

**HIV Health Services Planning Council
Sacramento TGA**

Policy and Procedure Manual

Section 10 - Priorities and Allocations Committee

SECTION	SECTION / POLICY TITLE	CURRENT VERSION	PREVIOUS REVISIONS
10	PRIORITIES AND ALLOCATIONS COMMITTEE		
	PAC 01 – Priority Setting & Resource Allocation Process	05/25/22	05/27/20, 04/25/18, 04/27/16, 03/24/10, 01/25/06, 02/23/05, 05/22/02, 8/98
	PAC 02 – General Policy Directives Regarding Reallocation of Ryan White Part A/B Funding	05/25/22	05/27/20, 04/25/18, 04/27/16, 01/25/12, 03/24/10, 02/25/04, 03/28/01
	PAC 03 – Philosophies for Managing Scarcity	05/27/20	N/A

HIV Health Services Planning Council Sacramento TGA

Policy and Procedure Manual

Subject: Priority-Setting and Resource Allocation Process

No.: PAC 01

Date Approved: 01/26/05

Last Revised: 05/25/22

Date Reviewed: 05/25/22

Reference: Ryan White HIV/AIDS Program Part A Manual (Section E,)

Policy: Technical assistance papers included in the *Ryan White HIV/AIDS Program Part A Manual* states: "Establish priorities for the allocation of funds. Decisions are to be based on needs assessment (with particular attention to the unmet needs of those with HIV/AIDS who are not in care), the cost effectiveness and outcome effectiveness of specific services, priorities of HIV-infected communities, and availability of other governmental and non-governmental resources.

It is a primary responsibility of the Council for the Sacramento TGA to annually establish priorities for funding and resource allocation for services to meet the needs of HIV+ individuals throughout the TGA. The Council will establish a Priorities and Allocations Committee (PAC) as a standing committee. This Committee will be a representative and balanced group, charged with conducting evaluating necessary information, reporting findings and recommendations to the Council for decision. The process will be established such that it is conducted in an open, orderly and informed way.

The process of priority setting and resource allocation involves review of the updated needs assessment (provided by the Needs Assessment Committee on an annual basis), consideration of HRSA directives and/or priorities and inclusion of other needed input as determined necessary.

Procedures:

1. The composition of the PAC will strive to mirror the representation of the Planning Council with the limitation placed on committee size and strives to include members of the community.

Involvement of relevant stakeholders including, but not limited to: current clients, service providers, parents/guardians, caretakers, experts in service categories, governmental representatives, CEO Representative, state/federal representative, Recipient representative, community-based organizations, affected and emerging populations, and opinion/policy makers will be assured.

Committee organization will adhere to policies outlined in Policy and Procedure Document GOV 01 – Committee Development, Organization, and Appointment.

2. Several processes will be used to assure that information about the PAC is widely known by employing such strategies as:
 - Sending flyers through service agencies, community-based organizations and the affected communities committee to request membership and/or participation.
 - Advertising in local media to request membership and/or participation.
 - Producing press releases for local news media to do stories about PAC and process.
 - Providing mechanisms to inform stakeholders of committee process and discussion process
 - Public forums.

3. The following principles and criteria will be used in decision making relative to priorities and allocations:
 - a. Principles
 - i. The goal of all services is to get clients into and maintain in medical care.
 - ii. The needs of all populations directly impacted by HIV/AIDS should be looked at in designing a continuum of care for the TGA (as directed by the Needs Assessment, Epidemiologist data and the Comprehensive Plan).
 - iii. Services are funded on the basis of emergency or “last resort” and service delivery will depend on the dollars allocated and available.
 - iv. Ryan White funded services should address the needs of the ‘infected’ community and only secondarily the needs of the ‘affected’ community: i.e., where service to the affected individual(s) provides demonstrable benefit to the infected individual.
 - v. Service provision should be culturally sensitive and culturally relevant.

- vi. Generally the continuum of services will address the entire population of the TGA but services may need to be prioritized and funded to service distinct sub-populations (e.g., those living in certain geographic areas, those with different degrees of illness, women, children, IDU's, MSM, etc.).
- vii. Service categories should be accompanied by service standards adopted by the Planning Council.
- viii. Decisions on priorities and allocations (including reallocations and rollovers) will be based on documented need – information which may be drawn from the needs assessment, epidemiological profiles, service data, emerging trends documented by consumers and agencies, or other documented sources.
- ix. Priority should be given to long-range, cost-effective and efficient solutions.
- x. Generally allocations should support and maintain existing effort, except where documented needs support a shift in priorities or allocations (e.g. a clearly unmet need, a new emerging need, or a decline in an existing needs area).
- xi. Priorities and allocations should seek to assure that all people with HIV/AIDS have access to primary medical care services.

b. Criteria

- i. Does the priority area fit HRSA guidelines and definitions in either direct service or planning body?
- ii. Can priority care programs or services be secured elsewhere, i.e. is C.A.R.E. Act funding being used as a last resort?
- iii. Does the service category:
 - address a documented need in the needs assessment and Recipient Representative documentation?
 - fit within the agreed upon continuum of care, and
 - rank in a way that is consistent with its place in the continuum?
 - respond to HRSA guidelines?
- iv. Do the prioritized services and allocations serve the diverse population impacted by HIV/AIDS and reflected in the local epidemiological profile?
- v. Does the service provide a high level of benefit relative to its cost:
 - Reduce hospitalization or more intensive/costly services
 - Reduce overall health care and other costs
 - Increase ability/capacity of infected individuals and their caretakers to be more self-sufficient?

4. Meeting Structure and Process:

- a. All applicable Council policies and procedures regarding open meetings will be followed. In addition, documented information in the form of summaries of the needs assessment and other information inputs should be made available to everyone on the committee and Council. Information is provided in advance and should be read before meetings and used to make decisions.
- b. A quorum will be established consistent with Council Bylaws, Article VI, Section 6.3: One-third of the number of seated Committee members constitutes a quorum of the transaction of business for which there is not a dissenting vote. With the number of members present at least one-third but not more than a majority of the total seated members any business can be transacted with a $\frac{3}{4}$ vote of those present. When a majority of the seated members are present any business can be transacted with a simple majority vote of those present. A majority must be determined based on all those present excluding those who cannot vote due to a conflict of interest. Proxies are not permitted, with the exception of voting by alternates for affected community members (who are absent due to illness).
- c. If there is no quorum by fifteen minutes past the meeting start time, the meeting will be cancelled regardless of the degree to which a cancellation delays the priority setting process.
- d. Membership of committee will be as follows:
 - i. Voting
 - All members seated by Chair of committee.
 - ii. Non-Voting
 - Chair of committee (unless there is a tie vote, then Chair will become the tie-breaker).
 - iii. Ex-Officio Members:
 - Recipient
 - Elected officers of the Council
 - iv. Alternates
 - Per Council Bylaws, Governance 01,4 a-g: Committee alternates will only be available to individuals living with HIV/AIDS or the parent/guardian of an child living with HIV/AIDS. Alternates may only be provided when the HIV+ person is absent due to illness. Alternates must be a person or parent/guardian of an individual living HIV. Proposed

alternates must have submitted a Council application and have been approved by the PAC Chair. Alternates are encouraged to attend all meetings to be knowledgeable of the committee's work and process.

All others will be considered guests.

- e. Special Attendance Requirements during an Allocation Vote (this includes Allocation, Re-Allocation, & Rollover):

All regularly seated committee members must have attended either of the two previous consecutive regularly scheduled meetings in order to vote during an allocation. This also applies to seated alternates.

Those committee members unable to attend a meeting due to Council business will be excused from the special attendance requirement.

- f. The PAC process will follow all applicable Council Bylaws and policies and procedures relative to conflict of interest. Additionally, each Committee member will receive a listing of all committee members' names and their self-reported organization and service category areas of conflict of interest. Committee members and people providing public input are expected to disclose any conflict of interest when addressing the group.
 - g. The Chair of the PAC and/or Vice Chair or his/her designee will lead meetings in accordance with Robert's Rules of Order (Webster's New World Version, Simplified and Applied, Robert McConnell Productions 10th Edition, 2000).
5. The PAC will determine any factors which might require changes in the decision making method used for priority-setting, and if needed use the following process, as approved by the Council:
- a. Review documentation before meeting.
 - b. Group discussion to produce a list of document needs (see decision making model).
 - c. Public forum regarding needs and priorities.
 - d. Individual members do ranking in order of priority of needs as described in model.
 - e. Individual rankings will be aggregated and provided to full committee.
 - f. Group discussion to synthesize priority order (using conflict of interest policies and procedures).

- g. Formal vote will decide the recommendation (using conflict of interest policies and procedures).
 - h. Recommendation forwarded to Council for final decision.
6. The PAC will use the following steps for decision making relative to allocations:
- a. Review service priorities by Service Description, Populations to Reach, Geographic Limits, Service Delivery System, HRSA Service Category, Intervention Type and Units of Service. (Chart format).
 - b. Consider estimated number of unduplicated clients by service priority.
 - c. Review “maintenance of effort”.
 - d. Review any available information on possible over/under spending of funds for current service and any relevant information regarding previous years’ expenditures, emerging trends or patterns (i.e. needs assessment).
 - e. Complete the following chart:

Prioritized Services and Sub-categories	Estimated # of Unduplicated Clients	Estimated Cost per Client	Other Available Resources	Estimated Expenditures needed for FY__	Estimated Cost per Unit of Service

- f. Review the total Estimated Expenditures and compare to previous allocations.
- g. Estimate possible grant award and amount to be allocated. Consider what assumptions should be made about the amount to be requested for the next year:
 - above prior year – by \$_____ or __%
 - unchanged from last year
 - below prior year – by \$_____ or __%
- h. Determine general allocation amounts for Planning Council Support and the individual counties (El Dorado, Placer, Sacramento).
- i. Determine final allocation amounts by service area for the year and fill in the following chart as recommendation to the Council:

Services by Priority (including all the descriptive information)	Recommended Dollar Amount (amount. not to go below or over if less/more funding is available)	Allocation as % of Total Funds
Totals		

- j. Determine percentage of annual allocations to HRSA-mandated populations (i.e. women, infants, children, and youth).
- k. Finalize any related directives to instruct the Recipient representative “how best to meet each priority and additional factors the Recipient representative should consider in contracting funds”.
- l. Develop alternate funding scenarios to account for potential discrepancies between funding request and award received.

7. Transitional Service Funding

- a. In the event that a recommendation is made to eliminate a service category or sub-category, PAC will – whenever possible – allocate funding to the service category for transitional funding. The funding will be made available to assure providers adequate time to notify consumers of service discontinuation.
- b. When provided, the transitional service-funding amount will be determined as a proportion of the service category’s/subcategory’s prior year allocation, and is to be expended within the first quarter of the new fiscal year.
- c. In the event that the Planning Council adopts a PAC recommendation to discontinue funding for a service category/sub-category, the Council Chair will instruct the Recipient to notify service provider(s) of the Council’s decision to discontinue the service(s).

Approved: 
Richard Benavidez, Chair

Date 05/25/22

HIV Health Services Planning Council Sacramento TGA

Policy and Procedure Manual

Subject: General Policy Directives Regarding
Reallocation of Ryan White Part A/B-Funding

No.: PAC 02

Date Adopted: 03/28/01

Date Revised: 05/25/22

Date Reviewed: 05/25/22

Reference: 2018 Part A Planning Council Primer.

Policy: This policy defines the process to be utilized by the Sacramento TGA when conducting a mid-year reallocation of CARE Act funding to existing service areas experiencing either under-utilization, over-utilization or new areas of need identified by the PAC, Recipient and/or the Planning Council.

General Description

Reallocation is defined as an annual mid-year adjustment of the HIV Health Services Planning Council's current HIV service priority and allocation plan. A thorough evaluation of service utilization against year-to-date contractor expenditures is completed to determine areas in which service utilization is expected to exceed or fall below funding allocations as specified in the service priority and allocation plan. Major funding adjustments (**levels II and III**) are recommended by the PAC to the full Planning Council and referred to the Recipient for full implementation. The core responsibilities of the principals involved in this process are as follows:

_Recipient: Assesses the spending patterns of contractors; analyzes trends in service utilization by agency and service category; prepares fiscal reports pertaining to service utilization as requested by PAC or the full Council; makes minor allocation adjustments (**level I**) which do not materially alter the current service priority and allocation plan; offers recommendations for significant allocation adjustments to the PAC.

Contractors: Prepares and submits utilization and/or expenditure data as requested by the Recipient, PAC, and/or full Council as specified in this procedure.

PAC: Works collaboratively with the Recipient to analyze and interpret utilization and expenditure data; reviews existing service priorities and allocations for trends suggesting over-utilization of services; recommends adjustments (as needed) to the current service priority and allocation plan to the Executive Committee and the full Council.

Executive Committee: Offers guidance to the PAC in the reallocation process; reviews reallocation recommendations offered by the PAC which significantly alter the current service priority and allocation plan; directs (with prior Council authorization) Recipient to implement approved or modified recommended revisions to the service priority and allocation plan only in the event there is insufficient time for full Council approval.

Planning Council: Offers guidance to the PAC in the reallocation process; approves, modifies, or rejects reallocation recommendations offered by the PAC which materially alter the current service priority and allocation plan; directs Recipient to implement approved or modified recommended revisions to the service priority and allocation plan.

The procedure outlined in this policy document will discuss, in greater detail, the aforementioned key participants and core responsibilities associated with reallocation of funding.

Procedure

In the Sacramento TGA, there are three separate and distinct levels of adjustment to the current service priority and allocation plan. Material change(s) to the service priority and allocation plan, as discussed in this procedure, are defined as:

1. Change(s) that result in the addition of a service category to the TGA service priority plan, or
2. Establishing funding for a previously non-funded service priority, or
3. An allocation change that would cause a shift in the order of service priorities as established by PAC and the Council.

Each level of adjustment and the level of involvement of the key participants in the reallocation process are defined in the following matrix:

<i>Adjustment Level</i>	Recipient	<i>PAC</i>	<i>Executive Committee</i>	<i>Planning Council</i>
<p><u>Level I – Minor Changes</u> Aggregate funding adjustments of up to 10% or \$25,000 (whichever is less) either within a service category or between two service categories that do not materially alter the current service priority and allocation plan.</p> <p>Also includes adjustments to service categories allocated no more than \$15,000 without regard to % or dollar amount.</p>	<p>Authorized to make adjustment without PAC, Executive, or Council approval. Must update PAC, Executive and Council on the year-end Fiscal Report.</p>	N/A	N/A	N/A
<p><u>Level II – Significant Changes</u> Aggregate funding adjustments greater than 10% or \$25,000, up to \$70,000 either within a service category or between two service categories, which do not materially alter the current service priority and allocation plan.</p>	<p>Authorized to make adjustment without PAC, Executive, or Council approval.</p> <p>Must update PAC, Executive and Council at the meeting immediately following the adjustment. Monthly and Quarterly reports must reflect these allocation adjustments.</p>	N/A	N/A	N/A

<p><u>Level III –Material Change in Service Priorities/Allocations</u> Aggregate funding adjustments over \$70,000 or any adjustment that materially alters the current service priority and allocation plan.</p>	<p>Submits recommended adjustment(s) to PAC.</p>	<p>Reviews recommendations from Recipient, approves, modifies or rejects recommended adjustment(s). Submits recommendation for reallocation to the Executive Committee.</p>	<p>Reviews reallocation recommendations offered by PAC. Forwards proposed change(s) to full Council for approval.</p>	<p>Approves, modifies, or rejects reallocation recommendations offered by PAC. Directs Recipient to implement approved or modified recommended revisions to the service priority and allocation plan.</p>
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Level I adjustments are at the discretion of the Recipient and can be made at any time during the contract year. Level II and III adjustments will be made in accordance with the process and timelines specified in the following matrices (and, if available and practical, in conjunction with the TGA’s application for use of Carryover funding):

First Reallocation

<i>Activity</i>	<i>Party Responsible</i>	<i>Action Needed By</i>
Inform contractors regarding availability of unexpended funds and opportunity to request reallocated funds.	Recipient	Last Week in July
Deadline for response to Recipient request regarding availability of unexpended funds and requests for reallocated funds. If contractor fails to respond by the deadline, the agency request will not be considered.	Contractor	3rd Week in August
Assess contractor spending patterns; analyze trends by agency; prepare recommendation for current service priority and allocation plan adjustment(s) for PAC	Recipient	1st Week in September
Submits recommended adjustment(s) to	Recipient	3rd Week of

Council Staff		September
Reviews recommendations from Recipient, approves, modifies or rejects recommended adjustment(s). Submits recommendation for reallocation and final use of carryover funds, if available, to Executive Committee.	PAC	PAC Meeting 2nd Tuesday in October
Reviews recommendations offered by PAC (Level II and III requests). Directs Recipient to implement approved or modified recommended revisions to the service priority and allocation plan (Level II requests) Forwards proposed change(s) to full Council for approval (Level III requests).	Executive	Executive Meeting 2 nd Thursday in October
Approves, modifies, or rejects reallocation/carryover recommendations offered by PAC (Level III requests). Directs Recipient to implement approved or modified recommended revisions to the service priority and allocation plan (Level III requests) and submit Carryover request to HRSA, if available.	Planning Council	Council meeting, 4 th Wednesday in October
Initiates process of reallocating funds through contract amendments	Recipient	November 1
Reallocated funds are fully distributed. Planning Council, PAC and Executive are fully informed that the process has been completed.	Recipient	December 30 th

Provisions have been established should the Council and/or PAC determine a second reallocation of funds is necessary. In the event a second reallocation is required, level III adjustments will be made in accordance with the process and timelines specified in the following matrix:

Second Reallocation

<i>Activity</i>	<i>Party Responsible</i>	<i>Action Needed By</i>
Assess contractor spending patterns; analyze trends by agency; prepare recommendation for current service priority and allocation plan adjustment(s) for PAC	Recipient	3rd Wednesday of November
Submits recommended adjustment(s) to PAC	Recipient	Last Wednesday of November
Reviews recommendations from Recipient, approves, modifies or rejects recommended adjustment(s). Submits recommendation for reallocation to the Executive Committee.	PAC	1 st Wednesday of December
Reviews recommendations offered by PAC (Level III requests). Directs Recipient to implement approved or modified recommended revisions to the service priority and allocation plan (Level III requests). Forwards proposed change(s) to full Council for approval (Level III requests).	Executive	2 nd Wednesday of December or Nov/Dec combined meeting (Date TBA)
Approves, modifies, or rejects reallocation recommendations offered by PAC (Level III requests). Directs Recipient to implement approved or modified recommended revisions to the service priority and allocation plan (Level III requests).	Planning Council	November/December Meeting (Date TBA)
Initiates process of reallocating funds through contract amendments.	Recipient	January 1
Reallocated funds are fully distributed. Planning Council, PAC and Executive are fully informed that the process has been completed.	Recipient	February 28

Criteria for Consideration of Requests for Reallocated Funding

The Recipient will utilize the following criteria when considering agency requests for Level II and III reallocated funding, and in preparation of recommendations for revision of the current service priority and allocation plan for the PAC and the Planning Council:

1. There is clear documentation of unmet need.
2. There is substantive documentation to support a projection of increased client utilization of services between October 1 and the end of the contract year.
3. The reallocated funds requested will significantly improve provision of direct services between October 1 and the end of the contract year.
4. The agency guarantees, to the satisfaction of the Recipient, that all reallocated funds will be expended by the end of the contract year.
5. The reallocation request will require minimal or no administrative processing time on the part of the Recipient.
6. The request for reallocated funds falls within the current service priority and allocation plan as adopted by PAC and the Planning Council or is an unmet need identified in the most recent community needs assessment and/or update.

Adopted:



Richard Benavidez, Chair

Date 05/25/22

HIV Health Services Planning Council
SACRAMENTO TGA
POLICY AND PROCEDURE MANUAL

Subject: Philosophies for Managing Scarcity

No. PAC03

Date Adopted: 05/27/20

Date Revised:

Date Reviewed:

When confronted with diminishing and inadequate resources to fulfill all need, difficult decisions must be made. To make those decisions, a group (or individual) must make certain assumptions that frame the context with which decisions are made. Those assumptions can be grouped into one of two ethics:

Competitive Justice Ethic:

- People have inherent equal rights
- There are individual differences in capacity
- Community must strive to equalize opportunity
- Importance of rules of process
- Winners and losers

Caring Justice Ethic:

- Both need and capacity vary among individuals over time
- Community must strive to meet different needs
- Community must take different capacities into account
- Importance of complete inclusion

Coinciding with each ethic, there are a variety of theories that can be used to guide prioritization decisions. Each of the following ways of deciding how to prioritize services carries with it distinct benefits and burdens. The decision making body must consider all of those benefits and burdens, and identify the philosophy(ies) that will be used to guide service category prioritization decisions.

Competitive Justice Paradigms for Determining Priorities:

- Equality: Equal portions to each or equal cuts to each
- Equity: Relatively equal portions with attention paid to severe need
- Fairness: Similar cases treated in a similar fashion
- Altruism: Volunteering to take a cut or go without
- Compassion: Rescuing those who cannot support themselves
- Chance: Fate decides through random choice
- Coercion: Enforced decision by authority
- Utilitarianism: Greatest good for the greatest number
- Rights and Duties: Participation in community recognizes reciprocal rights and duties

Caring Justice Paradigms for Determining Priorities:

- Absolute Inclusion: No matter how meager the available resources, all community participants will receive a share of resources.
- Nuanced Inclusiveness: Since there are real differences among participants regarding both need and abilities, a process for assessing these differences will be developed.
- Risk Equalization: Sharing risk across all participants

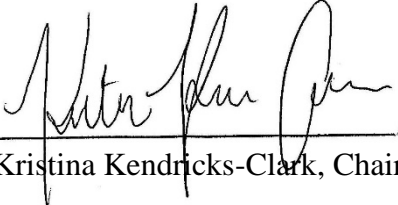
In addition to selecting theories to guide the decision making process, specific values must also be adopted that will allow the group to make specific decisions. Selecting operating values is intended to ensure a fair and consistent decision making process. Like the justice paradigms, operating values each have their own benefits and burdens that must be considered. Ultimately, the decision making body must identify and apply the operating values that will best address the communities needs.

Operating Values:

- Openness or Transparency: Decisional processes are not secret, but open for all to witness and for all interested parties to input
- Good Citizenship: A focus on an individual's or an agency's responsibilities as a participant in the larger community
- Efficiency: Accomplishing the desired operational outcomes with the least use of resources; appropriate use of resources
- Organizational Integrity: Considering the state of economic and structural stability of a service, system, organization, or industry
- Survival: Maintaining the existence of an organization or system of care
- Contract Integrity: An organization or funding body is as good as its word
- Quality of Care: The highest level of competence in providing care
- Fidelity: The multiple commitments which bind funders and providers to the client for the duration of need
- Advocacy: The asymmetrical power relationship of provider and client requires the provider to take care to protect the client
- Beneficence: Doing the good which we are able to do
- Non-maleficence: Avoid making the situation worse

To ensure a just process, the adopted ethic, philosophies and values must be adhered to consistently throughout the decision making process. All decisions must be made in accordance with comparable rationale and justifications.

Adopted:


Kristina Kendrick-Clark, Chair

Date 5/27/20