

FY 2017 Priorities and Allocations Certification

| Priority # | Part A Category | Percent Allocated |
|-------------------|--|--------------------------|
| 1 | Outpatient/Ambulatory Health Services | 26.65% |
| 2 | Medical Case Management | 24.06% |
| 3 | Oral Health Care | 14.13% |
| 4 | AIDS Drug Assistance Program | 0.00% |
| 5 | Mental Health Services | 4.88% |
| 6 | Housing Services | 8.21% |
| 7 | Emergency Financial Assistance | 3.15% |
| 8 | Early Intervention Services | 3.98% |
| 9 | Substance Abuse Services (Outpatient) | 5.03% |
| 10 | Health Insurance Premium & Cost Sharing Assistance | 0.00% |
| 11 | Food Bank/Home-Delivered Meals | 3.18% |
| 12 | Medical Transportation Services | 2.69% |
| 13 | Psychosocial Support Services | 3.69% |
| 14 | Home and Community-based Health Services | 0.35% |
| Total | | 100.00% |
| Priority # | MAI Category | Percent Allocated |
| 1 | Medical Case Management | 32.18% |
| 2 | Mental Health Services | 19.78% |
| 3 | Early Intervention Services | 21.09% |
| 4 | Substance Abuse Services (Outpatient) | 21.72% |
| 5 | Psychosocial Support | 5.23% |
| Total | | 100.00% |

FY 2017 Directives:

Emergency Financial Assistance (EFA) and Housing Services Directive

The intent of this directive is to oversee service category performance, expenditure of funds, and use of services to ensure the service category meets the needs of people living with HIV. Discussion of individual contractors' performance or clients will be prohibited, as that is not DHRPC's role.

Provide quarterly reports to DHRPC which include: a) all funds spent in the service category; b) all funds remaining in the service category; c) an end of the year projection of allocated funds; d) the number of requests for single user and recurrent users; e) the number of denials; f) the range of the

dollar amounts requested/spent in EFA and housing; and g) the financial assistance requested/spent by allowable categories.

Provide uniform messaging to clients on EFA/Housing regarding eligibility including, but not limited to: a) what the client needs to do to receive funding; b) specific restrictions surrounding eligibility; and c) where the client needs to go to apply and receive funding.

Train service providers and case workers that will allow fair, consistent and a reasonable expectation of funds applied for: a) give providers and case workers uniform messages, tools, and handouts to address clients in need; b) give providers and case workers uniform messages, tools, and handouts explaining denial of applied for funds.


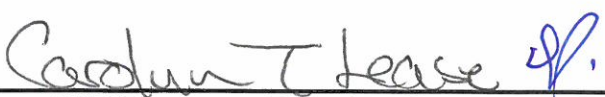

DOHR will manage the service category funds to ensure a consistent, equitable and reliable distribution of services to people living with HIV, regardless of where they seek services.

DOHR will give the DHRPC a preliminary report on the progress of items 1-3, three months after the start of FY 2017 and a final report six months after the start of FY 2017. Requested information to be provided to the DHRPC from the beginning this funded year and continue for as long Part A allocates funds to EFA / Housing.

Oral Health Fund Directive

This directive is intended to expand access to oral health services in the TGA through the establishment of a funding line within the larger oral health care category that can be used to pay for dental services and client cost sharing (deductibles and copays under insurance) at any oral health provider that is selected by the client, whether that provider is directly funded by Ryan White service dollars or not. DOHR will give the DHRPC a preliminary report three months after the start of FY 2017 and a final report six months after the start of FY 2017. This directive will be in effect as long as the oral health service category is funded or until it is removed by DHRPC vote. Limits per individual will be established by DOHR via standards of care process. Fund dollar amount is \$59,333 or 6.49% of Oral Health service category.

Certification: I certify that the above priority numbers, categories, percentages, and directive submissions are reflective of the decisions reached by the Denver HIV Resources Planning Council at its annual Priorities Setting and Resource Allocation Meeting, August 12 and 18, 2016.

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|---|-----------|
|  | 9-19-2016 |
| Denver HIV Resources Planning Council Co-chair | Date |
|  | 9-19-2016 |
| Denver HIV Resources Planning Council Co-chair | Date |
|  | 9-19-2016 |
| Denver HIV Resources Planning Council Program Administrator | Date |