HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Section 15 – Member Trainings

SECTION	SECTION / POLICY TITLE
15	**Member Trainings**
	New Member Orientation Mechanics of the HIV Health Services Planning Council Understanding the Monthly Fiscal Report Priorities and Allocations Training Reallocation Training

NEW MEMBER ORIENTATION

2026

SACRAMENTO TGA
HIV HEALTH SERVICES
PLANNING COUNCIL

WELCOME TO THE HIV HEALTH SERVICES PLANNING COUNCIL!

RYAN WHITE CARE ACT

The Ryan White CARE (Comprehensive AIDS Resources Emergency) Act is a Federal law that funds services for people living with HIV (PLWH) that cannot pay for their care.

The CARE Act helps cities, states, and other areas pay for the high cost of HIV/AIDS care.

The CARE Act pays for care not covered by other programs like Medicaid and Medicare.

RYAN WHITE CARE ACT

Many decisions about how to allocate funds are made by local planning councils (such as HHSPC) and State planning groups, who work as partners with their governments.

RYAN WHITE CARE ACT PARTS

The Care Act awards grants under the five sections of the Act:

Part A: Local areas hardest hit

Part B: States, including AIDS Drug Assistance Program (ADAP)

Part C: Community early intervention services

Part D: Services for children, youth, women with HIV disease and their families

Part F: HIV/AIDS Education and Training Centers, Dental SPNS (Special Projects of National Significance), MAI (Minority AIDS Initiative)

BRIEF OVERVIEW OF PARTS

PART A: Local Areas

Part A program provides emergency relief grants to *eligible metropolitan areas* (**EMAs**) and *transitional grant areas* (**TGAs**).

Sacramento is a TGA

These are urban/suburban areas hardest hit by the HIV/AIDS epidemic.

Part A funds may be used for HIV/AIDS primary care and support services that enhance access to, and retention in, primary care.

BRIEF OVERVIEW OF PARTS

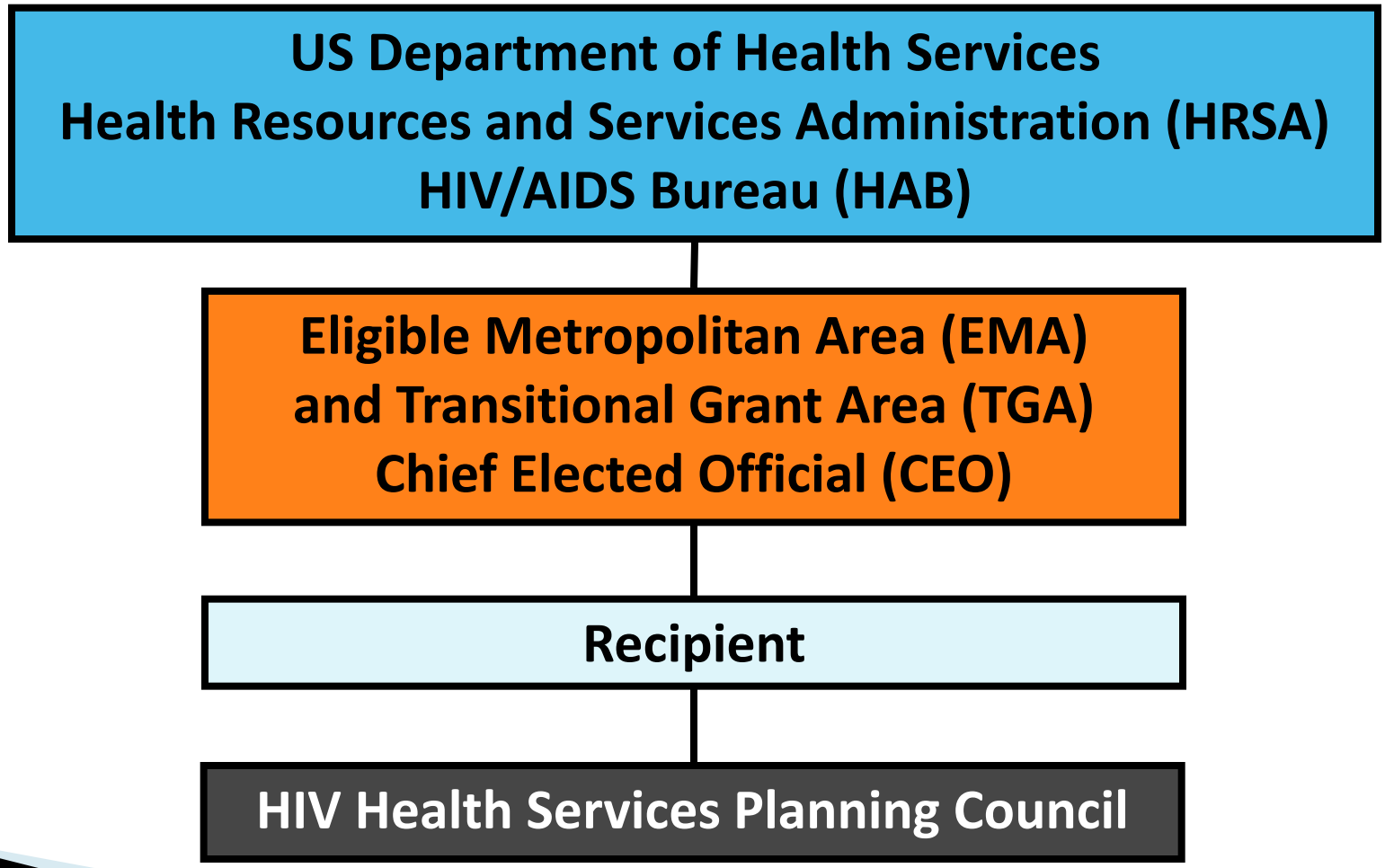
PART B: States, including AIDS Drug Assistance Program (ADAP)

Part B funds can be used for medical and social support services. The CARE Act gives States flexibility to deliver these services under five different programs:

- Medications to treat HIV
- Home care
- Health insurance coverage
- Consortia (groups of providers and community members that plan and deliver care)
- Services provided by the State under its own programs.

HOW PART A WORKS

Organization Chart



The Chief Elected Official (CEO)

The CEO, who receives funding for the TGA, is the Chair of the Board of Supervisors of Sacramento County.

The CEO is responsible for making sure that all the rules about using CARE Act funds are followed.

The CEO has chosen Sacramento County DHS to oversee the Ryan White Program as the Recipient.

The CEO appoints Planning Council membership.

Recipient Duties

Develops and issues Request for Proposals (RFPs) to seek providers.

Monitors contracts with providers.

Submits annual grant to Federal Government.

Oversees grant conditions required by HRSA.

Provides regular reports to Planning Council.

Planning Council Responsibilities

Planning Councils are a diverse membership bodies, required by the CARE Act, that are established to plan and decide how to use Part A funds.

They work in partnership with the recipient in carrying out needs assessment, comprehensive planning, capacity development, and service evaluation activities.

Planning Council Procedures

The Planning Council conducts business using established procedures, including:

- Policies and Procedures Manual
- Bylaws
- Brown Act
- Robert's Rules of Order

Planning Council Committees

Executive Committee **(Exec)**

Governance Committee **(GOV)**

Administrative Assessment Committee **(AdAC)**

Needs Assessment Committee **(NAC)**

Priorities and Allocations Committee **(PAC)**

Quality Advisory Committee **(QAC)**

Affected Communities Committee **(ACC)**

Executive Committee (Exec)

Develop Comprehensive Plan for HIV Services

- Determine long term (3 year) goals and objectives for organization and delivery of HIV services.
- Work with service providers to work to meet comprehensive plan goals.

Governance Committee (GOV)

Ensure Council Polices are Followed

- Review and Revise Council Polices as needed
- Periodically Review Bylaws

Administrative Assessment Committee (AdAC)

Oversee Administrative Functions

- Monitor the Recipient of the TGA to identify areas for improvement and ensure policies and procedures are followed.

Needs Assessment Committee (NAC)

Assessment of Needs of Local PLWH/A

- Identify ways to obtain consumer and affected community needs and barriers to care.
- Identify appropriate sources of data.
- Analyze data and make recommendations related to findings.

Priorities and Allocations Committee (PAC)

Set Service Priorities

- Identify factors for service ranking.
- Gather and analyze factors.
- Rank services by order of greatest importance to PLWHA/A.

Priorities and Allocations Committee (PAC)

Allocate Funds by Service Category

- Determine method for allocating appropriate funding levels for each category.
- Develop allocation scenario for grant request.
- Develop scenarios for anticipated award.

Quality Advisory Committee (QAC)

Set Service Standards

- Consult with providers and consumers to develop standards for quality and consistency of services paid by Ryan White funding.
- Review standards periodically to ensure efficient delivery of services.

Affected Communities Committee (ACC)

Ensure Community Participation

- Reach out to local affected communities to encourage participation in the service planning process from all corners of the epidemic.

Individual Member Responsibilities

- Know the Planning Council's mission and goals.
- Be familiar with the Council's policies and bylaws.
- Attend meetings and be on-time.
- Read the meeting materials ahead of time.
- Bring a sense of thoughtfulness to the Council's deliberations.
- Work as part of a larger team.
- Represent needs of all communities impacted by HIV/AIDS, not an agency or individual need.
- Foster a climate that promotes active participation by all members.

Individual Responsibilities Continued

- Take an active role in a Committee projects or tasks.
- Undertake assignments willingly and enthusiastically.
- Mentor a new Council Member or be mentored by a returning Council Member.
- If you feel there is something that needs to be addressed or a problem that needs to be resolved, you are encouraged to contact the respective Council or Committee leadership first.
- Support other Planning Council activities such as community presentations, participation in health fairs, and recruitment events among others.

Successful Council Members value:

Commitment

Awareness

Openness

Honesty

Respect

COMMITMENT

- Meeting Attendance
- Meeting Participation
- Committee Membership
- Outreach
- Abide by Council Procedures

AWARENESS

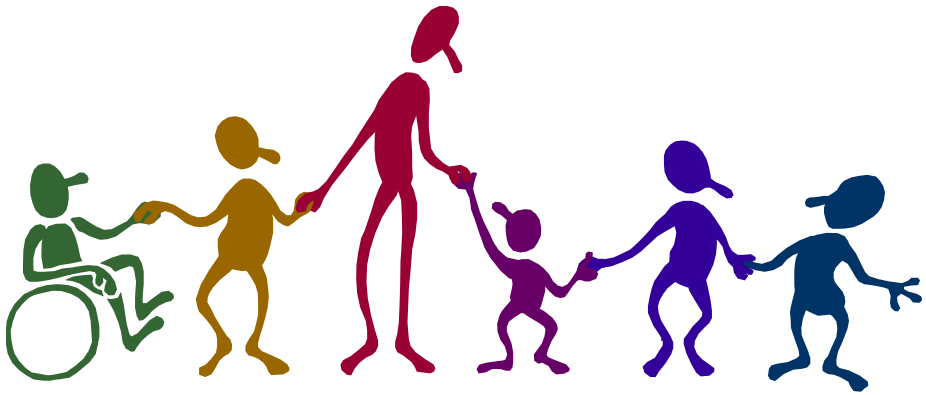
- Purpose and Goals of the Council
- Events and trends in the HIV Community
- Represent your constituency to the Council

OPENNESS

- Appreciate the diversity of opinions presented
- Make efforts to understand differing points of view
- Consider the diversity of the HIV community
- Consider the "greater good"

RESPECT

- Be understanding of personal situations
- Offer Constructive Criticism
- Validate Concerns/Questions of Others
- Recognize Individual Efforts
- Practice Confidentiality



HONESTY

- State Personal and Business Interests
- Avoid Conflict of Interest
  - Financial
  - Perceived

What to Expect at Each Meeting

Be familiar with the items on the agenda

- You will be asked to vote on items requiring action
  - Action items require a motion and a 2nd
    - ➢ Any seated member can make a motion on an item, or 2nd a motion
  - After a motion has been made, 2nd , & there is no further discussion, the vote will be called
    - ➢ Vote to approve, oppose, or abstain

WELCOME ABOARD!

Mechanics of the HIV Health Services Planning Council

March 25, 2026

Distribution of Funds

Part A: U.S. Department of Health & Human Services

Part B: State of California

Part A: Health Resources and Services Administration (HRSA)

Part B: State Office of AIDS

Chief Elected Official (Sacramento County Board of Supervisors Chair)

Recipient (Sacramento County, DHS, Division of Public Health)

Service Providers

Funding Components

1. **Formula Grants** (Parts A and B) which are based on the number of persons living with HIV/AIDS in the Sacramento TGA.
2. **Supplemental Grants** (Parts A and B) which are competitively based on demonstration of severe need and other criteria in the grant application.
3. **Minority AIDS Initiative** (Part A only) which are based on the distribution of minority populations disproportionately impacted by HIV/AIDS.

Roles

The Planning Council cannot do its job without the help of the Recipient, nor can the Recipient do its job without the help of the Planning Council.

Recipient Duties and Planning Council Roles and Responsibilities

- Recipient and Planning Council - two independent entities, both with legislative authority and defined roles
- Some roles belong to one entity and some are shared
- Effectiveness requires understanding of the roles and responsibilities of each entity, plus:
  - Communications, information sharing, and collaboration between the recipient, Planning Council, and Planning Council Support Staff
  - Ongoing consumer and community involvement

Division of Duties

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

Additional Recipient Duties

- Establish working agreements (MOUs)
- Distribute funds according to Priorities and Allocations
- WICY Requirements
- Payer of Last Resort
- Ensure Access to Services
- Submit Part A Application
- Reallocation

Additional Planning Council Duties

- Ensure access to quality HIV/AIDS care
- Assure community participation
- Develop and implement policies and procedures
- Assess needs
- Develop a comprehensive strategic plan
- Determine Priorities (service categories)
- Determine Allocations
- Assess efficiency of the administrative mechanism
- Evaluate how Ryan White funded services are meeting community needs

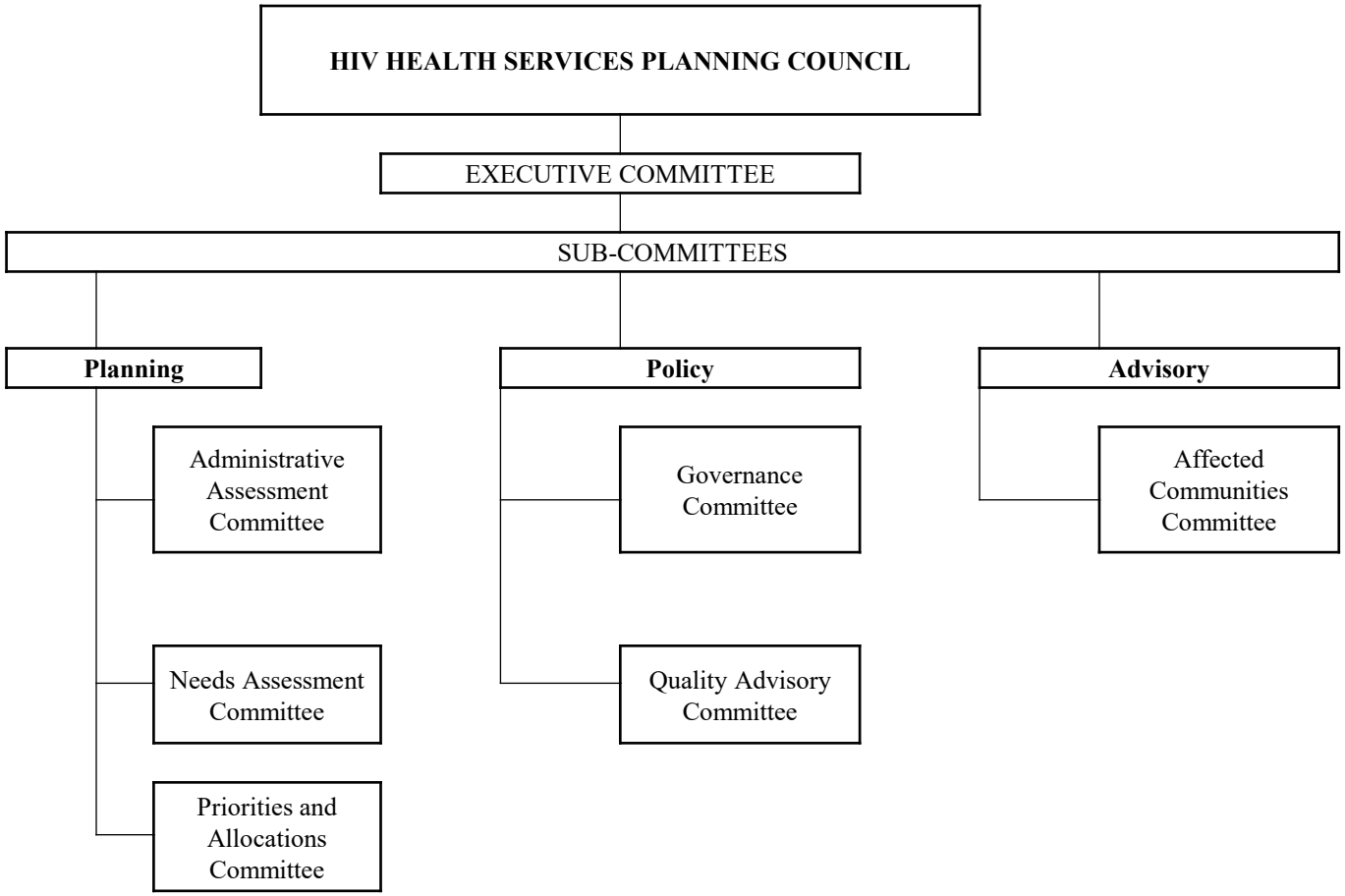
Planning Council Membership

Members are appointed by the Sacramento County Board of Supervisors

- Must reflect the local epidemic
- Represent the Ryan White HIV/AIDS Program and other Federal Programs (HOPWA, Medi-Cal)
- Includes members who have specific expertise
  - Health care planning
  - Housing for the homeless
  - Incarcerated populations
  - Substance use and mental health treatment

At least 33% *of the members must be* ***PLWHA*** *who* ***receive Part-A funded services****, who are* ***not employees or members of a Board of Directors*** *for Part-A funded agencies.*

Planning Council Operations



Planning Council Operations

- Must develop Bylaws, policies and procedures to ensure fair, efficient operations
- Must manage conflict of interest
- Major attention to new member recruitment including an open nominations process, orientation, and training
- PCs expected to provide training for members at least annually
- Much of the work is done by committees
- Assisted by Planning Council support staff

Committees Get the Work Done

- Affected Communities Committee **(ACC)**
- Quality Advisory Committee **(QAC) - Quarterly**
- Needs Assessment Committee **(NAC) - Quarterly**
- Priorities and Allocations Committee **(PAC)**
- Executive Committee **(EXEC)**
- Governance Committee **(GOV)**
- Administrative Assessment Committee **(AdAC) – Bi-Annually**

Monthly Meeting Calendar

MEETING	DATE/TIME	LOCATION
HIV Health Services Planning Council	4th Wednesday of each month, 10:00 AM – 12 PM *Except Nov/Dec which will be held 12/09/26	Sacramento County Health Center 4600 Broadway, Sacramento, CA 95820 Community Room 2020
Administrative Assessment Committee (AdAC) (Must be a Council Member to Participate)	Meets as determined by Committee Generally twice a year.	Online
Affected Communities Committee (ACC)	1st Monday of even months, 3:00-4:00 PM April, June, August, October, December, and February	Sacramento County Health Center 4600 Broadway, Sacramento, CA 95820 Community Room 2020
Executive Committee (Exec)	2nd Thursday of the months of March, May, June, September, and January, 3:00 PM -5:00 PM	Sacramento County Health Center 4600 Broadway, Sacramento, CA 95820 Community Room 2020
Governance Committee (Gov)	1st Wednesday of the months of March, May, June, September, and January, 11:00 AM - 12 PM	Sacramento County Health Center 4600 Broadway, Sacramento, CA 95820 Community Room 2020
Quality Advisory Committee (QAC)	Meets Quarterly, 2:00-3:00 PM 1st Tuesday in March, June, September, and December	Sacramento County Health Center 4600 Broadway, Sacramento, CA 95820 Community Room 2020
Needs Assessment Committee (NAC)	Meets Quarterly, 3:00-4:30 PM 1st Tuesday in March, June, September, and December	Sacramento County Health Center 4600 Broadway, Sacramento, CA 95820 Community Room 2020
Priorities and Allocations Committee (PAC)	1st Wednesday of the months of March, May, June, September, and January, 9:00-11 AM *Additional meetings may be scheduled	Sacramento County Health Center 4600 Broadway, Sacramento, CA 95820 Community Room 2020

Understanding the Monthly Fiscal Report

Fiscal Report Header

HIV Health Services Planning Council - FY21 Allocations Sacramento TGA Monthly Fiscal Report through June 2021 Expenditures should be at 32%	Part A Only	March 1, 2021 - February 28, 2022
HIV Health Services Planning Council - FY21 Allocations Sacramento TGA Monthly Fiscal Report through June 2021 Expenditures should be at 24.9%	Part B Only	April 1, 2021 - March 31, 2022

1. Month and Expenditure Rate
2. Funding Stream
3. Fiscal Year

Report Columns

Priority Number

County

Month Reflected

	SACRAMENTO COUNTY - June 2021 - Part A Only
	Service Category
1	**Ambulatory/Outpatient Care**
	SS: Ambulatory/Outpatient Medical Care
	SS: Vendor paid viral/load resistance lab test
2	**ADAP/Prescription Medications**
3	**Health Insurance Prem. & Cost Sharing Asst.**
4	**Oral Health**
5	**Medical Case Management**
	SS: MAI
	SS: Office Based Services inc. Pediatric Treatment Adherence
	SS: Field/In-Home Services
	SS: Case Mgmt. Child Care
6	**Case Management (Non-Medical)**
7	**Mental Health Service**
8	**Medical Transportation Services**
9	**Substance Abuse Services - Outpatient**
10	**Substance Abuse Services - Residential**
11	**Housing**
12	**Child Care Services**

Budget and Expenses

Approved Budget – the amount approved by the Planning Council for that service/county

Current Month – expenses reported by all providers for that service, in that county

Cumulative Expenses – the year-to-date total expenses for that service, in that county.

SACRAMENTO COUNTY - June 2021 - Part A Only Service Category	Approved Budget	Current Month	Cumulative Expenses
Ambulatory/Outpatient Care	**$ 385,700**	**$ 23,598**	**$ 85,518**
SS: Ambulatory/Outpatient Medical Care	$ 361,978	$ 20,420	$ 77,184
SS: Vendor paid viral/load resistance lab test	$ 23,722	$ 3,178	$ 8,335
ADAP/Prescription Medications	**$ -**	**$ -**	**$ -**
Health Insurance Prem. & Cost Sharing Asst.	**$ 3,848**	**$ -**	**$ -**
Oral Health	**$ 372,430**	**$ 15,349**	**$ 51,459**
Medical Case Management	**$ 824,352**	**$ 64,008**	**$ 262,393**
SS: MAI	$ 174,807	$ 16,061	$ 51,626
SS: Office Based Services inc. Pediatric Treatment Adherence	$ 296,096	$ 25,975	$ 118,585
SS: Field/In-Home Services	$ 332,776	$ 21,971	$ 90,104
SS: Case Mgmt. Child Care	$ 20,673	$ -	$ 2,078
Case Management (Non-Medical)	**$ 20,946**	**$ 1,184**	**$ 15,003**
Mental Health Service	**$ 408,760**	**$ 41,582**	**$ 136,994**
Medical Transportation Services	**$ 107,922**	**$ 11,326**	**$ 34,911**
Substance Abuse Services - Outpatient	**$ 198,631**	**$ 13,046**	**$ 55,076**
Substance Abuse Services - Residential	**$ 54,302**	**$ -**	**$ 4,497**
Housing	**$ 11,067**	**$ 1,762**	**$ 3,712**
Child Care Services	**$ 38,122**	**$ 1,568**	**$ 6,544**
Emergency Financial Assistance - Other Critical Need	**$ 14,286**	**$ 61**	**$ 8,169**
Food Bank - Part B Only			
Medical Nutritional Therapy	**$ 3,980**	**$ 196**	**$ 1,070**

Expenditure Rates

Shading – based on whether or not the cumulative expenses are spending at the expected rate

Percentage Used – is calculated by taking the Cumulative Expenses and dividing them by the approved budget for each line item or service category

Example: Vendor Paid Viral Loads $8,335 ÷ $23,722 = 35.1%

SACRAMENTO COUNTY - June 2021 - Part A Only Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used
Ambulatory/Outpatient Care	**$ 385,700**	**$ 23,598**	**$ 85,518**		**22.2%**
SS: Ambulatory/Outpatient Medical Care	$ 361,978	$ 20,420	$ 77,184		**21.3%**
SS: Vendor paid viral/load resistance lab test	$ 23,722	$ 3,178	$ 8,335		**35.1%**
ADAP/Prescription Medications	**$ -**	**$ -**	**$ -**		-
Health Insurance Prem. & Cost Sharing Asst.	**$ 3,848**	**$ -**	**$ -**		**0.0%**
Oral Health	**$ 372,430**	**$ 15,349**	**$ 51,459**		**13.8%**
Medical Case Management	**$ 824,352**	**$ 64,008**	**$ 262,393**		**31.8%**
SS: MAI	$ 174,807	$ 16,061	$ 51,626		**29.5%**
SS: Office Based Services inc. Pediatric Treatment Adherence	$ 296,096	$ 25,975	$ 118,585		**40.0%**
SS: Field/In-Home Services	$ 332,776	$ 21,971	$ 90,104		**27.1%**
SS: Case Mgmt. Child Care	$ 20,673	$ -	$ 2,078		**10.1%**

		June
Under 5%		0-27%
Within 5%		28-38%
Over 5%		39% - Over

HIV Health Services Planning Council - FY21 Allocations
Sacramento TGA Monthly Fiscal Report through June 2021
Expenditures should be at 32%

Remaining Balance

The Remaining Balance = Approved Budget – Cumulative Expenses

Example: Vendor Paid Viral Loads $23,722 - $8,335 = $15,387

SACRAMENTO COUNTY - June 2021 - Part A Only Service Category	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Ambulatory/Outpatient Care	**$ 385,700**	**$ 23,598**	**$ 85,518**		**22.2%**	**$ 300,182**
SS: Ambulatory/Outpatient Medical Care	$ 361,978	$ 20,420	$ 77,184		**21.3%**	**$ 284,794**
SS: Vendor paid viral/load resistance lab test	$ 23,722	$ 3,178	$ 8,335		**35.1%**	**$ 15,387**
ADAP/Prescription Medications	**$ -**	**$ -**	**$ -**		**-**	**$ -**
Health Insurance Prem. & Cost Sharing Asst.	**$ 3,848**	**$ -**	**$ -**		**0.0%**	**$ 3,848**
Oral Health	**$ 372,430**	**$ 15,349**	**$ 51,459**		**13.8%**	**$ 320,971**
Medical Case Management	**$ 824,352**	**$ 64,008**	**$ 262,393**		**31.8%**	**$ 561,959**
SS: MAI	$ 174,807	$ 16,061	$ 51,626		**29.5%**	**$ 123,181**
SS: Office Based Services inc. Pediatric Treatment Adherence	$ 296,096	$ 25,975	$ 118,585		**40.0%**	**$ 177,511**
SS: Field/In-Home Services	$ 332,776	$ 21,971	$ 90,104		**27.1%**	**$ 242,672**
SS: Case Mgmt. Child Care	$ 20,673	$ -	$ 2,078		**10.1%**	**$ 18,595**
Case Management (Non-Medical)	**$ 20,946**	**$ 1,184**	**$ 15,003**		**71.6%**	**$ 5,943**

Subtotals and Grand Totals

Sub-Total Sacramento County – Sacramento County only total Budget, Current Expenses, Cumulative Expenses, Spending Rates

Sub-Total TGA Direct Service Expenditures – Total Funding Source Budget, Current Expenses, Cumulative Expenses, Spending Rates

Recipient – Grantee Administration: Total Funding Source Budget, Current Expenses, Cumulative Expenses, Spending Rates

Recipient – Quality Management: Total Funding Source Budget, Current Expenses, Cumulative Expenses, Spending Rates

Grand Total Direct Services and Recipient Admin for Funding Source Total Funding Source Budget, Current Expenses, Cumulative Expenses, Spending Rates

Sub-Total Sacramento County	$ 2,469,584	$ 175,259	$ 668,538		27.1%	$ 1,801,046
Sub-Total TGA Direct Service Expenditures	$ 2,836,451	$ 202,155	$ 771,552		27.2%	$ 2,064,899
Recipient - Grantee Admin	$ 317,419	$ 24,834	$ 79,786		25.1%	$ 237,633
Recipient - Quality Mgmt.	$ 158,708	$ 21,184	$ 43,238		27.2%	$ 115,470
Grand- Total Direct Services, FAA	$ 3,312,578	$ 248,173	$ 894,577		27.0%	$ 2,418,002

Missing Invoices

This section will list the missing invoices for services that are known to have outstanding invoices.

Missing Invoices/Notes
None

Expenditures by Funding Source

TGA Direct Service Expenditures by $ Source	Approved Budget	Current Month	Cumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	$ 2,661,644	$ 159,197	$ 692,568		26.0%	$ 1,969,076
Part A MAI	$ 174,807	$ 16,061	$ 51,626		29.5%	$ 123,181

SACRAMENTO TGA HIV HEALTH SERVICES PLANNING COUNCIL

Priority Setting and Resource Allocation

Process Overview

March 4, 2026

It is a primary responsibility of the Council for the Sacramento TGA to annually establish priorities for funding and resource allocation for services to meet the needs of HIV+ individuals throughout the TGA.

- PAC 001, 4/27/16

PRIORITY SETTING AND RESOURCE ALLOCATION PROCESSES

Task assigned to Priorities and Allocations Committee (PAC)

Group Process at Committee level

- Agreeing on what data and information is needed
- Reviewing data and information
- Reaching consensus on priorities and allocations
- Developing recommendations for presentation to full Planning Council

Approval of priorities and allocations by the Planning Council

PRIORITY SETTING

Priority setting involves:

1. Deciding which HIV services are the most needed and most important in the TGA.
2. Ranking the importance of service categories.
3. Identifying methods or specific criteria on how best to meet the priorities.

FUNDABLE CORE SERVICES

- Outpatient/Ambulatory medical care
- AIDS Drug Assistance Program (ADAP treatments)
- AIDS pharmaceutical assistance (local)
- Oral health (dental) care
- Early intervention services (EIS)
- Health insurance premium & cost-sharing assistance
- Home health care
- Home and community-based health services
- Hospice services
- Mental health services
- Medical nutrition therapy
- Medical case management
- Substance abuse services - Outpatient

FUNDABLE SUPPORT SERVICES

- Child care services
- Emergency financial assistance
- Food bank/home-delivered meals
- Health education/risk reduction
- Housing services
- Legal services
- Linguistics services (interpretation and translation)
- Medical transportation services
- Non-medical case management
- Other professional services
- Outreach services
- Permanency Planning
- Psychosocial support services
- Referral for health care/supportive services
- Rehabilitation services
- Respite care
- Substance abuse services – residential

RESOURCE ALLOCATION

Resource Allocation involves:

1. Deciding which prioritized services are in need of funds from the Ryan White program.
2. Deciding how much funding to allocate to each priority service category.
    a) ≥75% must go to Core Services
    b) ≤25% to Support Services

By:

1. Recipient provides data and advice.
2. Consideration of other funding streams
3. Historical utilization and cost data

ENSURING APPROPRIATE RECOMMEND-ATIONS

- Need broad and diverse input
  - Consumers
  - Providers
  - Affected Communities
- Need honest input
- Conflict of interest
- Need consistent participation

REMEMBER!

Keep an open mind:

Each of us has different ways of looking at information that is presented to us.

It's important for participants to understand their own and others' perspectives to help facilitate more efficient decision making.

LET THE PROCESS BEGIN

Reallocation Training

What is Reallocation?

Reallocation is the process of moving program funds across service categories after the initial allocations are made.

This may occur:

- Right after the 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
- Year-End Reallocation

Whose Responsibility is Reallocation?

The details of the process are the recipient's responsibility.

However, the Planning Council needs to understand the very serious financial **consequences** of failing to work with the recipient to reallocate funds from underspent service categories to other service categories where the funds are needed and can be obligated (spent) by the end of the program year.

Consequences?

One of the more important, yet complicated, yearly factors is the importance of avoiding unobligated balances. Unobligated balances are funds that are unspent at year end.

The legislation provides penalties to a program that leaves more than 5% of its formula award unobligated.

Unobligated Funds = Unspent Funds

Penalties?

If unobligated balances of formula award exceed five percent, two penalties are imposed:

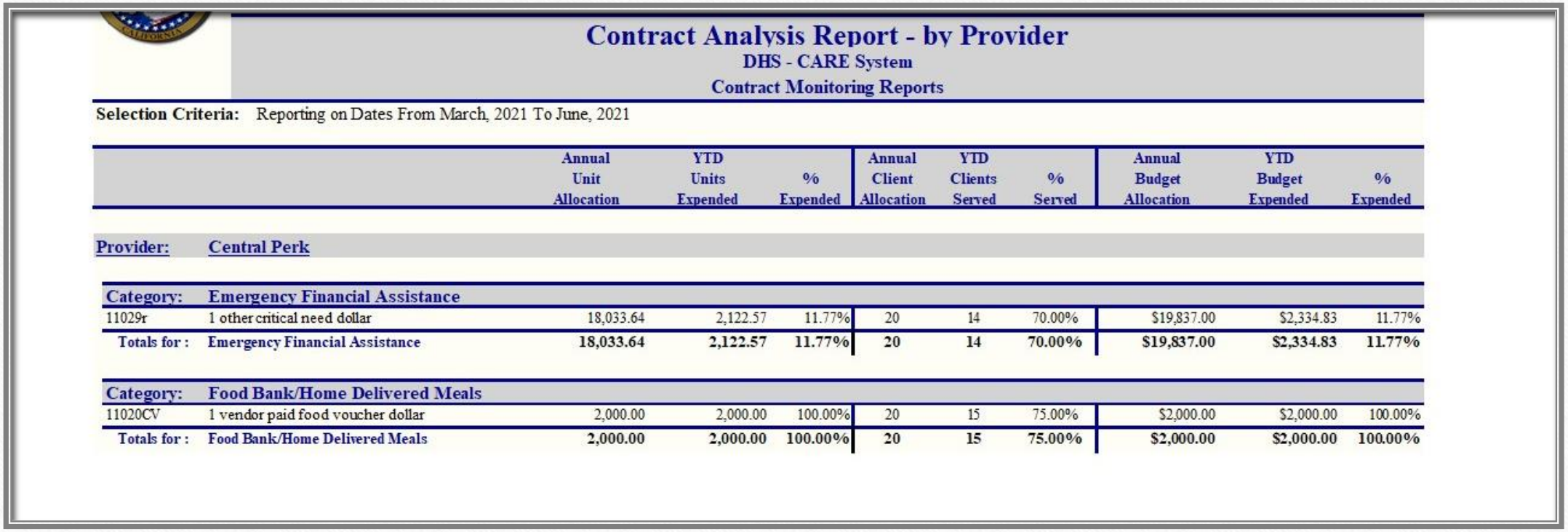
1. Future year award is reduced by amount of UOB less the amount of approved carryover; and,
2. The grantee is not eligible for a future year supplemental award

What Happens Next?

- The Priorities and Allocations Committee generally discusses Reallocation at their September meeting.
- The RW Fiscal Year is March 1 through February 28. This makes August the six-month mark of the Fiscal Year. Providers should be on target to have spent 50% of the funds in any service category by August 31st.
- If Providers are over-spending, they may request additional funding.
- If Providers are under-spending, they are subject to having the money reallocated to other services/providers.

Provider Responses

- Each year, generally in August, the Recipient sends Reallocation Requests to the Ryan White-funded providers inquiring whether or not the agency expects to have any contract-related funds unspent before February 28.
- Providers receive a Contract Analysis Report to help analyze their spending
- Providers submit their responses to the Recipient
- Reallocation is based on service utilization



Contract Analysis Report - by Provider

DHS - CARE System

Contract Monitoring Reports

Selection Criteria: Reporting on Dates From March, 2021 To June, 2021

		Annual Unit Allocation	YTD Units Expended	% Expended	Annual Client Allocation	YTD Clients Served	% Served	Annual Budget Allocation	YTD Budget Expended	% Expended
Provider:	**Central Perk**									
Category:	**Emergency Financial Assistance**									
11029r	1 other critical need dollar	18,033.64	2,122.57	11.77%	20	14	70.00%	$19,837.00	$2,334.83	11.77%
Totals for :	**Emergency Financial Assistance**	**18,033.64**	**2,122.57**	**11.77%**	**20**	**14**	**70.00%**	**$19,837.00**	**$2,334.83**	**11.77%**
Category:	**Food Bank/Home Delivered Meals**									
11020CV	1 vendor paid food voucher dollar	2,000.00	2,000.00	100.00%	20	15	75.00%	$2,000.00	$2,000.00	100.00%
Totals for :	**Food Bank/Home Delivered Meals**	**2,000.00**	**2,000.00**	**100.00%**	**20**	**15**	**75.00%**	**$2,000.00**	**$2,000.00**	**100.00%**

Sample Contract Analysis Report

In this sample, the Report covers four months, March through June 2021. Expenditures should be at 32%.

Within target would be between 27 and 37%.

Recipient Memo

- The Priorities and Allocations Committee will receive a Monthly Fiscal Report including expenditure rates
- Expenditures should be within 5% of that month's expenditure rate
- The Recipient will identify service categories that are over- or under-spending and may provide reasons for the spending rates.
  - Example 1: One of the medical case management providers had its facility destroyed in a fire three months ago and another has had trouble filling staff vacancies. These problems have now been resolved, but it is unlikely that the subrecipients in this category will spend much beyond the normal monthly rate from now on.
  - Example 2: Because of the closing of the area's largest food bank, PLWH now rely more on the Food Bank and Emergency Financial Assistance for food, and the demand shows no signs of decreasing.

How to Reallocate?

- Priorities and allocations are data-based; they are not based on personal preferences, impassioned pleas or individual experiences
- Conflicts of interest are stated and managed
- Data from different sources is considered, i.e. Needs Assessments, Other Funding Sources, fiscal reports, service utilization reports, etc.
- Recipient recommendations
- Group Discussion
- PAC Vote
- Executive Committee Approval
- Planning Council Approval

Show Me the Money!

- Planning Council approved reallocation, why are the funds not available?
  - Upon Council approval, the Recipient must amend the Provider contracts with the new allocations/funding before it is available for clients.
    - Remember that sample Contract Analysis Report a couple slides back? Central Perk can't exceed the budgeted contract amount. The original contract listed $2,000 for Food Bank Services and they spent all the funds. The contract will have to be amended to the new amount for Food Bank allowing for additional services. Those services are not available until the new contract is executed. This can take several weeks.

2nd / Year-End Reallocation

- As you previously learned, the first reallocation generally occurs/begins in September.
- In a second attempt to avoid unobligated funds, the Recipient begins re-assessing expenditures in November/December and reallocates funds prior to year-end.
- PAC 02 gives the Recipient authority to make funding adjustments of up to 10% or $25,000 (whichever is less).


The End