

# Biennial Priority Setting and Resource Allocation Process

Minnesota Council for HIV/AIDS Care and Prevention

May – August, 2020

# Priority Setting and Resource Allocation

- The planning council decides what services are priorities for funding and how much funding should be provided for each service category.
  - Based upon the needs of people living with HIV in the TGA and state of Minnesota.
- The recipients (Hennepin County and Minnesota Department of Human Services) are accountable for managing Ryan White Part A and Part B federal funds and awarding funds to agencies to provide services identified by the planning council as priorities.

Ryan White HIV/AIDS Program Part A Planning Council Primer

# Why is PSRA (priority setting and resource allocation) so important?

PSRA decisions greatly influence the system of care, including:

- What services are available to PLWH in the TGA
- Accessibility of those services – where services are provided
- Capacity of funded providers to meet the needs of specific PLWH subpopulations – and address HIV-related health disparities
- Service models used
- Service retention
- Clinical outcomes like viral suppression

# Expectations for Priority Setting

- Priorities are developed based on service needs of all PLWH in the TGA, regardless of:
  - Who they are
  - Where they live
- The council must establish a sound, fair process for priority setting and ensure that decisions are data driven
- Services prioritized must be from those listed in the legislation and described by HRSA/HAB as fundable through RWHAP Part A

# Expectations for Priority Setting

- Priority is based on the importance of services to diverse PLWH living in the TGA – which services should be a part of the comprehensive system of quality care
- Decisions on priorities should not consider sources or amounts of funding for these services
- Even if the council cannot fund all prioritized services, additional resources could become available – or other funding for an important service might be lost
- The council should never allocate funds to a service category that is not prioritized

## **ELIGIBLE RWHAP PART A & PART B SERVICES**

### **Core medical-related services, including:**

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

### **Support services, including:**

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [for example, Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Healthcare and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

# Keep in mind...

- Some highly ranked service categories may receive little or no funding because:
  - Needed funds are provided by other funding sources – for example, RWHAP Part B may meet need for HIV-related medications through ADAP
  - Some services are needed by a small subset of PLWH – for example, linguistic services
  - Some services involve relatively low costs – for example, child care
  - Allocations are included in the annual application for RWHAP Part A funding

# Council Timeline – May 2020

- The Priority Setting and Resource Allocation process was developed and recommended by the Planning and Allocations Committee and approved by the council
- Service areas to prioritize were approved by the council



# Council Timeline – June 2020

- Core medical services and support services Service Area Review Summaries (SARS) dashboard is presented
- Prioritization Instrument for core medical and support services and instructions are emailed to council members
- July 3: Deadline for council members to return completed Prioritization Instrument for core medical and support services

# Council Timeline - August

- August 4, 9 am – 12 pm
  - Review the council's vision and values and the Priority Setting and Resource Allocation process
  - Presentation of core medical and support service priorities
  - Presentation of Part A and Part B allocation proposals
- August 18, 9 am – 12 pm
  - Review the council's vision and values and the Priority Setting and Resource Allocation process
  - Review of Conflict of Interest policy and council's Special Rule of Order
  - Council discusses ideas and evidence
  - Council moves the allocation proposals and amends (debate only)

Questions?