

# Priority Setting and Resource Allocation Policy

- PURPOSE** This Priority Setting and Resource Allocation (PS&RA) Process is designed to engage all HIV Commission members in PS&RA and in the development of recommendations to the Recipient of Ryan White funds for the San José, CA Transitional Grant Area (TGA) (hereinafter referred to as the 'Recipient').
- POLICY** This policy will ensure informed decision-making of all Commission members in the process of priority setting and resource allocation and in the development of recommendations to the Recipient and to outline a process of the PS&RA to service categories that facilitate access to HIV medical care and that is responsive to the needs of the client in the interest of producing positive health outcomes.
- DEFINITIONS**
- A. **Priorities:** The list of service categories, in order of importance, eligible for funding in the San José, CA TGA.
  - B. **Recommendations:** Identifies how to best meet each priority, as well as additional factors that the Recipient should consider in awarding funds (e.g. service interventions, subpopulations, service areas, organization characteristics).
  - C. **Allocations:** Determine the percentage and/or amount of Part A dollars to be allocated to each prioritized service category. Act as consortium to recommend the percentage and/or amount of Part B dollars to be allocated to each prioritized service category to the Recipient.
- PRINCIPLES AND CRITERIA**
- A. Priorities and allocations are data based. Decisions are based on the data, not on personal preferences. Only Commission members who have attended the data presentations may participate in the PS&RA process.
  - B. Conflicts of interest are stated and managed. Commission members must state areas of conflict according to the approved Conflict of Interest Policy, and cannot participate in open discussions or vote on the related service categories in which they have a conflict.
  - C. The data provide the basis for changes in priorities or allocations from the previous year. The data indicate changes in service needs/gaps and availability based on information from the various data sources. Each Commission member makes their own assessment based on the data presentation meeting(s).
  - D. Needs of specific populations and geographic areas are an integral part of the discussion in the data presentations and the decision making. They may also lead to recommendations to the Recipient on how best to meet the priorities.
  - E. All members of the public and any Commission members who are not eligible to participate in the process must sit in the public gallery. During the process, there will be no private interaction between the public gallery and Commission members.
  - F. The PS&RA process is facilitated by a Commission member or another who is experienced with this process.

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- G. A quorum of the full Commission membership must attend the presentation of data and be present for the entire PS&RA process. Final vote on the complete priorities and allocations will be by roll-call vote.

## PS&RA PROCESS

### A. Priority Setting Process

Note: The priority setting process should consider services needed to provide and/or support a continuum of care, regardless of how these services are being funded and the extent of unmet demand for these services. Funding availability and unmet needs associated with these service priorities are considered during the resource-allocation process.

1. The list of HRSA fundable service categories (core and support) and the definitions of these services will be presented by the Recipient, Commission Support, or other facilitator.
2. Prioritization Worksheet
  - i. Each Member will be given a Prioritization Worksheet that lists all allowable service categories.
  - ii. In making their decisions, members should rely on the priority-setting data presentations.
  - iii. Each Member will individually rank HRSA's 29 allowable service categories in numerical order from 1 to 29, with 1 being the highest ranking priority.
  - iv. Prioritization Worksheets shall not be confidential. All Prioritization Worksheets will be collected and tallied by Commission Support.
3. Recommendations
  - i. Commission Members may also include further instruction to the Recipient regarding how best to meet each priority and indicate additional factors the Recipient should consider in administering funds to the prioritized services (e.g. service interventions, subpopulations, service areas, organization characteristics).
  - ii. Commission Members may provide these recommendations in the space provided on the back of the Prioritization Worksheet.
4. Aggregating the Prioritization Worksheets
  - i. Commission Support will collect and tally the Prioritization Worksheets.
  - ii. The service category with the lowest aggregate score is ranked number 1; the category with the second lowest aggregate score is ranked 2, and so on.
  - iii. Commission Support and/or the facilitator will present the ranked list of service categories to the Commission.
5. Aggregating the Recommendations
  - i. Commission Support will aggregate the recommendations.
  - ii. The aggregated list of recommendations will be sent to the Care Committee for refinement.
  - iii. The Care Committee will discuss, refine, and develop a set of recommended recommendations.
  - iv. The Care Committee will present the recommended recommendations to the full Commission.

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- v. The Commission will vote and approve the final set of recommendations.
- vi. The recommendations will be forwarded to the Recipient for consideration and implementation if deemed to be feasible by the Recipient.
- vii. The Recipient will review the recommendations and report to the Commission which recommendations are feasible and a timeline for implementation.

## B. Resource Allocations Process

### 1. Funding Scenarios

- i. The Commission will prepare a minimum of two allocation funding scenarios (increased funding, level funding, and/or decreased funding compared to the then current year funding level) for the upcoming year.
- ii. Increases to funding for categories should not exceed the demand for that service.

### 2. Allocations

- i. Prior to discussion and any vote, all members who have conflicts of interest will be identified and be required to recuse themselves from discussion and voting in that category (*see Monitoring of Conflict of Interest below*).
- ii. Each category will be determined independently on a line-by-line basis, beginning with the top priority.
- iii. At the beginning of the discussion for each service category's funding, the Recipient, Commission Support, and the Care Committee may provide allocations recommendations based on analysis of service gaps and other relevant data.
- iv. Eligible, non-conflicted participants will be able to discuss any data previously provided during a data presentation, and ask questions of the Recipient and/or Commission Support. Members having a conflict of interest in a particular service category may answer specific questions of clarification related to data presented. However, no participant is allowed to offer any new data for consideration without prior approval.
- v. Allocations will continue through the list of prioritized services until a set of completed allocations is reached for each of the scenarios. Not all categories need to be funded.
- vi. Once complete, all Commission members, regardless of their conflict of interest in a specific service category, may vote on the prioritizations and allocations for submission to the Recipient.

### 3. Post Award and Other Reallocations

- i. When a reallocation of funds is necessary, adequate data to support the movement of funds between service categories will be presented, considered, and fully documented in the minutes of the meeting during which the reallocation of funds is approved.
- ii. Prior to discussion and any vote, all members who have conflicts of interest will be identified and be required to

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recuse themselves from discussion and voting in that category (see *Monitoring of Conflict of Interest below*).

- iii. Eligible, non-conflicted participants will be able to discuss any data previously provided during a data presentation, and ask questions. Members having a conflict of interest in a particular service category may answer specific questions of clarification related to data presented.
- iv. The approved reallocations recommendations will be forwarded to the Recipient, along with supporting data.

#### 4. Monitoring Conflict of Interest

- i. All members will be expected to self-monitor and declare conflicts before discussion begins on an issue.
- ii. All members are expected to remove themselves from discussions and votes when they have a conflict of interest.
- iii. When a member identifies to the Chair during a meeting that another member has a conflict of interest, the member with the potential conflict of interest will be asked to refrain from any discussion or vote in which he or she has a potential conflict of interest. After the meeting, the Chair will consult with the County Counsel's Office as to whether a conflict exists.

#### Revisions to PSRA Process

The process described above cannot be revised, altered, or otherwise changed, except through the following process:

- A. Commission members will provide written comments/process improvement recommendations within 45 days of the conclusion of the PS&RA process.
  - B. Commission Support will collect and forward the information to the Care Committee for review.
  - C. The Care Committee will review the comments/process improvement recommendations and identify desired changes for the following year and submit to the Commission.
  - D. The Commission will review the proposed revisions to the PS&RA process, and submit written recommendations for revision to the Recipient.
  - E. The Recipient will review the proposed revisions against applicable HRSA, Federal, State, and Local requirements, and forward a recommendation to the Board of Supervisors, or its designee for approval.
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