

The 2024 Needs Assessment Priority Setting and Resource Allocation (PSRA) Process

Next Steps and Reminders

August 8, 2024

Presentation created by Behavioral Science Research Corp.



MIAMI-DADE
HIV/AIDS PARTNERSHIP



Where We Are Now

We have reviewed and discussed:

- ▶ Epidemiological Information
- ▶ EIIHA - Early Identification of Individuals with HIV/AIDS
- ▶ Demographics
- ▶ Care Continuum
- ▶ Dashboard Cards: Utilization and Other Funding
- ▶ Co-Occurring Conditions
- ▶ Client Satisfaction Survey Feedback
- ▶ Community Input
- ▶ Unmet Needs
- ▶ Service Categories
- ▶ Cost and Utilization Projections

Before the Next Step . . .

Are there any data sets you
need to review further?

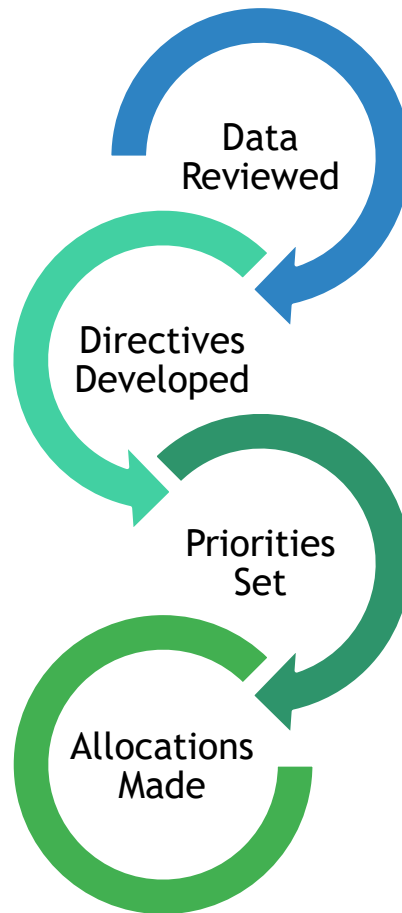


A hand is shown placing a puzzle piece with a blue silhouette of a person in a suit into a larger puzzle of human figures. The puzzle pieces are white with blue silhouettes of people. The background is a light blue gradient with abstract geometric shapes.

Remaining Topics

- ▶ Special Directives
- ▶ PS: Priority Setting
- ▶ RA: Resource Allocation

Steps for PSRA (Priority Setting and Resource Allocation)



Special Directives

Special Directives:

- ▶ Provide guidance to the Recipient on desired ways to respond to identified service needs, priorities, and/or shortfalls.
- ▶ Often specify use or non-use of a particular service model, or addresses geographic access to services, language issues, or issues relative to specific populations.
- ▶ May have cost implications.
- ▶ Must be followed by the Recipient in procurement, contracting, or other service planning. (When directives cannot be achieved, the Recipient must report on challenges.)

Priority Setting

Per HRSA guidance, all Part A/MAI service categories will be prioritized.

During the Priority Setting Process:

- ▶ The Committee will determine a ranking from highest to lowest priority of all Part A/MAI service categories available to people living with HIV in Miami-Dade County.
- ▶ **Use your Dashboard Cards!** Priority Setting is a data-driven process, using data, such as utilization, epidemiological, and unmet needs.
- ▶ Remember that Priority Setting is not tied to Resource Allocations or to service providers.



Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR §§ 75.351-352](#)).

[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

Policy Clarification Notice #16-02

Priority Setting Process

Members and guests present today will receive a Survey Monkey link to rank all 28 allowable service categories for Part A and Minority AIDS Initiative (MAI) funding.



ALL surveys must be completed by August 30, 2024.



Staff will bring the aggregate results of priorities to the September 18, 2024 meeting for final deliberations.



The Committee will vote on the final priorities for Part A and MAI, and these recommendations will be forwarded to the Partnership.

Year 2025-2026
Ranking Sheet Sample

Ryan White Program Part A Priorities

1) As part of the annual Needs Assessment process and keeping in mind all the presentations made during the Needs Assessment, use this survey to rank all 28 service categories from highest priority (1) to lowest priority (28) for people living with HIV in Miami-Dade County. Please see HRSA Policy Clarification 14-02 for details.

1= first most important, 2= second most important, and so on down to 28=least important

Rank	Services
	AIDS Drug Assistance Program (ADAP) Treatment [C]
	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	Child Care Services [S]
	Early Intervention Services [C]
	Emergency Financial Assistance [S]
	Food Bank/Home-Delivered Meals [S]
	Health Education/Risk Reduction [S]
	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals
	Home and Community Based Health Care [C]
	Home Health Care [C]
	Hospice Services [C]
	Housing Services [C]
	Linguistic Services [S]
	Medical Case Management, including Treatment Adherence Services [C]
	Medical Nutrition Therapy [C]
	Medical Transportation (Vouchers) [S]
	Mental Health Services [C]
	Non-Medical Case Management [S]
	Oral Health Care [C]
	Other Professional Services (Legal Assistance and Permanency Planning) [S]
	Optimizing Ambulatory Health Services [C]
	Outreach Services [S]
	Psychosocial Support [S]
	Referral for Health Care and Support Services [S]
	Rehabilitation Services [S]
	Respite Care [S]
	Substance Abuse Outpatient Care [C]
	Substance Abuse Services (Residents) [S]

C=core services S= support services

Year 2025-2026
Ranking Sheet Sample

Ryan White Program Minority AIDS Initiative (MAI) Priorities

MAI and racial and ethnic minority communities. Keeping in mind all the presentations made during the Needs Assessment, rank all 28 service categories from highest priority (1) to lowest priority (28) for racial and ethnic minorities living with HIV in Miami-Dade County. Please see HRSA Policy Clarification 14-02 for details.

1= first most important, 2= second most important, and so on down to 28=least important

Rank	Services
	AIDS Drug Assistance Program (ADAP) Treatment [C]
	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	Child Care Services [S]
	Early Intervention Services [C]
	Emergency Financial Assistance [S]
	Food Bank/Home-Delivered Meals [S]
	Health Education/Risk Reduction [S]
	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
	Home and Community Based Health Care [C]
	Home Health Care [C]
	Hospice Services [C]
	Housing Services [C]
	Linguistic Services [S]
	Medical Case Management, including Treatment Adherence Services [C]
	Medical Nutrition Therapy [C]
	Medical Transportation (Vouchers) [S]
	Mental Health Services [C]
	Non-Medical Case Management [S]

Sample Priority Sheets

The background features a collage of financial data visualizations. On the left, a pie chart is divided into several segments of varying colors. Above it, a bar chart shows monthly data for October, November, and December. Below the pie chart, a data table is visible with numerical values. The main title 'Resource Allocations' is positioned in the upper right quadrant of the slide.

Resource Allocations

During the Resource Allocations Process:

- ▶ The Committee will decide how much money to allocate to each service category.
- ▶ Remember that Resource Allocations are not tied to Priority Setting. Some lower-ranked service categories may receive disproportionate funding because they are expensive to provide or there are no other funding sources.
- ▶ **Use your Dashboard Cards!** Other funding streams, cost per client data, and anticipated numbers of new clients coming into care should be considered in decision making.

Resource Allocations and Managing Conflicts



Process should be fair, data-based and free of conflicts of interest.



If a member is the sole provider in a service category and funds are being allocated, the conflicted member must recuse him/herself from voting. The member will follow a formal disclosure process, complete form 8B, and will step outside of the room both during discussion of and voting on the conflicted item. He/she may return to the meeting once the discussion and voting are concluded.

Resource Allocations Restrictions

Core Services


- ▶ HRSA requires no less than 75% of funds be allocated to core services (unless the program has a waiver).

Support Services

- ▶ Remaining funds may be allocated to support services.
- ▶ Funded support services need to be linked to positive medical outcomes which are outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

Resource Allocations Process

Members and guest present will receive two sets of budget worksheets, one flat funding (current base) and one ceiling funding (grant limit) for Part A and MAI.



Based on the data presented throughout the process the Committee will allocate funding to service categories.



Recommendations on funding will be forwarded to the Partnership.

Review Materials!

Annual HIV/AIDS Needs Assessment

Decisions made during Needs Assessments drive the provision of services and distribution of funds for the next Ryan White Program fiscal year. All Partnership and committee members, Ryan White Program clients and other people with HIV, Ryan White Program subrecipients, and anyone interested in maximizing resources and improving services for people with HIV in Miami-Dade County are encouraged to participate in this and all Partnership activities.

2024 Needs Assessment

Complete Needs Assessment Book (as of May 9, 2024)

- Needs Assessment Responsibilities for Planning Councils
- Needs Assessment Priority Setting Process
- HIV Epidemiology in Miami-Dade County, 2022 (FDOH-MDC)



- Policy Clarification Notice (PCN) #16-00: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
- Complete Needs Assessment Book
- Process for Setting Priorities and Allocating Resources
- Needs Assessment Responsibilities
- 2024 Guide to Dashboard Cards

Past Needs Assessments



[RETURN TO MENU](#)

<https://aidsnet.org/the-partnership/#needsassessment1>



Save the Date!

**FINAL PSRA
MEETING**

September 12, 2024
10:00 a.m. to 12:00 p.m.
At Care Resource

*Thank
You*

