

**Annual Ryan White Part B Allocations Process**

Each year, Virginia Department of Health (VDH) must make decisions regarding the allocation of Ryan White Part B funds and report them to the Health Resources and Services Administration (HRSA) in the form of a Planned Allocations Table by service category. Allocations are made to contractors in each region of the state based on information collected from a variety of data sources:

1. Current allocation and expenditure information for each contractor – how much money was allocated to each contractor at the beginning of the current grant year? Did the contractor request additional &/or reallocation of funds during the grant year? Is the contractor on track to expend their total award by the end of the current year?
2. Previous allocation and expenditure information for each contractor – how much money was awarded in the previous grant cycle? Was the total award expended?
3. Performance assessment of the contractor – Has the contractor demonstrated competency in administering previously awarded funding?
4. Regional service utilization patterns – how many clients were served compared to last year? Was there a significant change in number of clients served regionally/statewide?
5. Contractors’ monthly reports - Which services were used the most in each region? Which services were used the least in each region? Were there services that were under funded (as evidenced by waiting lists, client/provider reports, or interruption in services throughout the year)?
6. Epidemiological data – compare service utilization data to number of people known to be HIV+ in each region; compare to data from the previous year.
7. Other funding resources available – other Ryan White funding (Part A, C, D, MAI, EC), early intervention funds, indigent care funds, Medicaid, Medicare, private insurance.
8. Needs assessment data – including regional and statewide survey, focus group and key informant interview data as well as client satisfaction surveys. What are clients and providers reporting are the needs for their service areas? What are the reported barriers and gaps in services across the region/state?
9. Other service providers available – community health centers, federally qualified health centers, free clinics, local health departments, etc.
10. Special circumstances – are there unique factors that impact service delivery or client need? For example: geographical aspects of the catchment area, distance to medical providers, closing of medical centers in the area, etc.

All of the information above is collected and collated beginning approximately 3-6 months prior to the end of the current grant year in preparation for allocations determination for the upcoming year. Generally, VDH does not know what the Ryan White Part B award amount will be for the upcoming year, so allocations are loosely based on the current award amount. In addition, estimations of final expenditures are made by contract monitors based on reports from their contractors and invoice tracking throughout the year. Several spreadsheets have been created to track funding amounts for all Ryan White Parts as well as previous epidemiological and service utilization data and annual Part B contract information. These spreadsheets are updated each year and previous years’ data is reviewed to compare with the current year to assist in making future funding decisions.

Once all of the above data sources have been reviewed, and the information has been updated in the spreadsheets, the HCS staff meets to discuss allocations for the upcoming year. The summary of data sources is presented to the team. Each contract monitor provides any additional information regarding their contractors’ needs. Once all of the information has been presented, the contract monitors make recommendations for funding for each agreement for which they are responsible, and present to the HCS team. The HCS Director and Assistant Director will make final approval of the recommendations which are put into memo form, and then utilized to start the contracting process for the new grant year.