
FY 2010 DIRECTIVES TO THE RYAN WHITE OFFICE

I. GRANT ADMINISTRATION

DIRECTIVE 1.1 - TO FACILITATE GEOGRAPHIC FUNDING DISTRIBUTION

Ryan White Part A Funds shall be divided among five regions according to the most reliable epidemiological data currently available from the Connecticut Department of Public Health. For **FY2010**, the allocation formula will be based on the geographic distribution of the persons living with HIV/AIDS: 34% for New Haven; 25% for Bridgeport; 17% for Stamford/Norwalk; 19% for Waterbury/Meriden/Valley; and 5% for Danbury.

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

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

The Ryan White Office must ensure that prioritized funded services are available to all people living with HIV/AIDS in all regions of the EMA. The Ryan White Office will utilize service categories, service category definitions and percentages as approved by the Planning Council. The Ryan White Office shall produce a report to the Council. The report will show the final allocations. The Ryan White Office shall produce no less than a quarterly report, and submit the report to the Membership/Finance Committee.

DIRECTIVE 1.3 – TO SUPPORT THE DEVELOPMENT OF THE SERVICE DELIVERY SYSTEM WITHIN EACH OF THE PLANNING COUNCIL’S FIVE REGIONS

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 Funds.

II. GENERAL CONTRACTOR RESPONSIBILITIES

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

The Ryan White Office will ensure that in each region of the EMA, Part A funded service providers will convene a regional planning group. The regional planning group must be comprised of consumers and a representative from each Part A funded service provider 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 contractors, and other parties relevant to building the region’s HIV/AIDS system of care. The regional group should 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; and continuous quality improvement; among others.

DIRECTIVE 2.2 – TO FACILITATE DEVELOPMENT OF AND ADHERENCE TO THE EMA’S STANDARDS OF CARE

All Ryan White Part A funded service providers shall adhere to the Standards of Care approved by the Planning Council and developed in partnership with the Ryan White Office and Quality Improvement Committee.

The Ryan White Office shall monitor data collection and quality of care, produce a periodic report in conjunction with the Planning Council’s Quality Improvement Committee, and submit the report to the Quality Improvement Committee.

DIRECTIVE 2.3 – TO FACILITATE SERVICE UTILIZATION DATA

The Ryan White 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.