Directives

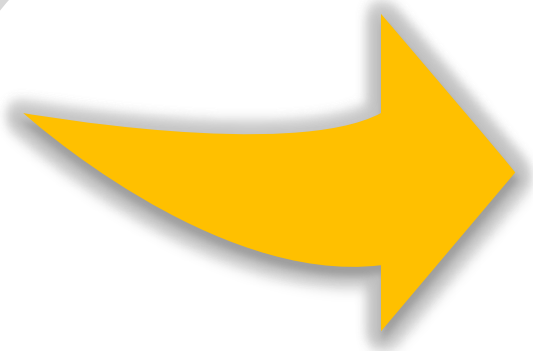
An Overview of a Planning Council Responsibility

This training utilizes the Planning Council Primer (June 2018) prepared by JSI Research & Training Institute, Inc. in collaboration with EGM Consulting, LLC, and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30795: Ryan White HIV/AIDS Program Planning Council and Transitional Grant Area Planning Body Technical Assistance Cooperative Agreement. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

NEW HAVEN / FAIRFIELD COUNTIES
RYAN WHITE PLANNING COUNCIL

Directives

Directives generally take place after the priority setting and resource allocation process (PSRA). Data gathered from the PSRA helps the planning council to make informed decisions and develop *directives* to the recipient. Directives from the planning council provide written guidance to the recipient regarding how best to meet specific service priorities established as part of the PSRA process, and other factors the recipient should consider in arranging services.



Priority Setting and Resource Allocation

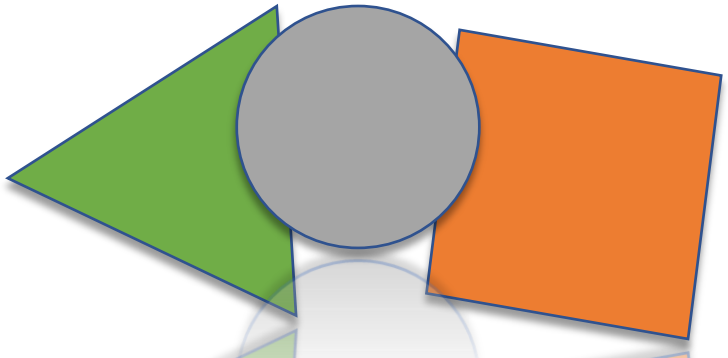
Directives can be developed year-round but are best completed and adopted prior to resource allocation because they often have fiscal implications:

- 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 for other service categories – best done as part of the allocation process

Purpose of Directives

Directives serve a number of functions within the New Haven/Fairfield Counties EMA such as:

- Ensuring availability of services in all parts of the EMA or in a particular region(s).
- Ensuring services are appropriate for specific target populations
- Overcoming barriers that reduce access to care
- Monitoring and ensuring that the standards for service delivery are meetings all the needs of the clients.



HRSA/HAB Expectations of Directives

Directives should:

- Address a documented need based on information from:
  - Needs Assessments
  - HIV Care Continuum
  - Service Utilization
  - Clinical Quality Management
- Be explored and developed as needed throughout the year
- Be presented in relation to the PSRA process

Directives Must Not

Be so restrictive as to limit who can apply for funds

In Developing Directives

Planning Councils should work with the Recipient to explore cost implications.

Example: To improve retention of employed PLWH, the Planning Council wants to require Outpatient Ambulatory Health Services and Medical Case Management subrecipients to have evening or weekend hours.

- **Cost implications:** adding evening or weekend hours adds costs for staff and for keeping the facility open longer
- **Funding implications:** Implementing this directive will require adding funds to OAHS and MCM, reducing allocations in other service categories

After a Directive is Approved

Recipient must follow Directives in procurement and contracting but cannot always guarantee full success.

Recipient should be asked to provide updates on implementation of Directives.

Planning Council and Recipient should work together to assess the results and value of the Directive.

NHFF EMA

FY 2019 Directives to the Recipient

GRANT ADMINISTRATION

DIRECTIVE 1.1 – TO FACILITATE GEOGRAPHIC FUNDING DISTRIBUTION

The Recipient's Office will adhere to the regional allocations set by the Planning Council during the annual Priority Setting and Resource Allocation Process.

Minority AIDS Initiative Funding received by the EMA shall be divided equally among the five regions for Early Intervention Services.

The Recipient's Office will monitor geographic distribution of funding, produce a regular report, and submit the expenditure report to the Membership/Finance Committee.

NHFF EMA

FY 2019 Directives to the Recipient

GRANT ADMINISTRATION

DIRECTIVE 1.2 – TO FACILITATE COST EFFECTIVENESS AND FULL EXPENDITURE OF FUNDING ACROSS ALL SERVICE CATEGORIES

The Recipient's Office must ensure that prioritized and funded services are available to all People living with HIV/AIDS in all regions of the EMA. The Recipient's Office will utilize service categories and percentages as approved by the Planning Council. The Recipient's Office shall produce a report to the Planning Council. The report will show the final allocations. The Recipient shall provide 4 financial updates to the Planning Council within the grant year.

The Recipient shall produce a report detailing the timeline from when grant award(s) are received in the EMA, when the lead agencies receive their first payment and when the subcontractors receive their first payment by region to examine any disruption in services to PLWHA in the EMA.

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

NHFF EMA

FY 2019 Directives to the Recipient

GRANT ADMINISTRATION

DIRECTIVE 1.3 – RAPID REALLOCATION TOOL FOR THE RECIPIENT

The Recipient may rapidly reallocate funds without Planning Council consent based on the following conditions:

1. The Recipient may rapidly reallocate funds up to 10% of the service category allocation;
2. Service category reallocations may occur after the second quarter of the grant year (August 31st);
3. Service category reallocations can be made from support to support, support to core and core to core.

NHFF EMA

FY 2019 Directives to the Recipient

GRANT ADMINISTRATION

DIRECTIVE 1.4 – TO PREVENT THE POTENTIAL CONFLICT OF INTEREST IN RYAN WHITE AWARDS

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

NHFF EMA

FY 2019 Directives to the Recipient

SUBRECIPIENT RESPONSIBILITIES

DIRECTIVE 2.1 – TO PROMOTE COLLABORATIVE PLANNING AND POLICY-MAKING WITHIN EACH OF THE PLANNING COUNCIL'S FIVE REGIONS

The Recipient's Office will ensure that in each region of the EMA, Part A funded service subrecipients will convene a regional planning group. The regional planning group must be comprised of consumers and a representative from each Part A funded service subrecipient operating in the respective region. The planning group should include other representatives from Ryan White Part B, Part C, Part D, state and federal HIV prevention and care recipients, Planning Council members and other parties relevant to building the region's HIV/AIDS system of care. The regional group must meet monthly at least 10 times per year for the purpose of discussing issues including but not limited to: integration of prevention/care services; co-location of services; barriers to care; funding opportunities; consumer participation; continuous quality improvement; review of Part A expenditures and service utilization among others. Regional representation present at Planning Council meetings.

NHFF EMA

FY 2019 Directives to the Recipient

SUBRECIPIENT RESPONSIBILITIES

DIRECTIVE 2.2 – TO FACILITATE DEVELOPMENT OF AND ADHERENCE TO THE EMA's SERVICE STANDARDS

All Ryan White Part A funded subrecipients shall adhere to the Service Standards approved by the Planning Council and developed in partnership with the Recipient's Office and Quality Improvement Committee.

The Recipient's Office shall monitor data collection and quality of care and produce an annual report in conjunction with the Planning Council's Quality Improvement Committee.

NHFF EMA

FY 2019 Directives to the Recipient

SUBRECIPIENT RESPONSIBILITIES

DIRECTIVE 2.3 – TO FACILITATE SERVICE UTILIZATION DATA

The Recipient's Office shall monitor data collection and utilization data and produce a report for the Strategic Planning and Assessment Committee for the purpose of the Priority Setting and Resource Allocation process.

Questions?