

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
832 927-7926 telephone; 713 572-3740 fax
www.rwpchouston.org

Memorandum

To: Members, Affected Community Committee:
Veronica Ardoin, Co-Chair *Ashley Barnes*
Rodney Mills, Co-Chair *Ardry "Skeet" Boyle*
Rosalind Belcher *Herman Finley*
Enrique Chavez *Darryl McNeil*
Tony Crawford *Cecilia Oshingbade*
Johnny Deal *Lionel Pennamon*
Ronnie Galley *Josefina "Josie" Rodriguez Jimenez*
Gregory Hamilton *Edward Tate*
Arlene Johnson *Kent Tillison*
Melvin Joseph
Holly McLean
Allen Murray
John Poole

Cc: Tana Pradia
Amber Harbolt
Carin Martin

From: Tori Williams, Director, Ryan White Office of Support

Date: Monday, May 11, 2020

Re: May Meeting Notice

Please note the following meeting information:

Affected Community Committee Meeting
12 noon, Monday, May 18, 2020

Join Zoom Meeting by clicking on:
<https://us02web.zoom.us/j/8899837982?pwd=anE5RjczelRhT0RFcTlxTmlsQXZBZz09>
Meeting ID: 889 983 7982
Password: Ryanwhite
Or call: 346 248 7799 US (Houston)

It is important that you contact Rod to RSVP, even if you cannot attend. She can be reached at: Rodriga.Avila@cjo.hctx.net or by telephone at 832 927-7926.

We look forward to seeing you next week.

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting

12 noon, Monday, May 18, 2020

Join Zoom Meeting by clicking on:

<https://us02web.zoom.us/j/8899837982?pwd=anE5RjczelRhT0RFcTlxTmlsQXZBZz09>

Meeting ID: 889 983 7982

Password: Ryanwhite

Or call: 346 248 7799 US (Houston)

AGENDA

- I. Call to Order Veronica Ardoin and
Rodney Mills, Co-Chairs
 - A. Welcome and Introductions
 - B. Adoption of the Agenda
 - C. Approve the Minutes

- II. Public Comment
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a living person with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)

- III. Training: COVID-19 and Living with HIV Pete Rodriguez, RN

- IV. Updates on Planning Council Activities Tori Williams

- V. Announcements

- VI. Adjourn

- VII. Optional: Members meet with committee mentor Johnny Deal

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting

12:00 pm, Monday, February 24, 2020

Meeting Location: 2223 West Loop South, Room 240, Houston, TX 77027

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Rodney Mills, Co-Chair	Rosalind Belcher	Tana Pradia, RWPC Chair
Veronica Ardoin, Co-Chair	Ardry "Skeet" Boyle	
Enrique Chavez	Ronnie Galley	<i>Office of Support</i>
Tony Crawford	Arlene Johnson, excused	Tori Williams
Johnny Deal	Mel Joseph, excused	Rod Avila
Gregory Hamilton	Darryl McNeil	
Holly McLean	Lionel Pennamon, excused	
Allen Murray	John Poole	
Ashley Barnes		
Herman Finley		
Cecilia Oshingbade		
Josie Rodriguez Jimenez		
Edward Tate		
Kent Tillison		

Call to Order: Rodney Mills called the meeting to order at 12:13 p.m. He invited committee members to introduce themselves, and then asked for a moment of reflection.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Deal, Tillison) to adopt the agenda with one change: add TRG Consumer Engagement Feedback Results 2019.* **Motion carried unanimously.**

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Deal, Crawford) to approve the November 18, 2019 minutes.* **Motion carried.** Abstentions: Oshingbade, Murray, Tate, Finley, Ardoin, McLean, Hamilton, Jimenez, and Tillison

Nuts and Bolts, Conflict of Interests, Petty Cash: Williams reviewed the attached documents: Nuts and Bolts for New Members, and a memorandum regarding End of Year Petty Cash Procedures.

Open Meetings Act Training: Williams explained that all members are required to view the 60 minute Texas Open Meetings Act video. This is a once in a lifetime requirement so most members have already turned in the required certificate. Those who have not are invited to a viewing in the Office of Support immediately after the March Council meeting. Popcorn will be provided.

Public Comment: None.

What People With HIV Need to Know About the New Coronavirus

New research is emerging about how the respiratory virus spreads and how people can protect themselves and others.

March 2, 2020 By [Liz Highleyman](#)

A month after the new coronavirus respiratory disease known as COVID-19 came to public attention, researchers and public health officials are continuing to learn about its spread, its mortality rate and who is most likely to become seriously ill.

Although much remains unknown, it's clear that older people, those with other health conditions and people with compromised immune systems have a higher likelihood of severe illness. This includes people living with HIV, especially those with low CD4 counts. But taking some basic precautions can lower your risk and improve your well-being.

COVID-19 Basics

As of March 2, there were 43 confirmed or presumed positive cases of COVID-19 detected in the United States, [according to the Centers for Disease Control and Prevention](#) (CDC). In addition, there have been 48 cases among people brought back to the United States, mostly from the Diamond Princess cruise ship. The virus now appears to be spreading locally within communities. Worldwide, more than 87,000 cases have been reported, [according to the World Health Organization](#). Most of these are in China, but 58 countries have now seen cases.

The mortality rate for COVID-19 is thought to be around 2.5%, based on the numbers reported in the hardest-hit areas of China. This is substantially higher than the typical seasonal flu (around 0.1%), but much lower than the death rates of the SARS (severe acute respiratory syndrome) and MERS (Middle East respiratory syndrome) coronaviruses, at around 10% and 30%, respectively.

However, the true COVID-19 mortality rate is not yet known because it is unclear how many people have contracted the new virus. If a large number of people have no or mild symptoms and never seek medical attention, the pool of infected people could be much larger and the death rate could be much lower. Receiving supportive treatment earlier in the course of the disease also lowers the risk of death.

A majority of people with COVID-19 have mild symptoms including fever, cough and shortness of breath. Around 20% develop more severe illness, including pneumonia and acute respiratory

distress syndrome, which may require intensive care and in some cases mechanical ventilation.

But not everyone who contracts the virus is at equal risk. According to a [recent study](#) by the Chinese Center for Disease Control and Prevention of more than 45,000 confirmed cases, people with coexisting conditions [had higher death rates](#): 5.6% for cancer, 6.0% for high blood pressure, 6.3% for chronic respiratory disease, 7.3% for diabetes and 10.5% for cardiovascular disease. The greatest risk was seen among people age 80 or older, at 14.8%.

Experts do not yet know how long someone can transmit the coronavirus, officially known as SARS-CoV-2, before they develop symptoms or after they recover. It is also unclear whether the virus can linger in the body and later relapse; whether it confers immunity and, if so, for how long; or what the likelihood is of becoming infected again.

Researchers are hard at work to develop treatments for COVID-19 and a vaccine for SARS-CoV-2. [Certain HIV medications](#) have shown activity against the coronavirus. Clinical trials of Gilead Sciences' [antiviral drug remdesivir](#) are currently underway in China and [at the University of Nebraska Medical Center](#) in Omaha—home of the CDC's largest biocontainment unit—where some people who contracted the virus overseas are being treated. A [vaccine from Moderna Therapeutics](#) has been sent to the National Institute of Allergy and Infectious Diseases for the first Phase I study. However, human trials are expected to last at least a year before a vaccine is ready for widespread use.

What About People With HIV?

Compared with the general population, people with compromised immunity are at higher risk of contracting the new coronavirus and developing more serious COVID-19 illness. The HIV population is aging, and nearly half are over 50. Those with low CD4 T-cell counts, indicating advanced immune suppression, are at greatest risk. People with HIV are more likely to develop cardiovascular disease and may do so at a younger age. Certain HIV medications, especially older drugs, can cause neutropenia, or depletion of immune system white blood cells that fight infection.

“When you look at who’s been most profoundly ill, it tends to be people who are older, in their 60s, 70s and 80s. As you get older, your immune system doesn’t function as well,” says Steve Pergam, MD, MPH, of the Vaccine and Infectious Disease Division at Fred Hutchinson Cancer Research Center.

Among people living with HIV, “it’s all based on level of immune suppression,” Pergam told POZ. “For an HIV patient who is on stable antiretroviral therapy and has a normal CD4 count, their risk may be slightly increased. People often lump HIV patients with other immunosuppressed patients, but HIV is a different disease than it was years ago. For people who have a reconstituted immune system because of treatment, I think the risk is not going to be tremendously different.”

“For cancer patients on chemotherapy, people with solid organ transplants or bone marrow transplants and those who use high-dose steroids for autoimmune diseases, the risk will likely be more severe,” he continues. “They may shed the virus for longer. They may be more likely to

develop pneumonia and more likely to die. We don't know until we have more information, but many of us have concerns about that."

People with a weakened immune system may be unable to fight off the virus, or they may develop an excessive inflammatory immune response known as a cytokine storm. Paradoxically, immune suppression can sometimes mean fewer or milder early symptoms, such as fever, even as the virus and the body's response to it ravage the lungs and other organs.

"The symptoms may be more subtle, so we have to have more awareness," Pergam says.

"Oftentimes their initial symptoms may be less prominent, but the level of complex disease may be more severe."

Taking Precautions

Experts recommend that everyone take common-sense precautions to prevent transmission of the new coronavirus—the same ones recommended to prevent seasonal flu:

- Avoid close contact—meaning within about six feet—with people who have a cough or other respiratory symptoms.
- [Wash your hands with soap and water](#) thoroughly and often for at least 20 seconds.
- Use alcohol-based hand sanitizer when soap and water are unavailable.
- Avoid touching your eyes, nose and mouth.
- Healthy people do not need to routinely wear face masks to prevent infection, but use a mask if you are caring for someone who is ill.
- Get the flu vaccine. Older people should also consider getting vaccinated against pneumonia.

If you are ill:

- Cough or sneeze into a tissue or your bent elbow, and immediately dispose of tissues in the trash.
- Avoid close contact with others.
- Stay home if you are sick.
- If you think you may have been exposed to the coronavirus, contact a health care provider promptly if you develop a fever, cough or difficulty breathing.
- Before you go to a clinic or hospital, call ahead so the staff can take appropriate precautions.
- Wearing a face mask can stop the spread of droplets that can transmit the virus to others.

Older individuals, people living with HIV and those with cardiovascular disease or other conditions may benefit from extra precautions.

“I advise people to have hand sanitizer wherever they go and use it frequently in public places—I have it in my pocket all the time. Wash your hands with soap and water long enough to sing the ‘Happy Birthday’ song,” Pergam advises.

“I always talk with patients about the idea of social distancing. I’m not saying you can’t live your life as a normal person. But you don’t have to go out to dinner when a restaurant is super crowded—you might eat a little earlier or you might order in,” he adds. “If you’re having friends or family over, ask them if they have any symptoms. Have a hand gel dispenser at your front door and make sure everybody uses it. Make sure to tell friends and family that they should be up to date on their vaccines for other things.”

People who need prescription medications should try to have a supply to last at least a couple weeks and preferably a few months. Shortages could happen because the ingredients for many drugs—especially generics—are produced in China. Pergam acknowledges that this can be difficult because of high drug costs and insurance restrictions. You may be able to order medications for three months at a time. Or renew your prescriptions as soon as you are able to—even if they haven’t run out yet—so you have a buffer of several days.

The Food and Drug Administration is keeping track of medication shortages that may result from the coronavirus epidemic. According to a [recent statement](#), only one unspecified drug is now in short supply. HIV expert Tim Horn of NASTAD (formerly the National Alliance of State & Territorial AIDS Directors) checked on the status of brand name and generic antiretroviral drugs and [found no current shortages](#).

It’s also a good idea to have at least a two-week supply of food, water, cleaning supplies and other household necessities on hand. And don’t forget to stock up on pet food. You may be able to have goods delivered to avoid going to stores. Or ask a friend or family member without compromised immunity for help.

As the COVID-19 outbreak becomes more widespread, “disruption to everyday life might be severe,” according to Nancy Messonnier, director of CDC’s National Center for Immunization and Respiratory Diseases, who advises businesses to explore remote work options and families to consider plans in case schools close.

“Talk to your employer about opportunities to work from home,” Pergam advises. “And have them remind everyone you work with not to come to work sick.”

Stay in communication with your health care providers, and keep up to date on new developments. Let them know if you have questions or concerns, especially if you have new symptoms or were recently exposed to someone who is ill.

“The biggest thing to get across is, don’t panic,” Pergam says. “We’re all expecting this to be a

prolonged and complicated process. The best thing people can do is focus on ways that they can protect themselves because those small things can be enough to provide an extra layer of protection for everyone.

For more details, visit the [U.S. and global coronavirus tracker from Johns Hopkins University](#) and the [CDC COVID-19 website](#).

And for related articles in POZ, see “[Coronavirus Alert: Vital Ingredients in HIV Meds Are Synthesized in China. Should You Worry About Your Supply?](#)” The article also looks at Vice President Mike Pence and AIDS expert Deborah Birx, who are leading the U.S. response to the virus. Additional news items include “[HIV Drugmaker Gilead Sciences Tests a Possible Treatment for New Coronavirus](#)” and “[COVID-19 Puts People With HIV in China at Risk of Med Shortages.](#)”

[[poll|425]]

© 2020 Smart + Strong All Rights Reserved.

<https://www.poz.com/article/people-hiv-need-know-new-coronavirus>

Prevention

Basic hygiene

Wash or disinfect your hands regularly and especially:

- After a visit to the toilet.
- Before eating.
- After you have touched a possibly contaminated object like a door handle or a shared keyboard.

Wash hands with soap and water for at least 20 seconds or use a disinfectant containing at least 60% to 95% alcohol. If your hands are visibly dirty, wash them with soap and water.

Do not touch your eyes, nose or mouth with unwashed hands.

Avoid sick persons

Stay away from sick people and make sure no one coughs or sneezes in your face.

Animals

Stay away from **animals and their waste products**. Do not visit animal markets.

Food and drinks

Do not eat undercooked meat and non pasteurised milk products.

Mouth masks

Wearing a mouth mask is not recommended because it does not provide good protection.

Wearing an FFP-2 mouth mask is only useful during the care of patients with COVID-19. In that case, make sure that the mask is firmly pressed against your face. Touching your face beneath the mask renders it useless.

Vaccination

No vaccine is available.

People at Higher Risk for COVID-19 Complications

What to do if you are at higher risk:

- Stay at home as much as possible.
- Make sure you have access to several weeks of medications and supplies in case you need to stay home for prolonged periods of time.
- When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- Avoid crowds.
- Stay up to date on [CDC Travel Health Notices](#).

Who is at Higher Risk

Older adults and people who have severe chronic medical conditions like heart, lung or kidney disease seem to be at higher risk for more serious COVID-19 illness. Early data suggest older people are twice as likely to have serious COVID-19 illness. This may be because:

- As people age, their immune systems change, making it harder for their body to fight off diseases and infection.
- Many older adults are also more likely to have underlying health conditions that make it harder to cope with and recover from illness.

If a COVID-19 outbreak happens in your community, it could last for a long time. Depending on the severity of the outbreak, public health officials may recommend community actions to reduce exposures to COVID-19. These actions can slow the spread and reduce the impact of disease.

If you are at increased risk for COVID-19 complications due to age or because you have a severe underlying medical condition, it is especially important for you to take actions to reduce your risk of exposure.

Get Ready for COVID-19 Now

Consult with your health care provider for more information about [monitoring your health for symptoms suggestive of COVID-19](#).

- Have supplies on hand
- Contact your healthcare provider to ask about obtaining extra necessary medications to have on hand in case there is an outbreak of COVID-19 in your community and you need to stay home for a prolonged period of time.
- If you cannot get extra medications, consider using mail-order for medications.
- Be sure you have over-the-counter medicines and medical supplies (tissues, etc.) to treat fever and other symptoms. Most people will be able to recover from COVID-19 at home.
- Have enough household items and groceries on hand so that you will be prepared to stay at home for a period of time.
- Avoid close contact with people who are sick

- If COVID-19 is spreading in your community, take extra measures to put distance between yourself and other people
 - Stay home as much as possible.
 - Consider ways of getting food brought to your house through family, social, or commercial networks
 - Avoid crowds, especially in poorly ventilated spaces
- [Make a plan for what to do if you get sick](#)
 - Stay in touch with others by phone or email. You may need to ask for help from friends, family, neighbors, community health workers, etc. if you become sick.
 - Determine who can provide you with care if your caregiver gets sick.
 - Take everyday preventive actions
 - Clean your hands often
 - Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
 - If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
 - To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
 - Wash your hands after touching surfaces in public places.
 - Avoid touching your face, nose, eyes, etc.
 - [Clean and disinfect your home to remove germs](#): practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones)

Watch for symptoms and emergency warning signs

- Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.
- If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs*:
 - Difficulty breathing or shortness of breath
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.

(continued)

What to Do if You Get Sick

Stay home and call your doctor

- Call your healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of you and keep other people from getting infected or exposed.
- If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for [how to take care of yourself at home](#).
- Know when to get emergency help
 - Get medical attention immediately if you have any of the emergency warning signs listed above.

What Others can do to Support Older Adults

Community Support for Older Adults

- Community preparedness planning for COVID-19 should include older adults and people with disabilities, and the organizations that support them in their communities, to ensure their needs are taken into consideration.
 - Many of these individuals live in the community, and many depend on services and supports provided in their homes or in the community to maintain their health and independence.
- Long-term care facilities should be vigilant to prevent the introduction and spread of COVID-19. [Information for long-term care facilities can be found here](#).

Family and Caregiver Support

- Know what medications your loved one is taking and see if you can help them have extra on hand.
- Monitor food and other medical supplies (oxygen, incontinence, dialysis, wound care) needed and create a back-up plan.
- Stock up on non-perishable food items to have on hand in your home to minimize trips to stores.
- If you care for a loved one living in a care facility, monitor the situation, ask about the health of the other residents frequently and know the protocol if there is an outbreak.

Houston Area HIV Services Ryan White Planning Council

2223 West Loop South, Suite 240, Houston, Texas 77027

832 927-7926 telephone; 713 572-3740 fax

www.rwpchouston.org

FY 2021 How to Best Meet the Need Quality Improvement Committee Service Category Recommendations Summary (as of 05/08/20)

Those services for which no change is recommended include:

Case Management (Non-Medical Service Linkage)
Early Intervention Services (targeting the Incarcerated)
Home and Community Based Health Services (Adult Day Treatment)
Hospice Services
Linguistic Services
Oral Health (Untargeted and Targeting the Northern Rural Area)
Referral for Health Care and Support Services
Transportation
Vision Care

Services with recommended changes include the following:

Ambulatory Outpatient Medical Care (includes Medical Case Management, Local Pharmacy Assistance, Emergency Financial Assistance - Pharmacy Assistance, Outreach Services - Primary Care Re-Engagement, and Service Linkage)

🚫 Add the allowability of telehealth and telemedicine to the service definition, update the justification chart, and keep the financial eligibility the same at PriCare=300%, MCM=none, LPAP=400%+500%, EFA=500%, Outreach=none SLW=none.

Case Management (Clinical)

🚫 Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same at none.

Case Management (Non-Medical Targeting Substance Use Disorders)

🚫 Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same at none.

Emergency Financial Assistance

🚫 Accept the service category definition for Emergency Financial Assistance-Other which will provide a rapid response to personal emergencies, and set the financial eligibility at 400%. The committee recommends that the subcategory begin immediately using CARES Act (COVID-19) funds. After March 1, 2021, use Ryan White or State Services funding.

Health Insurance Premium and Cost Sharing Assistance

🚫 Add text to the service definition that states clients should receive notification that payments have been made to and received by their insurance provider, update the justification chart, and keep the financial eligibility the same at 0 - 400%, ACA plans must have a subsidy.

Housing

⌘ Refer the discussion on Housing to a workgroup for further research.

Medical Nutritional Therapy/Supplements

⌘ Accept the service definition as presented, update the justification chart, and increase the financial eligibility to 400%.

Mental Health Services

⌘ Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same at 400%.

Substance Abuse Treatment

⌘ Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same at 300%.

Houston EMA/HSDA Ryan White Part A Service Definition
Emergency Financial Assistance – Other
(Revised April 2020)

HRSA Service Category Title:	Emergency Financial Assistance
Local Service Category Title:	Emergency Financial Assistance - Other
Service Category Code (RWGA use only):	
Amount Available (RWGA use only):	
Budget Type (RWGA use only):	Hybrid
Budget Requirements or Restrictions:	<p>Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA.</p> <p>The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.</p> <p>At least 75% of the total amount of the budget must be solely allocated to the actual cost of disbursements.</p> <p>Maximum allowable unit cost for provision of food vouchers or and/or utility assistance to an eligible client = \$xx.00/unit</p>
HRSA Service Category Definition (do not change or alter):	Emergency Financial Assistance - Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.
Local Service Category Definition:	Emergency Financial Assistance is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented each time funds are used. Emergency essential living needs include food, telephone, and utilities (i.e. electricity, water, gas and all required fees) for eligible PLWH.
Target Population (age, gender, geographic, race, ethnicity, etc.):	PLWH living within the Houston Eligible Metropolitan Area (EMA).

Services to be Provided:	<p>Emergency Financial Assistance provides funding through:</p> <ul style="list-style-type: none"> • Short-term payments to agencies • Establishment of voucher programs <p>Service to be provided include:</p> <ul style="list-style-type: none"> • Food Vouchers • Utilities (gas, water, basic telephone service and electricity) <p>The agency must adhere to the following guidelines in providing these services:</p> <ul style="list-style-type: none"> • Assistance must be in the form of vouchers made payable to vendors, merchants, etc. No payments may be made directly to individual clients or family members. • Limitations on the provision of emergency assistance to eligible individuals/households should be delineated and consistently applied to all clients. • Allowable support services with an \$800/year/client cap.
Service Unit Definition(s): (HIV Services use only)	A unit of service is defined as provision of food vouchers or and/or utility assistance to an eligible client.
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i> .
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Agency must be dually awarded as HOWPA sub-recipient work closely with other service providers to minimize duplication of services and ensure that assistance is given only when no reasonable alternatives are available. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of EFA funding for these purposes will be the payer of last resort, and for limited amounts, limited use, and limited periods of time. Additionally, agency must document ability to refer clients for food, transportation, and other needs from other service providers when client need is justified.
Staff Requirements:	None.
Special Requirements:	Agency must: Comply with the Houston EMA/HSDA Standards of Care and Emergency Financial Assistance service category program policies.

Revised Ryan White Planning Council

Meeting Schedule for May 2020 – as of 04-30-20

The May deadlines, the Planning Council is making the following scheduling changes so that staff can advertise the Public Hearing as broadly as possible. Please note that the May Steering and Council meetings have been **cancelled**. None of the Committees met in April, hence there is no business to discuss. And, due to COVID-19, vulnerable members are concerned about being in public spaces at this time. Therefore, all Council-related May meetings will be conducted via Zoom videoconferencing.

HTBMN Process and the HTBMN Public Hearing:

- 11 am, Thursday, May 7 – Quality Improvement Committee meets to review and approve the HTBMN recommendations.
- 12 noon, Thursday, May 14 – We will use Zoom to record the Public Hearing.
- The recording of the Public Hearing will be posted on the Ryan White website: www.rwpchouston.org, probably in YouTube format, with instructions on how viewers can email or call the office with their public comments. The deadline for receiving comments will be 12 noon on June 2nd.
- If we receive public comments related to the service categories, the Quality Improvement Committee will meet via Zoom at 2 pm on June 2nd to review the comments and consider making changes to the recommended service definitions.
- On June 4th and June 11th, the Steering Committee and Planning Council will review and vote on the FY 2021 service definitions.

Other changes to the May meeting schedule include:

- Cancelled: the Operations and Comprehensive HIV Planning Committee meetings.
- Use Zoom to hold the following Committee meetings:
 - Quality Improvement Committee – 11 am, Thursday, May 7th
 - Affected Community Committee – 12 noon, Monday, May 18th. The meeting will include a presentation on COVID-19 and HIV by Pete Rodriguez, HIV RN.
 - Priority and Allocations – 12 noon, Thursday, May 28th. Determine recommendations for the FY 2021 service priorities using the new needs assessment.

Please address all questions to Tori at Victoria.williams@cjo.hctx.net or 832 594-1929.

Thank you!



Mayor Sylvester Turner



NEED HELP PAYING APRIL OR MAY RENT?

LANDLORD

You may be able to receive up to \$1,056 per month for unpaid rent for April and May if you agree to the following:

- Waive all late fees and interest for that month
- Allow for interest/penalty free payment plan for any rent due in excess of \$1,056
- Refrain from initiating eviction process or rescind any prior eviction process for that month

Required Documentation:

- Photo ID of landlord or authorized landlord representative
- Completed one-page agreement
- EIN/SSN/ITIN
- ACH payment information

Next steps:

- Sign up immediately to be a Participating Landlord
- Inform qualifying tenants with delinquent rent that they may apply for assistance starting 10:00am on May 13th
- Be sure your tenants have computer and internet access when the tenant system goes live

2020 Houston/The Woodlands/Sugar Land Region HUD Maximum Annual Household Income Limits*

Household Size	80% Area Median Income
1-person	\$44,150
2-person	\$50,450
3-person	\$56,750
4-person	\$63,050
5-person	\$68,100
6-person	\$73,150
7-person	\$78,200
8-person	\$83,250

TENANT

Qualifications:

- Unit must be inside City of Houston
- Current on your lease through March 31
- Behind on rent payment for April and/or May
- Have a landlord who agrees to the landlord terms
- Pre-COVID-19 household income is less than 80% of Area Median Income or tenant is currently participating in any of the programs listed (see table below)
- Cannot pay rent due to economic harm from COVID-19

Required Documentation:

- Completed one-page application
- Photo ID or utility bill in your name for residence

Next steps:

- If possible, secure computer or smart phone access to submit your application at 10:00am on May 13th
- Check to see if your landlord is on the Participating Landlord List
- If not, ask your landlord to sign up as a Participating Landlord
- Prepare to submit a tenant application

QUALIFYING PROGRAMS

- Medicaid
- Public Housing Assistance
- SNAP
- TANF
- SSI
- National School Lunch Program/Head Start
- Low Income Home Energy Assistance Program
- WIC
- Federal Pell Grant
- VA Pension
- Tribal Assistance
- Harris Health Gold Card

For more information visit HoustonRentAssistance.org



Mayor Sylvester Turner

¿NECESITA AYUDA PARA PAGAR LA RENTA DE ABRIL O MAYO?

PROPIETARIO

Puede recibir hasta \$ 1,056 de ayuda por unidad, por mes de renta no pagada en Abril y Mayo si acepta lo siguiente:

- Quitar todos los recargos e intereses por ese mes
- Autorice un plan de pago sin intereses / multas por cualquier renta que exceda los \$ 1,056
- Abstenerse de iniciar el proceso de desalojo o rescindir cualquier proceso de desalojo previo para ese mes

Documentos requeridos:

- Identificación con fotografía del propietario o representante autorizado del propietario
- Documento del convenio completado
- Número de identificación del Empleador (EIN)/Número de Seguro Social (SSN)/Número de identificación de contribuyente (ITIN)
- Información de pago de ACH

Siguientes pasos:

- Regístrese de inmediato para ser un propietario participante
- Informe a los inquilinos calificados con renta atrasada que pueden solicitar asistencia a partir del 13 de Mayo a las 10:00 a.m.
- Asegúrese de que sus inquilinos tengan computadora y acceso a Internet cuando el sistema de inquilinos este disponible

Límites máximos anuales para el 2020 de ingresos familiares de HUD en la región de Houston / The Woodlands/Sugar Land

Número de integrantes por familia	80% del ingreso medio del área
1-persona	\$44,150
2-personas	\$50,450
3-personas	\$56,750
4-personas	\$63,050
5-personas	\$68,100
6-personas	\$73,150
7-personas	\$78,200
8-personas	\$83,250

INQUILINO

Requisitos:

- La unidad debe estar dentro de la ciudad de Houston
- Estar vigente en su contrato de renta hasta el 31 de Marzo
- Estar atrasado en el pago de la renta de Abril y/o Mayo
- Que el propietario de la unidad que habita acepte los términos del programa
- El ingreso familiar previo al COVID-19 sea inferior al 80% del ingreso medio del área o que el inquilino participe actualmente en cualquiera de los programas enumerados (*consulte la tabla a continuación*)
- No pueda pagar la renta debido a los efectos económicos del COVID-19

Documentos requeridos:

- Solicitud completa del programa
- Identificación con foto o factura de servicios públicos a su nombre

Siguientes pasos:

- Si es posible, asegure tener acceso a una computadora o teléfono con Internet para enviar su solicitud el 13 de Mayo a las 10:00 a.m.
- Verifique si el propietario de la unidad que habita está en la Lista de Propietarios Participantes
- De lo contrario, solicítele que se registre como Propietario Participante
- Prepárese para presentar una solicitud de inquilino

PROGRAMAS QUE CALIFICAN

- Medicaid
- Asistencia de vivienda pública
- SNAP
- TANF
- SSI
- Programa de Almuerzo escolar nacional/ Head Start
- Programa de Asistencia Energética para Hogares de Bajos Ingresos
- WIC
- Beca Federal Pell
- Pensión de Veteranos
- Asistencia para las Tribus de Nativos
- Tarjeta Dorada del condado Harris

Para más información visite HoustonRentAssistance.org