

## **REALLOCATION AND REDISTRIBUTION REGIONAL POLICY AND PROCEDURES**

### **DEFINITIONS**

#### Redistribution

- *Redistribution refers to funds moved from a service provider to another service provider by the Administrative Agency (AA) within that same service category (e.g.: Medical Case Management funds moved from one agency to another).*

#### Reallocation

- *Reallocation refers to funds that need to be moved from one service category to one or more different service categories (e.g.: Medical Case Management returned funds to Local Drug Reimbursement).*
- *Decisions made by the Allocations Committee will be based, in part, on a monthly report provided by the AA at each Allocations Committee meeting which gives an overview of changes which took place during the past month and any potential changes or issues for the upcoming months (within each service category) which might cause a decrease or increase in expenditures; therefore, creating potential for reallocation of funds.*
- *Decisions by the full Allocations Committee are necessary to make reallocation determinations. The vote from the Allocations Committee is considered the final regional approval. Allocations Committee Chair will provide a report to the Planning Council, detailing all reallocations, at meetings of the Council.*

### **PART A (formerly Title I) FUNDS**

#### Redistribution

The Administrative Agency has the authority to redistribute any returned funds from one service category to the same service category within the Transitional Grant Area (TGA) regardless of amount.

#### Reallocation

If the funds being returned from a service category cannot be used in the same service category within the TGA they are returned to the Allocation Committee for reallocation, regardless of amount. The Allocations Committee will reallocate within the TGA:

- To all categories, based on documented need, if funds are returned from a non-medical core service.
- To medical core services, only, if funds are returned from a medical core service.

Need for funding in Medical Core Service categories provided to the Allocations Committee by the AA, may include written documentation of the following:

- Service utilization is exceeding expectation;
- Details regarding the impact additional funds has on wait lists, patient care, and / or meeting emergent needs;
- Assure funds will provide clients services or products, within the current Part A contract year;

- Funding from all other sources administered by the AA for that service is on or exceeding targets;
- Expenses requests including the assurance that ongoing funds to sustain these expenses will not require increased allocations by the Planning Council in the future; and / or,
- Projected outcomes of what will be achieved by increased funding.

At six weeks before the end of the Part A contract year, the Allocations Committee will determine what amount of unspent funds, if any, will be reallocated to the state AIDS Drug Assistance Program (ADAP; also known as the Texas HIV Medication Program).

## **PART B (formerly Title II) AND STATE SERVICES FUNDS**

*Recommendations for redistribution or reallocation of Part B and / or State Services funds will be submitted to the Texas Department of State Health Services (DSHS) who will affirm the decision within 3 days of receiving the recommendation.*

### Redistribution

The Administrative Agency has the authority to redistribute any returned funds in one service category to the same service category regardless of amount in the following manner:

1. First, in the Health Service Delivery Area (HSDA) where the funds were returned.
2. Second, if the originating HSDA has no documented need for the funds in the same service category, the other HSDAs will be eligible for the funds, as long as they are in that same service category. If both of the other HSDAs need funding in that service category, the AA will use a documented process to determine who receives the funding (division of those funds between the HSDAs are allowable).
3. If funds are moved to another HSDA, AA will provide the Allocations Committee written information about this change.

### Reallocation

If the funds being returned from a service category cannot be used in the same service category by any HSDA, they will be returned to the Allocation Committee for reallocation, regardless of amount.

- To all categories, based on documented need, if funds are returned from a non-medical core service.
- To medical core services, only, if funds are returned from a medical core service.
- All services will be evaluated for need regardless of HSDA.
- Reallocation will be made to these services, regardless of HSDA, as a result of the need for additional funds which help decrease wait lists, improve patient care and/or meet an emerging need, among other considerations.