
GY2025 PLANNING COUNCIL DIRECTIVES TO THE RECIPIENT'S OFFICE

DIRECTIVE 1.0 - TO FACILITATE GEOGRAPHIC FUNDING DISTRIBUTION

The Recipient's Office will adhere to the service category *percentages* allocations by region as approved by the Planning Council during their annual Priority Setting and Resource Allocation Process.

DIRECTIVE 2.0 - TO FACILITATE COST EFFECTIVENESS AND FULL EXPENDITURE OF FUNDING ACROSS ALL SERVICE CATEGORIES

The Recipient's Office will ensure that prioritized and funded HIV services are available to all Persons with HIV (PWH) in the Eligible Metropolitan Area (EMA)'s five regions. The Recipient's Office shall provide four financial updates to the Membership/Finance Committee throughout the grant year. One of the financial updates will include a report showing allocations for the current grant year, based on the EMA's notice of award(s).

The Recipient's Office shall use HRSA service category definitions defined and approved by the Planning Council.

DIRECTIVE 3.0 – TO PREVENT THE POTENTIAL CONFLICT OF INTEREST IN RYAN WHITE AWARDS

Only organizations that provide direct HIV services may apply for Ryan White Part A funds. State and city entities cannot apply for Ryan White Part A (including Minority AIDS Initiative funds) funding.

DIRECTIVE 4.0 – TO PROMOTE COLLABORATIVE PLANNING AND POLICY-MAKING WITHIN EACH OF THE EMA'S FIVE REGIONS

The Recipient's Office will ensure that in each region of the EMA, Part A funded subs and sub/sub recipients will convene a regional planning group. The regional planning group must be comprised of PWH who receive Part A services and a representative from each Part A funded organization operating in the respective region. The regional planning group should include other representatives from Ryan White Part B, Part C, Part D, state and federal HIV prevention and care recipients (where applicable), Planning Council members and other parties relevant to building the region's HIV care continuum. The regional planning group must meet monthly at least 10 times per year for the purpose of discussing issues including but not limited to: viral suppression rates; the EMA's priority populations; integration of prevention/care services; co-location of services; barriers to care; funding opportunities; consumer participation; continuous quality improvement and review of Part A expenditures and service utilization. Regional Lead representation is required at meetings of the Planning Council including Priority Setting and Resource Allocation. The individual(s) selected to represent the lead agency must be submitted to the Recipient for review and approval based on their knowledge of and involvement with the Ryan White Part A Program.

DIRECTIVE 5.0 – TO FACILITATE DEVELOPMENT OF AND ADHERENCE TO THE EMA'S SERVICE STANDARDS

All Ryan White Part A funded organizations shall adhere to the EMA's Service Standards developed in partnership with the Recipient's office and approved by the Planning Council.

Annually, the Recipient's Office shall monitor the EMA's Service Standards for compliance, produce a report and present the results to the Planning Council's Quality Improvement Strategic Planning & Assessment Committee.

<https://www.nhffryanwhitehivaidscare.org/service-standards>

DIRECTIVE 6.0 – DATA REQUESTS AND RECIPIENT’S OFFICE RESPONSE

The Recipient’s Office, upon receipt of a data request from Planning Council Support Staff, shall produce requested report(s) within 15 business days to inform Planning Council decision(s). See the EMA’s Memorandum of Understanding designated communication contacts/channels.

https://www.nhffryanwhitehivaidscare.org/files/ugd/580e14_fa0ec4f7850940c9a4b8adf5dd019119.pdf

DIRECTIVE 7.0 – MINORITY AIDS FUNDING DISTRIBUTION

Minority AIDS Initiative (MAI) funding received by the EMA will be divided equally among the EMA’s five regions for Intensive Medical Case Management. Intensive Medical Case Management (IMCM) utilizes all MAI funding and focuses on the EMA priority populations; women of color, transgender people of color and men of color who have sex with men. The goal of which is to help clients re-enter or maintain medical care and other supportive services and to ultimately achieve viral suppression. IMCM teams develop care plans, enhancing life skills, addressing health and mental health/substance use needs, engaging in meaningful activities and building social and community relations. It is designed for clients who are, newly diagnosed, returned to care or not virally suppressed and who are identified as needing intensive support (higher acuity) for a shorter and time-delineated period.

DIRECTIVE 8.0 – REALLOCATION OF FUNDS

To ensure all Ryan White Part A funds are expended in a timely manner, the Planning Council authorizes the Recipient to implement the following actions:

1. After August 20th of the grant year, the Recipient can reallocate Ryan White Part A funding using the following parameters:
 - a. Reallocate up to 10% of a Region’s service category allocation from one service category subrecipient to another same service category subrecipient in the same region.
 - b. If “a” is not possible, reallocate up to 10% of a Region’s service category allocation from one service category subrecipient to another same service category subrecipient in the EMA and providing justification of how PWH services will be provided in the Region of origin.
2. The Recipient may request an increase above the 10% service category allocation by requesting approval from the Quality Improvement Strategic Planning and Assessment Committee and full Planning Council.