

A Review of the Legislative Mandate

Planning Council

Roles and Responsibilities

- ❑ Develop and implement policies and procedures for planning council operations
- ❑ Assess needs
- ❑ Do comprehensive planning
- ❑ Help ensure coordination with other Ryan White and other HIV-related services
- ❑ Assess the administrative mechanism
- ❑ Develop standards of care
- ❑ Set priorities and allocate resources to service categories, and provide guidance (directives) to the grantee on how best to meet these priorities

Conflict of Interest

The planning council must define conflict of interest and determine how it will be handled as the planning council carries out its duties. The planning council must develop procedures to assure that decisions concerning service priorities and funding allocations are based upon community and client needs and not on the financial interests of individual service providers. Thus, planning councils must decide how planning council members may or may not participate in making decisions about specific services or are competing for such funds.

Planning Council Support Staff

Planning councils need personnel to assist them in their work and money to pay for things like needs assessments and meeting costs. Money used for these things is called Planning Council Support.

The planning council's budget is a part of the grantee's administrative budget, so the planning council and grantee decide together what funds are needed and how best to spend them. In deciding how much support to allow, planning councils and grantees should balance the need for such support against the need for direct services for PLWH.

Assess Needs

The planning council works with the grantee to identify HIV needs by conducting a needs assessment. This involves first finding out how many persons are living with HIV in the EMA or TGA. Next the council determines the needs of HIV+ populations and the capacity of the service system to meet those needs, through focus groups, surveys, or other methods.

This includes determining the needs of PLWH who are in care and who are not in care; the number and location of HIV-related service agencies and their capacity and capability to serve PLWH, and availability of other resources to work with Ryan White services.

Assess the Efficiency of the Administrative Mechanism

The planning council is responsible for evaluating how well the grantee gets funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and the amounts contracted for each service category are the same as the planning council's allocation.

Develop Standards of Care and Evaluate Services

The planning council may develop standards of care to guide providers in delivering services. The grantee uses these standards of care in monitoring contractors and in determining service quality, as part of its Clinical Quality Management function. Developing standards of care is usually a joint activity with the grantee, providers, consumers, and experts on particular service categories. The planning council may also decide to evaluate (or pay someone to evaluate) how well services are meeting community needs.

Set Priorities and Allocate Resources

The planning council makes decisions about priorities for funding based on many factors:

- ❑ Needs Assessment
- ❑ Information about the most successful and economical ways of providing services
- ❑ Actual cost and utilization data provided by the grantee
- ❑ Priorities of PLWH who will use services
- ❑ Making Part A funds work well with other services like HIV prevention and substance abuse
- ❑ Funding from other funding sources
- ❑ Developing capacity for services in historically underserved communities

The Planning Council must prioritize services that are included in Ryan White legislation as core medical services or as support services. In setting priorities, planning councils need to focus on the legislative requirement that at least 75⁰% of funds go to core medical services and not more than 25⁰% go to support services.

Once the EMA or TGA receives its grant award for the upcoming year, the planning council usually needs to adjust its allocations to fit the exact amount of the grant. During the year, the grantee usually asks the planning council to approve some reallocation of funds to ensure that all Part A funds are spent.

The planning council has the right to provide “directives” to the grantee on how best to meet the service priorities it has identified . It 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 (for example, require that Medical Case Management providers have bilingual staff or that primary care facilities be open one weekend a month). It may also require that services be appropriate for particular populations (for example, it may specify funding for services that target gay men of color). However, the planning council cannot be involved in contractor selection(procurement), management, or monitoring.