

Resource Allocation Process for Ryan White HIV/AIDS Program Funds

Principles

The council will make resource allocation decisions with the following principles in mind:

- Reducing HIV related disparities and promoting health equity
- All Ryan White HIV/AIDS Program eligible clients have access to core medical services
- We will keep at the forefront our goals, objectives, and activities laid out in the Minnesota and TGA Integrated HIV Prevention and Care Plan
- We will use an equitable, data-based process that manages conflict of interest
- All voting council members will participate actively in decisions about priority setting and resource allocation
- We allocate funds only to prioritized service categories that are legislatively approved for funding
- We are the decision maker for Ryan White HIV/AIDS Program Part A funds and directives
- We provide recommendations for Ryan White HIV/AIDS Program Part B funds

Criteria

The council's resource allocation decisions will:

- Contribute to geographic parity in access to care for all people with HIV in Minnesota and the 13-county [TGA](#)
- Consider the needs of specific populations, including disproportionately impacted and traditionally underserved groups, and groups that experience HIV-related health disparities
- Reduce the proportion of people who know their status but are not in care
- Contribute to an improvement in HIV care continuum performance for all Ryan White HIV/AIDS Program clients and eliminate or reduce disparities along the HIV care continuum
- Be data-based, with greater weight given to data that have larger samples and are more representative

Our allocations process will be data-based, and will consider:

- Number and characteristics of clients in each service category last year and demand in current year
- People with HIV needs assessment data on service needs and gaps
- Cost per client for each service category
- HRSA performance measures and clinical outcomes data
- Testing and EIIHA (the Early Identification of Individuals with HIV/AIDS) data
- Funds provided through other funding streams
- Plans for bringing additional people with HIV into care



Resource Allocation Process

1. We will use our allocation plan that was based on the actual grant awards received in the previous fiscal year as a starting point and assume flat funding.
2. Modifications to the previous fiscal year's allocations plan will consider:
 - Responding to emerging needs by utilizing our principles and criteria.
 - Final expenditures vs. allocations for each funded service category.
 - Number of clients served in the last fiscal year and costs per client or unit for each service category.
3. When the actual Part A grant award is received, and, if adjustments need to be made, any increases or decreases to service categories will first go through committee and then brought to the council for approval and will be based on our principles and criteria. Part B has the option of seeking council recommendations for changes in the annual grant award.
4. We will provide directives to guide the Part A recipient on how best to meet priorities by focusing on geographic and population targeting, access to care, and service models. Due to the fiscal implications that directives have, we will try our best to complete and adopt them prior to resource allocations because:
 - The cost of implementing a directive needs to be included in the allocation for the affected service category.
 - Adding funds to one service category may require reducing funds to another service category.

The Resource Allocation Process will be reviewed annually and updated as needed.