

2018 GUIDING VALUES FOR THE ALLOCATIONS PROCESS

All decisions will be made to deliver positive effects on services for all Ryan White eligible PLWH/A in Minnesota and the Thirteen County Transitional Grant Area (TGA).

Decisions should be made with the following values in mind:

- Majority rules, individuals vote
 - Data-based
 - Culturally responsive
 - Based on consumer & system needs
 - Efficient use of resources
 - Flexible & responsive to system changes
 - Transparency
 - Maintenance of 75% Core Medical Services requirement or the need for a waiver application
-
- Allocations should be based on consideration of the following data:
 - 75% Core Medical Services requirement or a waiver application
 - Prioritization of services (Council & Consumer)
 - Previous year's spending
 - Utilization/capacity
 - Epidemiological data
 - Emerging needs in the TGA & the state
 - Disparities among population groups related to accessing & maintaining care
 - In all instances, the 75% Core Medical Services requirement must be maintained, unless a waiver is applied for by the Part A Grantee and granted by HRSA.

In addition, the Council recognizes the need for & the value of services in Greater MN. To that end, a Greater MN Set Aside will be recommended through a transparent method based on utilization & expenditure data.

BUDGETING PROCESS FOR ALLOCATIONS

The initial allocations proposal is to be based on an assumption of flat funding.

1) To achieve any necessary increases based on actual grant awards we will adhere to the following process:

- In the initial proposal, a 2% increase will be added to the previous year's initial allocation level to the Greater MN Set Aside (with Part B funds) if this service area was fully utilized in the previous year to alleviate the increased

2018 GUIDING VALUES FOR THE ALLOCATIONS PROCESS

cost of providing the services in 2017 & 2018. Under unique circumstances, the grantees may propose an alternative that considers multiple years of data to determine pre-award allocations.

- In the initial proposal, a 2% increase will be added to the previous year's initial allocation level to any Support Services that were fully utilized in the previous year to alleviate the increased cost of providing the service in 2017 & 2018. Under unique circumstances, the grantees may propose an alternative that considers multiple years of data to determine pre-award allocations.
- Once these increases have been added to the fully utilized service areas, the proposal must assure that a minimum of 75% of the allocated funds are in core medical service areas. To meet this requirement, additional funds should be allocated to Core Medical Services beginning with the top priority & funding down the list of priorities if a case can be made for additional expenditures in that particular service area/activity.
- The Council will not consider allocating resources under its purview for the purchase of medications nor insurance premiums if cost containment measures are in place (i.e., waiting list, cost share, etc.) & ADAP rebate dollars are being used for purposes other than medication and/or insurance premiums.
- If a previously funded service area/activity, for any reason, is not funded in 2017 & 2018, "phase-out" funding may only be provided for up to a maximum of six months if:
 - The service area/activity is a HRSA allowable service; and
 - Funds are removed from another service area **OR** there are additional funds because the awards are higher than anticipated; and
 - Funds may not be removed from a Core Medical Service Area if removal of such funds would endanger the Core Medical Services expenditure requirement.
- If a newly-funded service area/activity is added that requires a 1 FTE staff person, a minimum of \$80,000 will be allocated to that service area.
- If a waiver of the 75% core medical service requirement is granted after the initial proposal, a 2% increase will be added to the previous year's initial allocation level to all Support Service Areas if that service/activity was fully utilized the previous year to alleviate the increased cost of providing the service in 2017 & 2018. Under unique circumstances, the grantees may propose an alternative that considers multiple years of data to determine pre-award allocations.

2018 GUIDING VALUES FOR THE ALLOCATIONS PROCESS

2) To achieve any necessary reductions based on actual grant awards, we will adhere to the following three step process:

STEP 1: The pre-award allocation for all service areas that were underspent during the previous fiscal year will be automatically reduced by the amount they were underspent. Under unique circumstances, the grantees may propose an alternative that considers multiple years of data to determine pre-award allocations.

STEP 2: If necessary, all service areas will be further examined including the data listed above to determine further service area reductions, maintaining the 75% core medical service requirement.

STEP 3: If further cuts are necessary after achieving the 75% core medical service requirement, the percentage of the allocation will be determined for each service area and that percentage will be applied to the final award amounts to determine the final allocation for each service area.

3) IF the Grantee recommends or the Council directs that a waiver be requested and it is granted by HRSA:

Additional funds should be allocated to Core Medical **OR** Support Services beginning with the top priority on both lists and funding down the list of priorities if a case can be made for additional expenditures in that particular service area/activity.