

# 2024 TRAINING SERIES

## **PRIORITY SETTING AND RESOURCE ALLOCATION PROCESS (PSRA) AND SERVICE STANDARDS**

APRIL 23, 2024



LOS ANGELES COUNTY  
COMMISSION ON HIV



# Meaningful Involvement of People Living with Affected by HIV

- A principle that aims to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives
- Serve on the Commission and /or be active participants at meetings and decision-making process
- Provide ongoing feedback on service experiences (positive and negative)- with aim of improving services
- Work towards equity and social justice

# PART 1

## PRIORITY SETTING AND RESOURCE ALLOCATION PROCESS (PSRA)



LOS ANGELES COUNTY  
COMMISSION ON HIV



# Learning Objective

Learn about the responsibility of planning councils to use sound information and a rational decision-making process when deciding which services and other program categories are priorities (priority setting) and how much to fund them (resource allocation).

# Common Terms and Acronyms

**Planning Council (PC)/Planning Body (PC)** = Commission on HIV

**Recipient** = Division of HIV and STD Programs (DHSP)

- **DHSP** – Division of HIV and STD Programs; local administrator of HIV/STD prevention and care funds and programs in Los Angeles County
- **PSRA** – priority setting and resource allocation
- **HRSA** – Health Resources and Services Administration (federal agency that manages Ryan White dollars)
- **CDC** – Centers for Disease Control and Prevention (federal agency that manages and awards prevention funds to DHSP)
- **RW** - CARE Act- Ryan White (the law that carves out \$ for PLWH is named after him)

# More Acronyms

- **PY**- Program Year (begins March 1 of one year and ends February 28 of next year; this is the program year defined by HRSA)
- **FY**- Fiscal Year (begins July 1 of one year and ends June 30 of the next year; used by LA County)
- **NCC**- Net County Cost (Los Angeles County funds; non-grants)
- **MAI**- Minority AIDS Initiative
- **COH** – Commission on HIV
- **PLWHA**- people living with HIV/AIDS

# What is Priority Setting and Resource Allocation (PSRA)?



- The most important decision-making responsibility for Commissioners
- Decision on priority setting and resource allocation must be based on data and *not* anecdotal information or impassioned pleas.

# Service Ranking & Priority Setting

The process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all PLWH in an Eligible Metropolitan Area (in our case, LA County).

- Must address needs of *all* PLWH regardless of:
  - Who they are
  - Where they live in the County
  - Stage of disease
  - Whether they currently receive services
- Priorities should be set without regard to the availability of funds (RWHAP Part A or other funds)



# What are the Ryan White Service Categories?

These are the services ranked by the Commission during the PSRA process.

Fall under two categories:

- Core Medical Services
- Support Services

HRSA requires that 75% of funds be allocated to core medical services, but waiver requests are permitted.

# Core Medical Services

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1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

# Support Services

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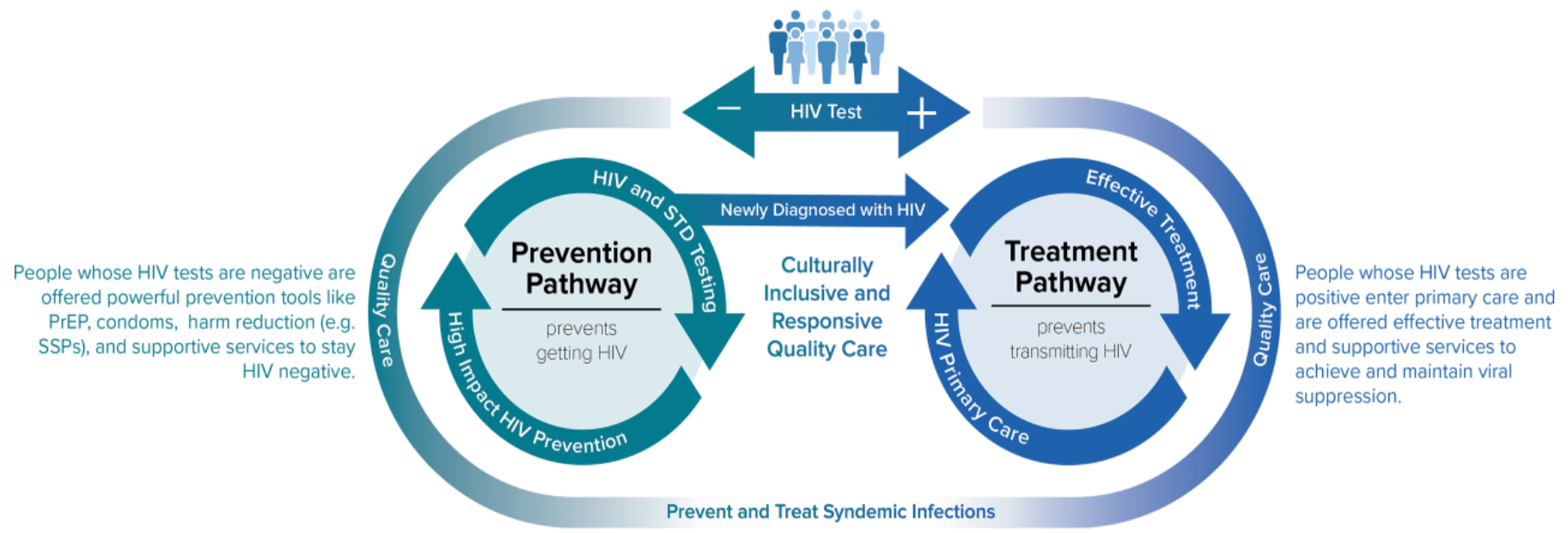
1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Legal Services
7. Linguistic Services
8. Medical Transportation
9. Non-Medical Case Management Services
10. Other Professional Services
11. Outreach Services
12. Permanency Planning
13. Psychosocial Support
14. Referral for Healthcare and Support Services
15. Rehabilitation
16. Respite Care
17. Substance Abuse (residential)

# Prevention Services from Standards

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1. HIV testing
2. STI testing and treatment
3. HIV treatment as prevention
4. PrEP and PEP
5. Doxy PEP
6. Partner Services
7. Education/Counseling
8. Harm Reduction (drugs, alcohol use, and sexual activity)
  - Narcan/Naloxone
  - Drug testing strips
  - Peer Support
  - Contingency management
  - Mobile/Street Medicine
  - Medication Assisted Treatment
9. Social marketing and outreach
10. Navigation services
11. Supportive Services
  - Syringe Exchange
  - Housing services
  - Mental health services
  - Substance abuse services
  - Food and nutrition support
  - Employment services
  - Unemployment financial assistance
  - Drug assistance programs
  - Health insurance navigation
  - Childcare
  - Legal assistance
  - Health literacy education
  - Peer support
  - Other services, as needed

# Status Neutral HIV Prevention and Care



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

# Reminder!

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Prioritization: rank service categories based on consumer needs (ONLY!)

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What services are needed from most to least?

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Funding availability is not a consideration for prioritization; only consumer needs.

# Resource Allocation

Process of determining how much RWHAP Part A & Minority AIDS Initiative (MAI) program funding will be allocated to each service category

- Commission instructs DHSP on how to distribute the funds in contracting for service categories
- Some lower-ranked service categories may receive larger allocations than higher-ranked service categories due to cost per client and services available through other funding streams

# Directives

Provides guidance to the recipient (DHSP) on how to meet prevention and care priorities

- Involves instructions for the recipient to follow in developing requirements for providers for use in procurement and contracting
- Usually addresses populations to be served, geographic areas to be prioritized, and/or service models or strategies to be used



# Reallocation

Process of moving program funds across service categories after the initial allocations are made.

This may occur:

- Right after grant award (partial and final award), since the award is usually higher or lower than the amount requested in the application
- During the program year, when funds are underspent in one category and demand is greater in another



# Steps in the PSRA Process

# PSRA Tips

- There is no one “right” way to set priorities and allocate resources.
- An evolving process influenced by status-neutral approaches and ever-changing healthcare landscape like Medi-Cal expansion
- Process must be documented in writing and used to guide deliberations and decision-making.
  - A grievance can be filed if the planning council deviates from its established process.
- Agree on the PSRA process, its desired outcomes, and responsibilities for carrying out the process.

# Steps in the Priority Setting and Resource Allocations Process

1

Review core medical and support service categories, including HRSA service definitions

2

Review data/information from DHSP

3

Agree on how decisions will be made; what values will be used to drive decisions.

# Steps in the Priority Setting and Resource Allocations Process

4

Rank services by priority

5

Allocate funding sources to service categories by percentage

Ranking DOES NOT equal level of allocation by percentage

# Steps in the Priority Setting and Resource Allocations Process

6

Provide instructions to DHSP on how best to meet the priorities (Directives)

7

Reallocation of funds across service categories, as needed

Directives are informed by COH Committees, Caucuses, Task Forces, data, PLWH and provider input.

# Data to Support Decision-Making

- ❑ Needs assessment findings
- ❑ Cost-effectiveness data
- ❑ Actual service cost and utilization data
- ❑ Priorities of PLWH who will use services
- ❑ The amount of funds provided by other sources
- ❑ Use of RWHAP Part A, B and MAI funds to work with other services providers



# Leveraging Other Resources

Understand service categories and amounts of funding provided by sources other than RWHAP Part A

- Program Income from RWHAP Parts B, C, D, F
- Housing Continuum of Care/HOPWA
- SAMHSA
- Medicaid/Medicare
- Net County Cost (NCC)
- County-wide resources
- Centers for Disease Control and Prevention
- Other grants



# Expenditure Review

- Prior Program Year (PY) final expenditures for Ryan White Part A, B, and Minority AIDS Initiative (MAI) funds
- Current PY estimates for Part A, MAI and Part B expenditures
- Future RFP funding needs
- Current and future PY expanded service categories with anticipated expenditures increases.
- Total PY budget amounts for Parts A, B and MAI
- Net County Cost (NCC) budget for services

# Planning Tools Unique to the Commission



Paradigms and Operating  
Values

# Paradigms for Decision- Making

- ✓ **Compassion**: response to suffering of others that motivates a desire to help
- ✓ **Equity**: allocating levels of investments and commitment that meaningfully address the needs of populations disproportionately impacted by HIV/STDs and social determinants of health

# Operating Values

- ✓ **Efficiency**: accomplishing the desired operational outcomes with the least use of resources
- ✓ **Quality**: the highest level of competence in the decision-making process
- ✓ **Advocacy**: addressing the asymmetrical power relationships of stakeholders in the process
- ✓ **Representation**: ensuring that all relevant stakeholders and constituencies are adequately represented in the decision-making process

# COMPREHENSIVE HIV PLAN (CHP)

- Serves as a jurisdictional HIV/AIDS Strategy
- Living document and roadmap to guide HIV prevention and care planning throughout the year
- Addresses local needs and opportunities for improvement
- Emphasizes collaboration and coordination

<https://hiv.lacounty.gov/our-work>

# PART 2

## SERVICE STANDARDS



# Learning Objective

Learn about the joint responsibility shared by planning councils and the recipient to develop service standards for service categories ranked during the PSRA process.

# What are service standards?

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- Outline the elements and expectations a RW service provider follows when implementing a specific service category
- Ensure that all RW service providers offer the same basic service components
- Establish the minimal level of service of care for consumers throughout the jurisdiction



# What are service standards? Cont.

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## Universal Service Standards

- General Agency Policies and Procedures
- Client Rights & Responsibilities
- Staff Requirements and Qualifications
- Cultural and Linguistic Competence
- Intake and Eligibility
- Referrals and Case Closures

## Category-Specific Service Standards

- Includes link to Universal Service Standards
- Core Medical Services
- Support Services



# HRSA HAB Guidance on Service Standards

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## ■ Service standards:

- Must be consistent with Health and Human Services (HHS) guidelines on HIV care and treatment and the HRSA/HAB standards and performance measures, including the National Monitoring Standards
- Should **not** include HRSA/HAB performance measures or health outcomes
- Should be developed at the local level
- Are required for every funded service category
- Should include input from providers, consumers, and experts
- Be publicly accessible and consumer friendly



# How are service standards used?

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- Service standard development is a joint responsibility shared by DHSP and COH
- Service standards are used in:
  - DHSP Request for Proposals (RFPs)
  - Service provider contracts
  - Monitoring/quality assurance
- Service providers are encouraged to participate in COH deliberations and planning activities



# How are service standards used? Cont.

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- DHSP provides summary information to the COH on the extent to which the service standards are being met (based on monitoring)
- DHSP assists with identifying possible need for revisions to service standards including:
  - Service providers are following standards, but medical outcomes are not good
  - Service providers are finding it very difficult to meet some standards
  - Service standards are discouraging flexibility needed for service innovations or appropriate care for diverse populations

# Developing Service Standards

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- No required format or specific process defined by HRSA/HAB
- The Standards and Best Practices (SBP) Committee:
  - Leads the service standards development process for the Commission on HIV
  - Agrees on outline to be used for all service standards
  - Determines the schedule for review/update (at least every 3 years)



# Developing Service Standards Cont.

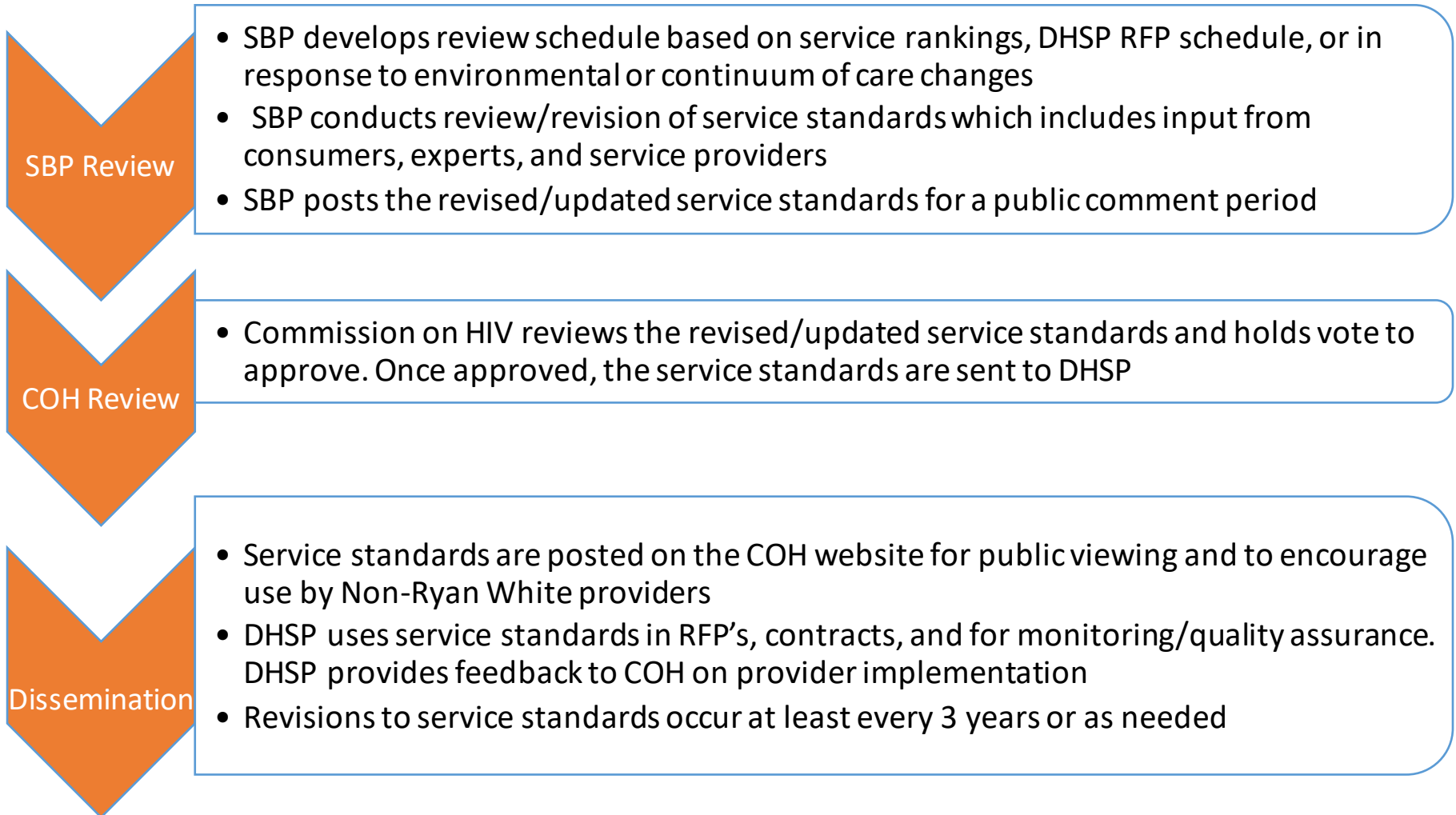
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- The SBP Committee prioritizes reviews/updates to service standards based on:
  - Service category's allocation level
  - Local priority
  - DHSP's RFP schedule
  - A consumer, provider, or service concern
  - To respond to environmental or continuum of care changes (COVID-19, status neutral approach)



# Service Standards Review Cycle

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# Value of Flexible Service Standards

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- Service standards are not meant to be prescriptive or too specific because it may limit how service providers implement services
- **Flexible service standards:**
  - Allow service providers to adjust service delivery to meet the needs of individual clients
  - Reduce the need for frequent revisions to service standards





**Q & A**



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