

Data Inputs

- HRSA Service Category Definitions
- Needs Assessment
- System Review
- Committee Knowledge & Experience

Procurement & Contracting

- Requests for Proposals
- Interagency Agreements
- DOHMH-delivered Services

Service Category Directive

- Who to serve
- Target Populations
- Geographic Distribution
- Additional Eligibility, as necessary
- Service Models and Components

Service Delivery & Program Evaluation

- High Quality Services Delivered by Contracted Providers
- Data Collection and Quality Management by Providers and Grantee

Service Category Directive:

According to HRSA's *Planning Council Primer*, "the planning council has the right to provide directives to the grantee on how best to meet the service priorities it has identified.

- It may direct the grantee to fund services in particular parts of the EMA or TGA (such as outlying counties), or to use specific service models.
- It may tell the grantee to take specific steps to increase access to care (for example, require that Medical Case Management providers have bilingual staff or that primary care facilities be open one evening or weekend a month).
- It may also require that services be appropriate for particular populations—for example, it may specify funding for primary care services that target gay men of color.
- However, the planning council cannot pick specific agencies to fund, or make its directives so narrow that only one agency will qualify. The planning council cannot be involved in any aspect of contractor selection (procurement) or in managing or monitoring Part A contracts."

Procurement:

According to the *Memorandum of Understanding* between the Planning Council and the Grantee, "the Grantee manages the process for awarding contracts to specific service providers, ensuring that funds are expended according to the priorities, allocations, and directives of the Council. The Council and its members play no role in procurement or contracting."