specific

1

Start with an instructional verb

2

Identify *who will be responsible* for completing the activity

3

Indicate how the directive will be achieved

4

Ask yourself if there are any additional details that will make the directive more clear



WBMN Example (2024-2025)

- To encourage all RWHAP-funded providers to participate in leadership training developed and/or approved by the Recipient's Office, which includes awareness of compassion fatigue and customer service. A Planning Council representative(s) will participate in the development of the training.



Let's Break it Down

1. Instructional Verb
 - To encourage
2. Who is responsible for completing the directive?
 - All RWHAP-funded providers
3. How will the directive be achieved?
 - To participate in leadership training developed and/or approved by the Recipient's Office
4. Are there any other additional details that might be helpful?
 - Which includes awareness of compassion fatigue and customer service. A Planning Council representative(s) will participate in the development of the training.



Resource Allocation



Resource Allocation is...

- The process of determining how much Ryan White HIV/AIDS Part A program (RWHAP) funding will be allocated to each service category.
- Planning Council Members are tasked with ensuring that the Recipient (Part A) distributes the funds in contracting for service categories, but you are not/shall not be involved in the procurement process.

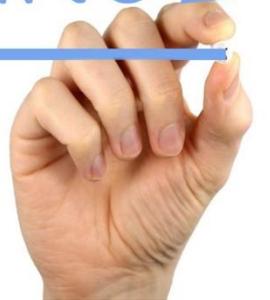
***At least 75% of program funds must be allocated to core medical-related services, unless the EMA obtains a waiver from HRSA/HAB**



Things to Consider

- Availability of other governmental and non-governmental resources.
- Capacity development needs related to reaching underserved communities.
- Consistency with the continuum of care: an approach that helps communities plan for and provide a full range of emergency and long-term services to address the various needs of PWH.
- Ryan White resources shall be considered the payer of last resort.
- Ryan White resources will not be able to meet all identified needs.
- Inclusion of services for Women, Infants, Children and Youth (WICY).

RESOURCE

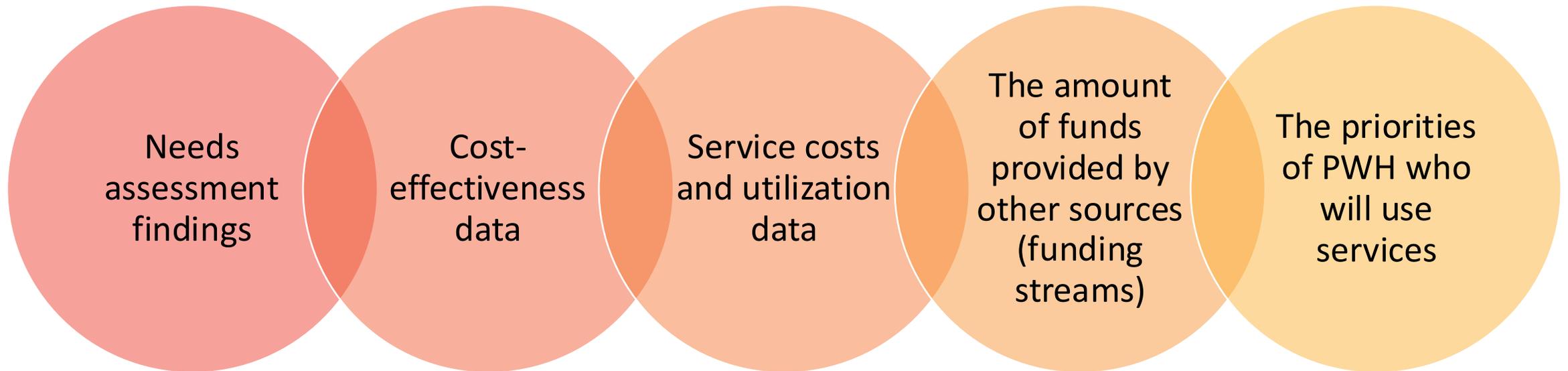


Why don't we fund all service categories?

- Not all are identified as a high priority.
- There is not enough funding to support every category.
 - Part A grant amount for 2024-25: \$11,541,919
 - Part B grant amount for 2024-25: \$1,714,310
- There are often other funding sources available for a specific category.



Keys to Data Informed Decision Making



Priority Setting & Resource Allocation

Let's Review



P.S. vs. R.A.

Priority Setting

- Helps us ensure that services are in line with the **community's needs** and coordinated in a way that maximizes the effectiveness.
- **You are working to make the system of care comprehensive, and that includes those services that are essential to the client's goal of achieving viral suppression.**
- We survey for client needs every 3 years because they don't typically change often. Most essential services a client has today are likely to be essential to their care 3 years from now, unless there is a major change to the size and demographics of PWH or across the coordination of other services.



P.S. vs. R.A.

Resource Allocation

- Helps us decide whether those priorities need to be funded by Ryan White as a payer of last resort because there isn't enough funding **from other sources.**
- If outside funding streams are cut off, priority setting allows the PC to understand how RW can intervene to support. For example, if changes to federal/state programs drastically reduce or eliminate funding for a service like health insurance, the PC may then decide to fund the category because it was identified as a top priority for our EMA.



HRSA Expectations for PSRA

- The entire PC participates actively in decisions about priority setting and resource allocation.
- Decisions are made based on data, not anecdotal information or “impassioned pleas”.
- PC reviews many types of data and directly links decision making to these data.
- Meetings are open to the public, but public comment is limited, and only vetted PC members vote.
- Conflict of interest is managed.
- Both the actual process and results of PRSA are documented in writing.



HRSA Expectations

- Priority setting means determining what service categories are most important for PWH in the EMA. Priorities should not be influenced by availability of funding or by who provides the funding for these services.



Which of these is not an acceptable directive?

A) Mental health services must be provided by clinicians that can demonstrate expertise in serving people living with HIV.

B) Mental health services must be provided by organizations with prior RWHAP experience.

ANSWER: B) The second suggested directive is not acceptable, because it limits possible subrecipients to those that have received RWHAP funding in the past. There might be only one or two entities that meet that requirement, which would prevent an open procurement process.



Let's Apply What We Know



With the information of the top priorities for our EMA's PWH, what can we determine?

- A. How much money to allocate to specific categories.
- B. The most important needs of our areas PWH. ←
- C. Where not to allocate funds for next year.
- D. That there is enough money in these specific categories.

Priority setting helps us understand what are the **TOP needs** of the community. Some of these needs may already be met by funding sources, so these are not necessarily where we want to allocate Ryan White funding.

Resource allocation helps us to prioritize areas of **UNMET** need by ensuring money is allocated to categories that are not already being funded by sources outside of RWHAP.



Name ways to make data-informed decisions during the PSRA Process.

1. Needs assessment findings
2. Cost-effectiveness data
3. Service costs and utilization data
4. The amount of funds provided by other sources (funding streams)
5. The priorities of PWH who will use services



Questions?

