

# *Review of the Legislative Mandate*

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## Three Critical Responsibilities of the Planning Council according to Ryan White Legislation and HRSA Regulations

- Assess needs
- Do comprehensive planning
- Set priorities and allocate resources to service categories, and provide guidance (directives) to the grantee on how best to meet these priorities



# The Summit's Goals

- Use data presented during the year to assess needs
- Set Priorities
- Set Service Category Allocations
- Provide guidance (directives) to the grantee on how best to meet these priorities



# 1. According to HRSA the Council Assesses Needs by:

- The Epidemiological Profile of the EMA
- The number, characteristics, and service needs of PLWHA who know their HIV status and are not in care;
- The service needs of people with PLWHA who are in care, including differences in care and needs, particularly for historically underserved populations;
- Availability of other resources and how Ryan White services need to work with these other services, like substance abuse services and HIV prevention agencies.




## According to HRSA, the Council Prioritizes Services by:

- Using information about the most successful and economical ways of providing services;
- Looking at actual cost and utilization data provided by the grantee;
- The Priorities of people living with HIV who will use services;
- Making Part A funds work well with other services like HIV prevention
- Developing capacity for HIV services in historically underserved communities.




## According to HRSA, The Planning allocates resources

- After it sets priorities, the planning council must allocate resources, which means it decides how much funding will be used for each of these service priorities.
- Planning councils need to focus on the legislative requirement that at least 75% of funds go to core medical services and not more than 25% to supportive services. Support services must contribute to positive medical outcomes for clients.



## According to HRSA the Council can provide guidance to the Grantee about meeting priorities through directives

- The planning council may direct the grantee to fund services in particular parts of the EMA or to use specific service models. It may tell the grantee to take specific steps to increase access to care
- It may also require that services be appropriate for particular populations—for example, it may specify funding for primary care services that target gay men of color.
- However, the planning council cannot pick specific agencies to fund, or make its directives so narrow that only one agency will qualify. The planning council cannot be involved in any aspect of contractor selection (procurement) or in managing or monitoring Part A contracts.



By the close of the summit, the Council will use information it has received throughout the year to make decisions on:

- Prioritization of Service Categories
- Allocation of Resources with scenarios for flat, increased and decreased funding
- Provide Guidance (directives) to the grantee on how best to meet these priorities