



Resource Allocation Process

Goal:

The goal of the annual resource allocation process is to allocate Ryan White HIV/AIDS Program Part A and Part B funds to prioritized service categories according to the existing and emerging needs of people with HIV (PWH) in the Orlando Service Area (OSA) and with adherence to the Health Resources and Services Administration (HRSA) rule requiring that at least 75% of the funds to be used for core services and no more than 25% of the funds to be used for support services.

Objectives:

1. Ensure that the decision-making process includes established criteria (see Tables 1 & 2 below).
2. Involve all members of the Central Florida HIV Planning Council in the decision-making process.
3. Utilize data presented during the Data Presentation to support the decision-making in Resource Allocation.
4. Develop resource allocations that are consistent with the planning bodies' established priorities for the following: core services and support services;
5. Develop an easy-to-understand summary of resource allocations by prioritized category and share with all stakeholders.

Previous Trainings:

1. Training sessions will be conducted quarterly via an online platform and in person, separate from the regular Planning Council meeting schedule. These sessions will provide an understanding of the data, why it is provided, and how to use it.
2. At least one session of the quarterly Planning Council trainings will include training on the Priority Setting and Resource Allocation Processes.
3. Training(s) on using data to make decisions and understanding the PSRA processes shall occur during the year prior to the data presentation and PSRA processes, as determined by the Planning Council.
4. Two training sessions will be held virtually, and the third will be in person in September. The September training is mandatory for all members.
5. The Membership & Engagement Committee will be responsible for creating the training agendas.

The Resource Allocation Process will be held in a hybrid fashion and consist of the following:

1. **Voting Eligibility-** Members who were not present at all three roll calls at Data Presentation are not eligible to make motions or vote during the Resource Allocation



Process. Members who are not present for the full presentation will not be eligible to submit motions or vote at the Priority Setting or Resource Allocation meetings. An exception will be made for a bona fide emergency, as approved by the Planning Council Chair, if a member is present for at least 2 roll calls. We encourage all PC members to attend and be part of the discussion, and give pros and cons. <u>Voting, motion making, and roll calls shall only be in person. Virtual meeting participants will only be allowed to participate in the discussion.</u>
2. Roll call- A roll call is taken to ensure that a quorum is present. Quorum must be maintained throughout in order to continue the priority setting and resource allocation process.
3. Group Agreement- A group agreement shall be established by individuals in attendance at the beginning of the meeting, or the group agreement established for the Data Presentation meeting may be recycled for this meeting. There shall be a reminder of the agreements made throughout the meeting.
4. Conflict of Interest- The Conflict of Interest statement is read and explained. Members are asked to disclose any actual or perceived conflicts of interest at this time. The conflict of interest matrix must be updated and available.
5. Established Principles and Criteria- The principles and criteria that have been adopted to implement the process are read and explained; members are asked to declare by consensus that they understand the principles and criteria. Members are also reminded that they are expected to represent the interests of all PWH in the Orlando Service Area (OSA) when they allocate funds.
6. Allocations- The expenditures and utilization for the most recent 3 to 5 years will be used as a starting point to determine the allocations for the next year.
7. Voting- All voting will be done by a roll call vote. Members who were not in attendance for the full data presentation will not be eligible to vote. Members with a conflict of interest must refrain from voting on a service category for which they have a conflict of interest. Exception: conflict of interest does not apply when voting for a slate -- a slate consists of all prioritized service categories. <u>Voting, motion making, and roll calls shall only be in person. Virtual meeting participants will only be allowed to participate in the discussion.</u>
8. Public Comment- Prior to the start of the process, the public shall be given the opportunity to make comments.
Process to Establish Allocations:
1. Start with a slate prepared by the Recipient, Planning Council Support, and the Service Systems Planning & Quality Committee.
2. An explanation as to how the slate was developed will be provided to the full Council.



3. The floor will be open for Planning Council members to make any motion to adopt or reject the original slate.
4. After a motion is on the floor (and has been seconded), discussion consisting of a maximum of three pros and three cons for each motion occurs before a vote is taken.
5. Planning Council members with a conflict of interest on an issue may not participate in the discussion or state a pro or a con. However, members with a conflict of interest may respond to questions posed to them.
6. If the initial slate is rejected, Planning Council members may make motions to change allocations by service categories.
7. The motion/ discussion/ voting process continues until the total is equal to the original funding slate presented and a motion to accept the whole slate is made, seconded, voted on, and accepted, at which time the process is complete and no further changes can be made.
Meeting Notes: Written documentation of all motions and discussions will be recorded and will be available for public review.
Notes: 1. The following additional information will be provided: A listing of funds transferred from one category to another (action items) and the reason for the transfer. 2. The slate will utilize the ranking results of the Priorities developed during the previous Priority Setting process. Only service categories that have been prioritized are able to be funded. 3. Allocations will be expressed as dollars. 4. The Central Florida HIV Planning Council (CFHPC) is a decision-making body regarding the use of Part A funds, including Minority AIDS Initiative (MAI) funds. Any recommendations for the allocation of funds for Part B are made in an advisory capacity only (Central Florida HIV Planning Council Bylaws, Article II, Section 2.5).
Evaluation of the process: A survey will be distributed to evaluate the process. A summary will be reviewed by the Service Systems Planning & Quality Committee, which will provide recommendations to the Planning Committee on how to improve the process.
Approved Allocations- Approved allocations will be distributed to all stakeholders, including the Recipient, and made available to the public.



Table 1

PRINCIPLES for DECISION MAKING

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 responsive to people with HIV.
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 HIV/AIDS Program (RWHAP) resources will be considered the payer of last resort.
10. RWHAP resources will not be able to meet all identified needs.

Table 2

CRITERIA

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 people with HIV.
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.