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Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:00 a.m., Thursday, February 25, 2016
Meeting Location: 2223 West Loop South, Room 532, Houston, Texas 77027

AGENDA

I. Call to Order — Peta-gay Ledbetter and Bruce Turner, Co-Chairs
   A. Moment of Reflection
   B. Approval of Agenda
   C. Approval of Minutes
   D. Nuts, Bolts and Petty Cash — Tori Williams, Office of Support

II. Public Comment and Announcements

(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/AIDS status. **When signing in, guests are not required to provide their correct or complete names.** 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/AIDS 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 person with HIV/AIDS", 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 your self, 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. All information from the public must be provided in this portion of the meeting.)

III. Committee Orientation
   A. Committee Description
   B. 2016 Committee Goals
   C. 2016 Critical Timeline and Committee Meeting Dates and Time — Tori Williams
   D. Determine the FY 2017 Principles & Criteria
   E. Determine the FY 2017 Priority Setting Process
   F. Determine the FY 2016 Policy on Allocating Unspent Funds
   G. Subcategory Review Process
      1) March: Notify the community re: subcategory allocation review process.
      2) May: The Quality Assurance Committee reviews the requests.
      3) June: Review the subcategory allocation requests with recommendations and draft the FY 2017 allocations using a number of variables.
   H. Conflict of Interest Policy — Tori Williams

   I. Training in how to review Ryan White Part A/MAI reports — Carin Martin, RW Grant Admin.

   J. Training in how to review Ryan White Part B/SS reports — Sha'Terra Johnson-Fairley, The Resource Group

IV. Old Business
   A. Updates on FY 2016 HRSA Grant Award — Carin Martin
   B. General updates from Ryan White Part B/SS — Sha'Terra Johnson-Fairley

(continued)

V. New Business
   A. Review 2016 Increase Funding Request Form
   B. Schedule time to review the Part B Letter of Agreement
   C. Elect a Committee Vice Chair

VI. Announcements
   - If no funds to reallocate in April, then no April committee meeting. All are encouraged to attend the How to Best Meet the Need training and workgroup meetings instead.

VII. Adjourn

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Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:00 a.m., Thursday, October 29, 2015
Meeting Location: 2223 West Loop South, Room 240; Houston, TX 77027

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
C. Bruce Turner, Co-Chair	Melody Barr, excused	*Ryan White Grant Admin*
Ella Collins-Nelson		Carin Martin
Paul Grunenwald	**OTHERS PRESENT**	Heather Keizman
Angela F. Hawkins	Nancy Miertschin, HHS**	Tasha Traylor
J. Hoxi Jones		*The Resource Group*
John Lazo		Sha'Terra Johnson-Fairley
Peta-gay Ledbetter		Ka'Cha Tousant
		Office of Support
		Tori Williams
		Diane Beck

**Harris Health System (HHS)
See the attached chart at the end of the minutes for individual voting information.

Call to Order: Bruce Turner, Co-Chair, called the meeting to order at 11:05 a.m. and asked for a moment of reflection.

Adoption of Agenda: Motion #1: *it was moved and seconded (Ledbetter, Lazo) to approve the agenda.* **Motion carried unanimously.**

Approval of the Minutes: Motion #2: *it was moved and seconded (Jones, Ledbetter) to approve the August 27, 2015 minutes.* **Motion carried.** Abstention: Grunenwald.

Public Comment: None.

Plan for FY 2016 Carryover Funds and FY 2015 Unspent Funds in Final Quarter:
Motion #3: *it was moved and seconded (Jones, Collins-Nelson) that if there are FY 2016 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating up to $680,325 to Outpatient/Ambulatory Primary Medical Care.* **Motion carried unanimously**.

Motion #4: *it was moved and seconded (Ledbetter, Jones) that in the final quarter of the FY 2015 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the Texas Department of State Health Services. RWGA*

and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting. **Motion carried unanimously**.

Revise Increase Request Form: Motion #5: *it was moved and seconded (Collins-Nelson, Lazo) to table this item.* **Motion carried unanimously.**

Reports from Ryan White Grants Administration: Martin said that the funds were swept up from primary care contracts, mostly from LPAP. Agencies reported staffing issues as the reason for the extra funds but they now report that they are fully staffed. There were some MAI funds but there is no limit on carry over amounts.

Reports from the Resource Group: Johnson-Fairley said that the age breakdown percentages are incorrect on the Part B Service Utilization report and will be corrected. Turner pointed out that the age breakdown has not been updated for the State Services Service Utilization report.

Requests for Allocation Increases - Ryan White Part A: The committee reviewed three requests for increased funding. **Motion #6:** *it was moved and seconded (Ledbetter, Jones) to approve the funding recommendations on the attached chart.* **Motion carried unanimously.**

2015 Committee Goals: Motion #7: *it was moved and seconded (Jones, Lazo) to keep the committee goals as is.* **Motion carried unanimously.**

Announcements: The November and December committee meetings are cancelled. There will be a joint committee meeting on Thursday, November 19, 2015 at 11:00 a.m. to discuss report formats. Williams thanked the committee members for their hard work this year.

Adjournment: The meeting was adjourned at 11:40 a.m.

Submitted by: Approved by:

_____ _____

Tori Williams, Manager Date Committee Chair Date

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Priority and Allocations Committee

Ryan White Reallocations as of 10/29/15: **RYAN WHITE PART A FUNDING**

Funds Available for Reallocation: Part A: $755,025

MOTION: Approve the following reallocations using Ryan White Part A funds.

Request Control Number	FY 15 Priority Rank	Local Service Category	Amount of Request	Recommended Part A Allocation Increase	Justification
1	1.a	Primary Med. Care, LPAP, Medical Case Management and Service Linkage at Public Clinic	$650,867	$650,867	#1 service priority.
2	1.b – 1.d	Community-based Primary Med. Care targeted to African American, Hispanic & White	$80,000	$80,000	#1 service priority. Includes targeted funding for historically underserved communities.
3	3.a	Vision	$22,000	$24,158	#1 service priority. Reduces wait times. Add unrequested $2,158 to this request to increase available units of service and utilize all unspent funds.
		TOTAL	**$752, 867**	**$755,025**	

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Scribe: Beck

C = chaired the meeting VP – participated via telephone LM - left meeting

2015 Priority & Allocations Committee Voting Record for 10/29/15

MEMBERS	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Plan for Carryover Funds **Carried**				**Motion #4** Plan for Unspent Funds **Carried**				**Motion #5** Tabled item **Carried**				**Motion #6** RW Part A Requests **Carried**			
	ABSENT	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**	**ABSENT**	**YES**	**NO**	**ABSTAIN**
C. Bruce Turner, Co-Chair				C				C				C				C				C				C
Melody Barr, Co-Chair	X																							
Ella Collins-Nelson		X				X				X				X				X				X		
Paul Grunenwald		X						X		X				X				X				X		
Angela F. Hawkins		X				X				X				X				X				X		
J. Hoxi Jones		X				X				X				X				X				X		
John Lazo		X				X				X				X				X				X		
Peta-gay Ledbetter		X				X				X				X				X				X		

Nuts and Bolts for New Members

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact the Office of Support.

The meeting packet will have the date, time and room number of the meeting; this information is also posted on signs on the first and second floor the day of the meeting.

Sign in upon arrival and use the extra agendas on the sign in table if you didn't bring your packet.

Only Council/committee members sit at the table since they are the voting members; staff and other non-voting members sit in the audience.

The only members who can vote on the minutes are the ones who were present at the meeting. If you were absent at the meeting, please abstain from voting.

Due to County budgeting policy, there will be no petty cash reimbursements in March and possibly April so save receipts and turn them into Eric for payment in April.

Be careful about stating personal health information in meetings as all meetings are tape recorded and, due to the Open Meetings Act, are considered public record. Anyone can ask to listen to the tapes, including members of the media.

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax

MEMORANDUM

To: Members, Ryan White Planning Council
External Members, Ryan White Committees

Copy: Modelle Brudner
Carin Martin

From: Tori Williams, Manager, Office of Support

Date: January 21, 2016

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 29, 2016. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

1.) Council and External Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 5, 2016.**

2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2015 **will not be reimbursed at all if they are turned in after March 31, 2016.**

3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2016. This means that volunteers can give Eric the usual reimbursement request forms for expenses incurred after March 1, 2016 (expenses such as transportation, food and childcare) but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2016.

We apologize for this significant inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

March 1	**Feb 5**	**Feb 29**	**March 31**
2015	**2016**	**2016**	**2016**
Beginning of fiscal year 2015	Turn in all receipts	End of fiscal year 2015. No money available to write checks until April or May	Turn in all receipts or you will not be reimbursed for any expenses incurred between March 1, 2015 and Feb. 29, 2016

Houston Area HIV Services Ryan White Planning Council
Standing Committee Structure

(Reviewed 07-15-15)

1. Affected Community Committee

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV/AIDS-related drug representatives are invited.

The committee will consist of HIV+ individuals, their caregivers (friends or family members) and others. All members of the PC who self-disclose as HIV+ are requested to be a member of the Affected Community Committee; however membership on a committee for HIV+ individuals will not be restricted to the Affected Community Committee.

2. Comprehensive HIV Planning Committee

This committee is responsible for developing the Comprehensive Needs Assessment, Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from external membership and expertise.

3. Operations Committee

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from external member participation except where resolve of grievances are concerned.

4. Priority and Allocations Committee

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include external members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

5. Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on "how to best meet the need" are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year, are monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council's third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of external members.

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2016 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE

(submitted April 2016)

Status of Committee Goals and Responsibilities (* means mandated by HRSA):

1. Conduct training to familiarize committee members with decision-making tools.
   Status:

2. Review the final quarter allocations made by the administrative agents.
   Status:

3. *Improve the processes for and strengthen accountability in the FY 2017 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
   Status:

4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
   Status:

5. *Determine the FY 2017 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
   Status:

6. *Review the FY 2016 priorities as needed.
   Status:

7. *Review the FY 2016 allocations as needed.
   Status:

8. Evaluate the processes used.
   Status:

9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
   Status:

Status of Tasks on the Timeline:

_____ _____

Committee Chairperson Date

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2016 Council Activities

(Revised 02-02-16)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location.

The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

General Information: The following is a list of significant activities regarding the 2016 Houston Ryan White Planning Council. Consumers, providers and members of the general public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or meeting packets, please contact the Office of Support at 713 572-3724 or visit our website at: www.rwpchouston.org.

Routinely, the Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

Thurs. Jan. 21	Council Orientation.
Thurs. Feb. 4	12 noon. First 2016 Steering Committee meeting.
Tues. Feb. 9	10 am. Orientation for new 2016 External Committee Members.
Thurs. Feb. 11	12 noon. First 2016 Council meeting.
Fri. Feb. 12	Deadline for submitting a Project LEAP application form. See April 6 for description of Project LEAP. Call 713 572-3724 for application forms.
Thurs. Feb. 25	11 am. Priority and Allocations Committee meets to approve the **policy on allocating FY 2016 unspent funds**, **FY 2017 priority setting process** and more.
Fri. March 4	5 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 16 of the 28 allowable HRSA service categories. The Proposed Idea Form can be used to ask the Council to reconsider including a service that is no longer being funded by Ryan White Part A, Part B or State Services. The form requires documentation for why dollars should be used to fund a particular service and why it is not a duplication of a service already offered through another funding source. Anyone can submit a Proposed Idea Form. Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.
	The Office of Support notifies the public regarding the **Subcategory Allocation Review Process.**
March	EIIHA Workgroup meeting.
Thurs. March 17	Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2017 service categories** for Part A, Part B and *State Services* funding.
Tues. March 22	**Consumer Training** on the How to Best Meet the Need process.
Wed. April 6	**Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals infected with and affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area.

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2016 Council Activities

(Revised 02-02-16)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

April	Conduct the Year 4 evaluation of the **Comprehensive HIV Plan.**
Thurs. April 7	12 noon. Steering Committee meets.
Thurs. April 14	12 noon. Planning Council meets. 1:30 – 4 pm. **Council and Community Training for the How to Best Meet the Need process**. Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority and Allocations and Affected Community Committees. Call 713 572-3724 for confirmation and additional information.
Tentative: April 19 or 20	Workgroups for Proposed Ideas including ideas on retention in care and retaining young MSM of color.
Tues. April 26	10:30 am – 4 pm. **How To Best Meet the Need Workgroups #1 and #2** at which the following services will be reviewed: • Ambulatory/Outpatient Medical Care (including Local Pharmacy Assistance, Medical Case Management & Service Linkage – Adult, Rural and Pediatric) • Clinical Case Management • Health Insurance Premium & Co-pay Assistance • Home & Community-based Health Services (Adult Day Treatment) • Hospice • Linguistic Services • Medical Nutritional Therapy (including Nutritional Supplements) • Non-Medical Case Management (Service Linkage at Testing Sites) • Oral Health – Untargeted & Rural • Professional Counseling (Mental Health) • Substance Abuse Treatment/Counseling • Vision Care Call 713 572-3724 for confirmation and additional information.
Wed. April 27	3 – 5 pm. How To Best Meet the Need Workgroup #3 at which the following services will be reviewed: • Early Intervention Services • Legal Assistance • Transportation (van-based-Untargeted & Rural) Call 713 572-3724 for confirmation and additional information.
Thurs. April 28	Priority & Allocations Committee meets to allocate **Part A unspent funds. results**.

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2016 Council Activities

(Revised 02-02-16)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

Fri. May 6	5 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See March 4 for a description of this process.) Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.
Tues. May 17	11:00 am. How to Best Meet the Need Workgroup meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2017 Council Support Budget.
Thurs. May 19	11 am. Quality Improvement Committee meets to approve the **FY 2017 How To Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority and Allocations Committee.
Tues. May 24	7 pm., Public Hearing on the **FY 2017 How To Best Meet the Need results**.
Thurs. May 26	9:00 am. (**P & A meets at 11 am**). Special Quality Improvement Committee meeting to review public comments regarding **FY 2017 How To Best Meet the Need results**.
Thurs. May 26	Priority & Allocations Committee meets to recommend the **FY 2017 service priorities** for Ryan White Parts A and B and *State Services* funding.
Thurs. June 2	12 noon. Steering Committee meets to approve the **FY 2017 How to Best Meet the Need results**.
Thurs. June 9 **OFF SITE MEETING**	12 noon. Council approves the **FY 2017 How to Best Meet the Need results**. **Project LEAP students present the results of their needs assessment to the Council.**
June 9 - 15	Meeting times to be determined. Special Priority & Allocations Committee meetings to draft the **FY 2017 allocations for RW Part A and B and *State Services* funding**.
Thurs. June 16	11 am. Quality Improvement Committee reviews the results of the assessment of the administrative mechanism. **OR AUG. MEETING W/ SOC Training**
Wed. June 22	11:00 am. The Priority & Allocations Committee meets to approve the **FY 2017 allocations for RW Part A and B and *State Services* funding**. LEAP students will be in attendance.
Mon. June 27	7 pm. Public Hearing on the **FY 2017 service priorities and allocations**.
Tues. June 28	11:00 am. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2017 service priorities and allocations**.
July/Aug.	Workgroup meets to complete the proposed **FY 2017 EIIHA Plan**.
Thurs. July 7	12 noon. Steering Committee approves the **FY 2017 service priorities and allocations**.

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2016 Council Activities

(Revised 02-02-16)

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The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713 572-3724.

Thurs. July 14	12 noon. Council approves the **FY 2017 service priorities and allocations**.
Thurs. July 28	If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2017 priority & allocations**. They also allocate FY **2016 carryover funds**. (**Allocate even though dollar amount will not be avail. until Aug.)**
Thurs. Aug. 4	ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2017 GRANT**. (Mail out date for the August Steering Committee meeting is July 28, 2016.)
Tues. Aug. 23	12 noon. **Consumer Training** in Standards of Care and Performance Measures.
Fri. Sept. 2	5 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 4 for a description of this process.) Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.
Thurs. Sept. 15	11 am. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
Tues. Sept. 20	12 noon. **Consumer-Only Workgroup** meeting to review FY 2017 Standards of Care and Performance Measures.
Tues. Oct. 18	11:00 am. Review and possibly update the Memorandum of Understanding between all Part A stakeholders.
October or November	Community Workgroup meeting to review **FY 2017 Standards of Care & Performance** Measures for all service categories.
Thurs. Oct. 27	11:00 am. Priority and Allocations Committee meets to allocate FY 2016 unspent funds.
Nov/Dec/Jan.	Review the evaluation of 2016 Project LEAP. Operations Committee also hosts a How to Best Meet the Need Workgroup to make recommendations on 2017 Project LEAP.
November	The Resource Group contacts all stakeholders to see if changes need to be made to the Ryan White Part B/State Services Letter of Agreement.
Tues. Nov. 15	9:30 am. Commissioners Court to receive the World AIDS Day Resolution.
Thurs. Nov. 10	12 noon. Council recognizes all external committee members.
December	Conduct the Outcome Evaluation of the **Comprehensive Plan**.
Thurs. Dec. 1	**World AIDS Day**.
Thurs. Dec. 8	12 noon Council meeting to elect the **2017 Council officers**.

2016 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/25/16)

AFFECTED COMMUNITY

For this committee only, the following dates are tentative. The meeting time is 12 noon.

February 23	July 26
MARCH 17*	August 23
March 22	September 20
April no meeting	October 25
May 24	November 22
June 21	December no mtg

COMPREHENSIVE HIV PLANNING

Meetings are on the following second Thursdays starting at 2:00 pm:

February 11	August 11
March 10	September 8
April 14	October 13
May 12	November 10
JUNE 9 off site mtg	December 8
July 14	

OPERATIONS

Meetings are on the following Tuesdays starting at 11:00 am:

February 16	August 16
March 15	September 13
April 19	October 18
May 17	November 15
June 14	December no mtg
July 19	

PLANNING COUNCIL

Meetings are on the following second Thursdays starting at 12 noon:

February 11	August 11
March 10	September 8
April 14	October 13
May 12	November 10
JUNE 9 off site mtg	December 8
July 14	

PRIORITY & ALLOCATIONS

Meetings are on the following fourth Thursdays starting at 11:00 am:

February 25	July 28
MARCH 17*	August 25
March 24	September 22
April 28	October 27
May 26	November 17
JUNE 22 (Wed)	December no mtg

QUALITY IMPROVEMENT

Meetings are on the following third Thursdays starting at 11:00 am:

February 18	August no mtg
March 17*	September 15
April 21	October no mtg
May 19	November 17
June 16	December no mtg
July 21	

STEERING

Meetings are on the following first Thursdays starting at 12 noon:

February 4	August 4
March 3	September 1
April 7	October 6
May 5	November 3
June 2	December 1
July 7	

***Joint meeting of the Affected Community, Priority and Allocations and Quality Improvement Committees.**

**** Time to be announced**

BOLD = Special meeting date, time or place

Priority and Allocations
FY 2016 Guiding Principles and Decision Making Criteria

(Council approved 03-12-15)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Department of State Health Services (DSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort.** Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV/AIDS. Decisions will address at least one or more of the following principles **and** criteria.

Principles are the standards **guiding the discussion** *of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

Principles

A. Ensuring ongoing client access to a comprehensive system of core services as defined by HRSA
B. Eliminating barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
C. Meeting the needs of diverse populations as addressed by the epidemiology of HIV
D. Identify individuals unaware of their status and link them to care and address the needs of those that are aware of their status and not in care.
E. Expressing the needs of the communities with HIV for whom the services are intended

Allocations only

F. Documented or demonstrated cost-effectiveness of services and minimization of duplication
G. Availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies

Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.

(Continued)

DECISION MAKING CRITERIA STEP 1:

A. Documented service need with consumer perspectives as a primary consideration
B. Documented effectiveness of services with a high level of benefit to people and families living with HIV infection, including quality, cost, and outcome measures when applicable
C. Documented response to the epidemiology of HIV/AIDS in the EMA and HSDA
D. Documented response to emerging needs reflecting the changing local epidemiology of HIV/AIDS while maintaining services to those who have relied upon Ryan White funded services.
E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services
F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan and the Continuum of Care and their underlying principles to the extent allowable under the Ryan White Program: to build public support for HIV services; to inform people of their serostatus and, if they test positive, get them into care; to help people maintain their negative status; to help people with HIV improve their health status and quality of life and prevent the progression to AIDS; to help reduce the risk of transmission; and to help people with AIDS improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

DECISION MAKING CRITERIA STEP 2:

A. Services are effective with a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable
B. Services are accessible to all populations infected, affected, or at risk, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines
C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).
D. Services emphasize access to and use of primary medical and other essential HRSA defined core services
E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs
F. Services are available to meet the needs of all people and families living with or at risk for HIV infection as applicable under Part A and B guidelines
G. Services meet or exceed standards of care
H. Services reflect latest medical advances, when appropriate
I. Services meet a documented need that is not fully supported through other funding streams

PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS. All decisions are expected to address needs of the overall community affected by the epidemic.

FY 2016 Priority Setting Process

Council approved 03-12-15

1. Agree on the principles to be used in the decision making process.
2. Agree on the criteria to be used in the decision making process.
3. Agree on the priority-setting process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Assurance, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
   - Review documentation not included in the binder described above.
   - Review and adjust the midpoint scores.
   - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
   - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
   - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or ARIES.
   - By matching the rankings to the template, a numerical listing of services is established.
   - Justification for ranking categories is denoted by listing principles and criteria.
   - Categories that are not justified are removed from ranking.
   - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
   - The Committee votes upon all challenged categorical rankings.
   - At the end of challenges the entire ranking is approved or rejected by the committee.

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

2015 Policy for Addressing Unobligated and Carryover Funds

(Council approved 03-12-15)

Background

The Ryan White Planning Council must address two different types of money: Unobligated and Carryover.

Unobligated funds are funds allocated by the Council but, for a variety of reasons, are not put into contracts. Or, the funds are put into a contract but the money is not spent. For example, the Council allocates $700,000 for a particular service category. Three agencies bid for a total of $400,000. The remaining $300,000 becomes unobligated. Or, an agency is awarded a contract for a certain amount of money. Halfway through the grant year, the building where the agency is housed must undergo extensive remodeling prohibiting the agency from providing services for several months. As the agency is unable to deliver services for a portion of the year, it is unable to fully expend all of the funds in the contract. Therefore, these unspent funds become unobligated. The Council is informed of unobligated funds via Procurement Reports provided to the Quality Assurance (QA) and Priority and Allocations (P&A) Committees by the respective Administrative Agencies (AA), HCPHS/ Ryan White Grant Administration and The Resource Group.

Carryover funds are the RW Part A Formula and MAI funds that were unspent in the previous year. Annually, in October, the Part A Administrative Agency will provide the Committee with the estimated total allowable Part A and MAI carryover funds that could be carried over under the Unobligated Balances (UOB) provisions of the Ryan White Treatment Extension Act. The Committee will allocate the estimated amount of possible unspent prior year Part A and MAI funds so the Part A AA can submit a carryover waiver request to HRSA in December.

The Texas Department of State Health Services (DSHS) does not allow carryover requests for unspent Ryan White Part B and State Services funds.

It is also important to understand the following applicable rules when discussing funds:

1.) The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. But, the 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an $800,000 service category is $80,000. But, if a $500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or $50,000 into the needy category, leaving $30,000 unobligated.

2.) Due to procurement rules, it is difficult to RFP funds after the mid-point of any given fiscal year.

In the final quarter of the applicable grant year, after implementing the Council-approved October reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the AA may reallocate any remaining unspent funds as necessary to ensure the Houston EMA/HSDA has less than 5% unspent Formula funds and no unspent Supplemental funds. The AA for Part B and *State Services* funding may do the same to ensure no funds are returned to the Texas Department of State Health Services (TDSHS). The applicable AA must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

Recommendations for Addressing Unobligated and Carryover Funds:

1.) Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where The Agency Currently Has a Contract: These requests come at designated times during the year. Usually, requests of this nature are addressed using unobligated funds.

A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a *Request for Service Category Increase*. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

The AA must submit this information to the Office of Support in an appropriate time for document distribution for the April, July and October P&A Committee meetings. The form must be submitted for all requests regardless of the completeness of the request. The AA for Part B and State Services Funding will do the same, but the calendar for the Part B AA to submit the Requests for Service Category Increases to the Office of Support is based upon the current Letter of Agreement. The P&A Committee has the authority to recommend increasing the service category funding allocation, or not. If not, the request "dies" in committee.

2.) Requests for New Ideas: These requests can come from any individual or agency at any time of the year. Usually, they are also addressed using unobligated funds. The individual or agency submits the idea and supporting documentation to the Office of Support. The Office of Support will submit the form(s) as an agenda item at the next QA Committee meeting for informational purposes only, the Office of Support will inform the Committee of the number of incomplete or late requests submitted and the service categories referenced in these requests. The Office of Support will also notify the person submitting the New Idea form of the date and time of the first committee meeting where the request will be reviewed. All committees will follow the RWPC bylaws, policies, and procedures in responding to an "emergency" request.

Response to Requests: Although requests will be accepted at any time of the year, the Priority and Allocations Committee will Review requests at least three times a year (in April, July, and October). The AA will notify all Part A or B agencies when the P&A Committee is preparing to allocate funds.

3.) Committee Process: The Committee will prioritize recommended requests so that the AA can distribute funds according to this prioritized list up until May 31, August 31 and the end of the grant year. After these dates, all requests (recommended or not) become null and void and must be resubmitted to the AA or the Office of Support to be considered in the next funding cycle.

After reviewing requests and studying new trends and needs the committee will review the allocations for the next fiscal year and, after filling identified gaps in the current year, and if appropriate and possible, attempt to make any increase in funding less dramatic by using an incremental allocation in the current fiscal year.

4.) Projected Unspent Formula Funds: Annually in October, the Committee will allocate the projected, current year, unspent, Formula funds so that the Administrative Agent for Part A can report this to HRSA in December.

HOUSTON AREA HIV HEALTH SERVICES
RYAN WHITE PLANNING COUNCIL

EST. JUL. 15, 1998 **REV DECEMBER 13, 2007** **POLICY No. 800.01**

CONFLICT OF INTEREST

PURPOSE

To define the policy in which the Houston Area HIV Health Services (RW) Planning Council identifies and addresses conflict of interest within the planning council (PC).

- Inherent in the system - The Ryan White Program states: The HIV health services planning council shall include representatives of...community-based organizations serving affected populations and AIDS service organizations; local public health agencies...

- Must be managed - The Ryan White Program states: The PC may not be directly involved in the administration of a grant. The PC may not designate (or otherwise be involved in the selection of) particular entities as recipients of any amount provided in the grant.

AUTHORITY

The CARE Act Amendments of 2000 through 2006 Sec.2602(b)(1);Sec.2602(b)(5)(A); Sec.2602(b) (5)(B);Article VIII,Sec8.01 of the Bylaws of the Houston Area HIV Health Services (RW) Planning Council 2001.

DEFINITION(S)

"Conflict of Interest" (COI) is defined as an actual or perceived interest by a RWPC member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. COI does not refer to persons living with HIV disease (PLWH) whose sole relationship to a Ryan White Part A or B or State Services funded provider is as a client receiving services. The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation.

PROCESS

The rules contained in this policy apply to all RWPC members, council support, contractors and consultants to the Houston Area HIV Health Services (RW) Planning Council, all of whom shall be referred to as RWPC members in this policy.

RWPC members who have a financial interest in, are employed by, sit on Boards of Directors, or have been employed by such an entity at any time during the previous twelve months, or are members of a public or private entity seeking Ryan White Part A or B or State Services funding will not participate directly or in an advisory capacity, in the Administrative Agency's processes of selecting entities to receive Ryan White Part A or B or State Services funding within that particular service category. RWPC members shall be provided with copies of, and shall abide by local state regulations governing COI.

RWPC members must complete a COI Disclosure Form annually and/or as needed, describing the relationship of the person to each organization that can benefit from an action by the RWPC. This information, in the form of a matrix of members and their conflicts of interest, will be provided to all members of the RWPC. Additionally all RWPC members will identify conflicts of interest during a discussion and/or vote and abstain from voting on issues pertaining to that conflict. All RWPC members are encouraged to request a review of potential COI of another member during a RWPC meeting.

The Secretary of the RWPC has responsibility for addressing actions to resolve COI when they occur (see RWPC Policy500.01). When the Secretary has a COI, monitoring voting for COI and processing inquiries related to COI will fall to the role of the Council Vice Chair, if the Council Vice Chair has a COI the responsibility will fall to the Council Chair. If still unresolved then the responsibility will fall to the Chair of the Operation Committee.

In the event of a COI and/or during the period of review of said COI, members with a COI may participate in the discussion of the COI or questions, but shall abstain from voting on the matter.

The Operations Committee of the RWPC shall recommend to the CEO the termination of a member from the RWPC if the member refuses to complete a COI disclosure form, refuses to declare a COI, or refuses to cooperate in a COI review, or if it is determined that the member took action intended to influence the conduct of the Administrative Agency in selecting entities to receive Ryan White Part A or B or State Services funding within a particular service category or an action which resulted in or had the appearance of resulting in personal, organizational, or professional gain.

COI INQUIRY/INTRODUCTION/PROCEDURE:

A COI matrix from the information provided on the COI questionnaire will indicate the service category(ies) in which a conflict(s) occurs.

An inquiry as to whether or not an individual has a conflict of interest that has not been disclosed is handled as a privileged motion: raising a question of privilege.

Questions of privilege relate to the conduct of officers, members, and employees. In this specific case, the conduct being addressed would be not having disclosed a COI. A question of privilege (COI Inquiry) will usually take place during or after a discussion or vote. If necessary, raising a question of privilege may interrupt a member's speech.

A member of the RWPC, who feels that another member has violated the COI policy by failing to disclose a COI or by voting on an issue regarding a service category in which a conflict has been disclosed, should raise a question of privilege in order to inquire about a possible conflict. The following steps will take place:

Step 1: A member rises, addresses the chair, and then, without waiting, says, "I rise to a question of privilege."

Step 2: The Chair will at this time request the Secretary to take control of the meeting. The Secretary will direct him/her to state his/her question.

Step 3: The member will briefly express his/her complaint and propose, as a motion, a solution. The motion is the actual question of privilege or a request to inquire about a COI.

Step 4: The Secretary will attempt to process the motions to inquire as to whether a member has a COI by general consent. (General consent requires no objections). If the general consent is obtained, the motion will be discussed.

If general consent fails, the Secretary will ascertain if there is a second to the motion and then process it as a main motion (even if a main motion was interrupted).

As soon as the interrupting question of privilege is disposed of, the assembly resumes consideration of the question that was interrupted.

METHOD OF DISCLOSURE:

Annually and on an as needed basis, PC and external committee members are required to submit a Proposed Conflict of Interest Disclosure Questionnaire (RWPC Form 2, COI) to PC Support Staff.

RESOLUTION OF CONFLICT OF INTEREST:

Ryan White Planning Council's "APPROPRIATE STEPS FOR CONFLICT RESOLUTION" five-step process will be followed. (See RWPC Steps to Conflict Resolution Form).

PROCEDURE FOR COUNCIL MEMBERS WHO BECOME VENDORS AFTER JOINING THE COUNCIL:

Vendors must abide by the same conflict of interest policies that everyone else does.

Prepared by: Ryan White Grant Administration

FY 2015 Ryan White Part A and MAI Service Utilization Report
2nd Quarter

SUR - 2nd Quarter Cumulative (3/1-8/31)

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	**6,467**	**5,106**	**72%**	**28%**	**48%**	**16%**	**2%**	**34%**	**0%**	**1%**	**6%**	**23%**	**29%**	**14%**	**26%**	**1%**
1.a	Primary Care - Public Clinic (a)	2,350	2,697	69%	31%	52%	10%	2%	36%	0%	0%	4%	18%	27%	15%	33%	2%
1.b	Primary Care - CBO Targeted to AA (a) (g)	1,060	1,002	69%	31%	91%	0%	1%	7%	0%	1%	12%	34%	30%	10%	14%	0%
1.c	Primary Care - CBO Targeted to Hispanic (a) (g)	960	594	81%	19%	0%	0%	0%	100%	0%	0%	7%	28%	35%	12%	17%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	489	88%	12%	0%	92%	8%	0%	0%	0%	4%	26%	26%	16%	26%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	420	70%	30%	41%	26%	3%	31%	0%	0%	9%	25%	30%	16%	18%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	831	0%	100%	64%	7%	1%	29%	0%	0%	3%	15%	30%	16%	33%	2%
1.g	Primary Care - Pediatric (a)	7	10	60%	40%	40%	10%	0%	50%	10%	50%	40%	0%	0%	0%	0%	0%
1.h	Vision	1,600	947	75%	25%	48%	18%	1%	33%	0%	0%	6%	20%	25%	14%	31%	3%
2	**Local Drug Reimbursement Program (a)**	**2,845**	**2,932**	**78%**	**22%**	**46%**	**18%**	**2%**	**34%**	**0%**	**0%**	**6%**	**28%**	**31%**	**15%**	**19%**	**1%**
3	**Medical Case Management (f)**	**3,075**	**3,583**														
3.a	Clinical Case Management	600	535	73%	27%	47%	36%	2%	15%	0%	0%	5%	18%	21%	15%	38%	2%
3.b	Med CM - Targeted to Public Clinic (a)	280	304	99%	1%	56%	11%	1%	33%	0%	3%	18%	20%	18%	10%	29%	3%
3.c	Med CM - Targeted to AA (a)	550	1,366	69%	31%	99%	0%	1%	0%	0%	1%	11%	30%	26%	12%	18%	1%
3.d	Med CM - Targeted to H/L(a)	550	576	84%	16%	0%	0%	0%	100%	0%	0%	9%	32%	28%	13%	16%	2%
3.e	Med CM - Targeted to White and/or MSM (a)	260	355	84%	16%	0%	93%	7%	0%	0%	0%	4%	25%	24%	19%	25%	3%
3.f	Med CM - Targeted to Rural (a)	150	550	68%	32%	45%	27%	2%	25%	0%	0%	6%	19%	26%	15%	29%	4%
3.g	Med CM - Targeted to Women at Public Clinic (a)	240	182	0%	100%	65%	7%	2%	26%	0%	1%	15%	13%	27%	14%	28%	2%
3.h	Med CM - Targeted to Pedi (a)	125	85	52%	48%	78%	6%	0%	16%	49%	38%	13%	0%	0%	0%	0%	0%
3.i	Med CM - Targeted to Veterans	200	103	95%	5%	72%	17%	2%	9%	0%	0%	0%	4%	4%	6%	72%	15%
3.j	Med CM - Targeted to Youth	120	62	98%	2%	61%	6%	0%	32%	0%	13%	87%	0%	0%	0%	0%	0%
4	**Oral Health**	**200**	**235**	**68%**	**32%**	**36%**	**34%**	**2%**	**28%**	**0%**	**0%**	**7%**	**20%**	**33%**	**13%**	**24%**	**3%**
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	235	68%	32%	36%	34%	2%	28%	0%	0%	7%	20%	33%	13%	24%	3%
5	**Medical Nutritional Therapy/Nutritional Supplements**	**650**	**422**	**79%**	**21%**	**39%**	**26%**	**3%**	**32%**	**0%**	**0%**	**2%**	**12%**	**22%**	**17%**	**42%**	**5%**
6	**Mental Health Services (d)**	**NA**	**NA**														
7	**Health Insurance**	**1,700**	**573**	**85%**	**15%**	**37%**	**32%**	**3%**	**28%**	**0%**	**0%**	**3%**	**19%**	**24%**	**18%**	**34%**	**2%**
8	**Substance Abuse Treatment - Outpatient**	**40**	**12**	**100%**	**0%**	**25%**	**42%**	**0%**	**33%**	**0%**	**0%**	**25%**	**33%**	**33%**	**8%**	**0%**	**0%**
9	**Hospice Services (d)**	**NA**	**NA**														
10	**Home and Community Based Services (d)**	**NA**	**NA**														
11	**Early Medical Intervention Services (d)**	**NA**	**NA**														
12	**Non-Medical Case Management**	**7,045**	**4,149**														
12.a	Service Linkage Targeted to Youth	320	168	76%	24%	61%	5%	1%	33%	0%	11%	89%	0%	0%	0%	0%	0%
12.b	Service Linkage at Testing Sites	260	148	68%	32%	69%	13%	2%	16%	0%	0%	0%	28%	26%	12%	34%	0%
12.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,672	67%	33%	62%	11%	1%	27%	0%	0%	0%	18%	25%	16%	37%	3%
12.d	Service Linkage at CBO Primary Care Programs (a)	2,765	2,161	74%	26%	55%	14%	2%	29%	2%	2%	8%	27%	26%	12%	22%	2%
13	**Transportation**	**2,850**	**1,861**														
13.a	Transportation Services - Urban	170	318	75%	25%	58%	14%	2%	25%	0%	2%	11%	24%	30%	10%	19%	4%
13.b	Transportation Services - Rural	130	106	67%	33%	36%	41%	3%	21%	0%	1%	7%	19%	19%	18%	31%	6%
13.c.1	Transportation vouchering (bus passes)	2,500	1,368														
13.c.2	Transportation vouchering (gas vouchers)	50	69														
14	**Legal Assistance**	**390**	**162**	**62%**	**38%**	**49%**	**23%**	**2%**	**27%**	**0%**	**0%**	**1%**	**6%**	**28%**	**17%**	**44%**	**4%**
15	**Linguistic Services (d)**	**NA**	**NA**														
Net unduplicated clients served - all categories*		**10,200**	**9,351**	**73%**	**27%**	**52%**	**17%**	**2%**	**30%**	**1%**	**1%**	**6%**	**22%**	**26%**	**14%**	**28%**	**2%**
Living AIDS cases + estimated Living HIV non-AIDS (from FY 14 App) (b)		**NA**	**22,830**	**74%**	**26%**	**49%**	**23%**	**3%**	**25%**	**0%**	**6%**		**18%**	**27%**	**30%**	**18%**	

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***10,200** clients to be served is based on the number of unduplicated clients served in FY 2014 (update per CPCDMS)																	

RW MAI Service Utilization Report

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,034	74%	26%	100%	0%	0%	0%	0%	1%	13%	36%	27%	10%	13%	0%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	909	87%	13%	0%	0%	0%	100%	0%	0%	8%	30%	35%	13%	13%	1%

RW Part A New Client Service Utilization Report
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/13 - 2/28/14)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Primary Medical Care**	**2,100**	**766**	**80%**	**20%**	**53%**	**16%**	**1%**	**30%**	**0%**	**2%**	**12%**	**34%**	**24%**	**12%**	**16%**	**0%**
2	**LPAP**	**1,200**	**292**	**84%**	**16%**	**50%**	**19%**	**1%**	**30%**	**0%**	**1%**	**10%**	**36%**	**26%**	**14%**	**14%**	**0%**
3.a	Clinical Case Management	400	52	79%	21%	42%	35%	2%	21%	0%	0%	6%	29%	13%	19%	31%	2%
3.b-3.h	Medical Case Management	1,600	578	80%	20%	57%	16%	2%	26%	1%	4%	16%	31%	21%	11%	16%	1%
3.i	Medical Case Manangement - Targeted to Veterans	60	29	100%	0%	62%	28%	3%	7%	0%	0%	0%	7%	3%	3%	69%	17%
4	**Oral Health**	**40**	**19**	**84%**	**16%**	**47%**	**32%**	**0%**	**21%**	**0%**	**0%**	**16%**	**26%**	**21%**	**16%**	**21%**	**0%**
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	**3,700**	**817**	**76%**	**24%**	**58%**	**15%**	**1%**	**25%**	**1%**	**2%**	**9%**	**25%**	**23%**	**15%**	**23%**	**2%**
12.b	**Service Linkage at Testing Sites**	**260**	**96**	**73%**	**27%**	**74%**	**6%**	**0%**	**20%**	**0%**	**3%**	**16%**	**30%**	**20%**	**9%**	**22%**	**0%**

Footnotes:

(a) Bundled Category

(b) Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.

(d) Funded by Part B and/or State Services

(e) Not funded in FY 2014

(f) Total MCM served does not include Clinical Case Management

(g) CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2015 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,250,873**	**305,482**	**353,474**	**-39,131**	**0**	**9,870,698**	**47.06%**	**9,870,698**	**0**		**6,253,091**	**63%**	**83%**
1.a	Primary Care - Public Clinic (a)	3,385,563	113,189	0	531,711		4,030,463	19.22%	4,030,463	0	3/1/2015	$2,339,469	58%	42%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,011,437	33,816	89,106	-154,800		979,559	4.67%	979,559	0	3/1/2015	$813,934	83%	83%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	881,197	29,461	89,106	-154,800		844,964	4.03%	844,964	0	3/1/2015	$534,429	63%	83%
1.d	Primary Care - CBO Targeted to White/MSM (a) (	878,426	29,368	29,012	-50,400		886,406	4.23%	886,406	0	3/1/2015	$458,679	52%	83%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,083,965	36,241	0	-235,000		885,206	4.22%	885,206	0	3/1/2015	$619,394	70%	83%
1.f	Primary Care - Women at Public Clinic (a)	1,767,268	59,085	0			1,826,353	8.71%	1,826,353	0	3/1/2015	$1,284,790	70%	42%
1.g	Primary Care - Pediatric (a.1)	14,342	479				14,821	0.07%	14,821	0	3/1/2015	$12,600	85%	83%
1.h	Vision	228,675	3,843	146,250	24,158		402,926	1.92%	402,926	0	3/1/2015	$189,795	47%	83%
2	**Medical Case Management**	**2,031,556**	**184,145**	**125,000**	**45,475**	**0**	**2,386,176**	**11.38%**	**2,386,176**	**0**		**1,585,791**	**66%**	**83%**
2.a	Clinical Case Management	448,044	40,611		-20,000		468,655	2.23%	468,655	0	3/1/2015	$262,650	56%	83%
2.b	Med CM - Public Clinic (a)	149,107	13,515	0	33,500		196,122	0.94%	196,122	0	3/1/2015	$155,475	79%	42%
2.c	Med CM - Targeted to AA (a) (e)	294,386	26,684	53,750	21,500		396,320	1.89%	396,320	0	3/1/2015	$403,647	102%	83%
2.d	Med CM - Targeted to H/L (a) (e)	294,388	26,684	53,750	21,500		396,322	1.89%	396,322	0	3/1/2015	$150,611	38%	83%
2.e	Med CM - Targeted to W/MSM (a) (e)	98,334	8,913	17,500	7,000		131,747	0.63%	131,747	0	3/1/2015	$115,069	87%	83%
2.f	Med CM - Targeted to Rural (a)	319,775	28,986	0			348,761	1.66%	348,761	0	3/1/2015	$240,144	69%	83%
2.g	Med CM - Women at Public Clinic (a)	165,325	14,986	0			180,311	0.86%	180,311	0	3/1/2015	$94,766	53%	42%
2.h	Med CM - Targeted to Pedi (a.1)	146,749	13,301	0	-13,000		147,050	0.70%	147,050	0	3/1/2015	$79,627	54%	83%
2.i	Med CM - Targeted to Veterans	73,374	6,651	0	-5,025		75,000	0.36%	75,000	0	3/1/2015	$54,189	72%	83%
2.j	Med CM - Targeted to Youth	42,074	3,814	0			45,888	0.22%	45,888	0	3/1/2015	$29,614	65%	42%
3	**Local Pharmacy Assistance Program (a) (e)**	**2,219,276**	**362,164**		**36,716**	**0**	**2,618,156**	**12.48%**	**2,618,156**	**0**	**3/1/2015**	**$1,774,049**	**68%**	**83%**
4	**Oral Health**	**163,653**	**2,751**	**0**	**0**	**0**	**166,404**	**0.79%**	**166,404**	**0**	**3/1/2015**	**136,800**	**82%**	**83%**
4.a	Oral Health - Untargeted (c)	0		0	0		0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	163,653	2,751	0			166,404	0.79%	166,404	0	3/1/2015	$136,800	82%	83%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,209,100**	**20,322**	**0**	**0**	**0**	**1,229,422**	**5.86%**	**1,229,422**	**0**	**3/1/2015**	**$966,144**	**79%**	**83%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**-12,000**	**0**	**33,677**	**0.16%**	**33,677**	**0**	**3/1/2015**	**$23,850**	**71%**	**83%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.63%**	**341,395**	**0**	**3/1/2015**	**$278,666**	**82%**	**83%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Non-Medical Case Management**	**1,440,385**	**0**	**0**	**-31,060**	**0**	**1,409,325**	**6.72%**	**1,409,325**	**0**		**859,135**	**61%**	**83%**
12.a	Service Linkage targeted to Youth	110,793		0			110,793	0.53%	110,793	0	3/1/2015	$61,665	56%	83%
12.b	Service Linkage targeted to Newly-Diagnosed/No	245,497			-110,000		135,497	0.65%	135,497	0	3/1/2015	$75,573	56%	83%
12.c	Service Linkage at Public Clinic (a)	490,886		0	48,940		539,826	2.57%	539,826	0	3/1/2015	$265,123	49%	42%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	30,000		623,209	2.97%	623,209	0	3/1/2015	$456,775	73%	83%
13	**Medical Transportation**	**527,363**	**0**	**0**	**0**	**0**	**527,363**	**2.51%**	**527,362**	**1**		**275,662**	**52%**	**83%**
13.a	Medical Transportation services targeted to Urba	252,680	0	0	0		252,680	1.20%	252,680	0	3/1/2015	$205,050	81%	83%
13.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.46%	97,185	0	3/1/2015	$70,612	73%	83%
13.c	Transportation vouchering (bus passes & gas car	177,498	0	0	0		177,498	0.85%	177,497	1	3/1/2014	$0	0%	0%
14	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
15	**Legal Assistance**	**293,406**	**0**	**0**	**0**	**0**	**293,406**	**1.40%**	**293,406**	**0**	**3/1/2015**	$225,279	**77%**	**83%**
BEO27516	**Total Service Dollars**	**17,522,684**	**874,864**	**478,474**	**0**	**0**	**18,876,022**	**90.00%**	**18,876,021**	**1**		**12,378,468**	**66%**	**83%**
	Grant Administration	**1,612,704**	**0**	**0**	**0**	**0**	**1,612,704**	**7.69%**	**1,612,704**	**0**	**N/A**	**1,096,991**	**68%**	**83%**
BEO27517	HCPHES/RWGA Section	1,126,122	0	0		0	1,126,122	5.37%	1,126,122	0	N/A	$834,493	74%	83%
PC	County Judge & RWPC Support*	486,582	0		0	0	486,582	2.32%	486,582	0	N/A	262,498	54%	83%
BEO27521	**Quality Management**	**485,000**	**0**	**0**	**0**	**0**	**485,000**	**2.31%**	**485,000**	**0**	**N/A**	**$370,258**	**76%**	**83%**
		19,620,388	**874,864**	**478,474**	**0**	**0**	**20,973,726**	**100.00%**	**20,973,725**	**1**		**13,845,717**	**66%**	**83%**
								Unallocated	Unobligated					
	Part A Grant Award:	**20,495,250**	*Carry Over:*	**478,475**		*Total Part A:*	**20,973,725**	**-1**	**0**					

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2015 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
		Original Allocation	Award Reconcilation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service	15,261,530	874,864	478,474	31,060	0	16,645,928	88.19%	16,645,928	88.33%				
	Non-Core (may not exceed 25% of total service c	2,261,154	0	0	-31,060	0	2,230,094	11.81%	2,199,034	11.67%				
	Total Service Dollars (does not include Admin a	17,522,684	874,864	478,474	0	0	18,876,022		18,844,962					
	Total Admin (must be ≤ 10% of total Part A + MA	1,612,704	0	0	0	0	1,612,704	7.69%						
	Total QM (must be ≤ 5% of total Part A + MAI)	485,000	0	0	0	0	485,000	2.31%						

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	1,930,538	80,668	0	0	0	2,011,206	100.00%	1,930,538	80,668		1,420,100	74%	83%
1.b (MAI)	Primary Care - CBO Targeted to African America	975,842	40,776		0	0	1,016,618	50.55%	975,842	40,776	3/1/2014	$736,725	75%	83%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	954,696	39,892		0	0	994,588	49.45%	954,696	39,892	3/1/2014	$683,375	72%	83%
	Total MAI Service Funds	1,930,538	80,668	0	0	0	2,011,206	100.00%	1,930,538	80,668		1,420,100	74%	83%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27516	**Total MAI Funds**	1,930,538	80,668	0	0	0	2,011,206	100.00%	1,930,538	80,668		1,420,100	74%	83%
	MAI Grant Award	2,011,206	***Carry Over:***	441		***Total MAI:***	2,011,647							
	Combined Part A and MAI Total	21,550,926												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations
(f)	Include MAI funds when reviewing 10% rule reallocations

2014 - 2015 DSHS State Services Service Utilization Report
9/1/2014 thru 5/31/2015
3rd Quarter

Revised 7/16/2015

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	*930*	647	79.0%	19.5%	0.0%	1.5%	71.9%	15.6%	12.2%	0.3%	0.0%	1.0%	7.6%	0.0%	52.7%	15.0%	23.9%	0.8%
Health Insurance Premiums & Cost Sharing Assistance	*900*	1,175	83.4%	16.4%	0.0%	0.2%	40.5%	32.5%	24.3%	2.7%	0.0%	0.0%	2.5%	18.1%	20.9%	18.0%	36.0%	4.5%
Hospice	*55*	25	76.0%	24.0%	0.0%	0.0%	64.0%	24.0%	8.0%	4.0%	0.0%	0.0%	4.0%	12.0%	12.0%	16.0%	52.0%	4.0%
Linguistic/Interpreter Services	*30*	42	52.4%	47.6%	0.0%	0.0%	52.4%	2.4%	11.9%	33.3%	0.0%	0.0%	3.1%	16.5%	22.4%	15.5%	37.5%	5.0%
Mental Health Services	*204*	238	96.0%	4.0%	0.0%	0.0%	21.9%	53.7%	23.1%	1.3%	0.0%	0.0%	3.0%	16.0%	21.4%	18.0%	37.8%	3.8%
Group:		18																
Individual:		236																
Unduplicated Clients Served By State Services Funds:	*NA*	2,203	81.7%	17.7%	0.0%	0.6%	50.1%	27.8%	19.9%	2.2%	0.0%	0.0%	4.3%	19.1%	24.1%	17.0%	32.2%	3.3%

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1415 DSHS State Services

Procurement Report

September 1, 2014 - August 31, 2015

Chart reflects spending through May 2015

Spending Target: 75%

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services	$300,000	15%		$300,000	15%	9/1/2014	$211,915	71%
7	Health Insurance Premiums and Cost Sharing*	$1,056,312	54%		$1,056,312	54%	9/1/2014	$918,252	87%
9	Hospice	$414,832	21%		$414,832	21%	9/1/2014	$343,640	83%
11	EIS - Incarcerated **	$166,211	8%		$166,211	8%	9/1/2014	$108,467	65%
16	Linguistic Services***	$35,000	2%		$35,000	2%	9/1/2014	$35,600	102%
	Total Houston HSDA	1,972,355	100%	$0	$1,972,355	100%		1,617,874	82%

* HIP - Service category is funded by RW Part B and State Services and is on target for spending acrossed all grants

** EIS - The provider is a month behind in submitting billing.

*** LIS - Is a well-utilized service but underfunded; TRG will use unspent funds to ensure services are covered through end of grant.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2015 - 9/30/2015

Revised: 10/30/2015

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	190	$7,941.42	156	*0*	*$0.00*	*0*
Medical Deductible	78	$14,614.32	70	*0*	*$0.00*	*0*
Medical Premium	528	$176,759.05	482	*0*	*$0.00*	*0*
Pharmacy Co-Payment	277	$18,925.97	236	*0*	*$0.00*	*0*
APTC Tax Liability	0	$0.00	0	*0*	*$0.00*	*0*
Out of Network Out of Pocket	0	$0.00	0	*0*	*$0.00*	*0*
ACA Premium Subsidy Repayment	4	$570.00	4	*NA*	*NA*	*NA*
Totals:	1077	$217,670.76		0	$0.00	

Comments: New grant year commences

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

HIV/AIDS Bureau

Rockville, MD 20857

JAN 20 2016

Dear Part A Colleagues:

Although the fiscal year (FY) 2016 budget was passed in December 2015, the Health Resources and Services Administration (HRSA) and its HIV/AIDS Bureau (HAB) are waiting for the final and available funding amount for the FY 2016 grant awards.

While HRSA/HAB hoped to provide the final awards, in order to assure funding is available to recipients on March 1, 2016, HRSA/HAB initiated the process to make partial awards available for the effective budget period start date of March 1; these awards will be approximately 80 percent of a recipient's FY 2015 Formula and Minority AIDS Initiative Awards.

A partial notice of awards is due to be released by early February for the effective start date of March 1. Part A recipients are encouraged to work within their existing budget, finance, and procurement systems to ensure that contracts are effective, as of March 1.

Given the fact that full awards cannot be made at this time, we know it is important for Part A recipients to have some information on how their funding in FY 2016 might change when the final funding formula is re-calculated. We understand this important information is needed for use in planning and work to maintain effective contracts and continuity of care for people living with HIV.

HAB conducted a funding scenario analysis for FY 2016, taking into account all factors required under the authorizing legislation to calculate the FY 2016 awards. Using the FY 2015 overall amounts as a base, HAB found only minor fluctuations across all 52 eligible jurisdictions.

HRSA/HAB hope to make the full final awards available as soon as possible. If you have any questions, please contact your project officer.

Sincerely,

Steven R. Young, MSPH
Director
Division of Metropolitan HIV/AIDS Programs

asked what happens to public comment that the Council receives. Williams said that public comment is shared with The Resource Group and Ryan White Grant Administration. Ellison said that public comment or complaints with no contact information can't be followed up on because there is no way to contact the client to help them resolve the problem; without receiving a formal complaint, it is difficult if not impossible to address a problem.

Comments from Ryan White Grant Administration: Martin said that her office did focus groups on waiting lists in general. Similar to The Resource Group, they did not have a lot of participants – incentives do make a difference so the low number is to be expected. A consumer called about a rural primary care provider's waiting list and found out that there had been trouble accessing care at this particular provider since a key staff person left. There is nothing that the workgroup can implement that can change an agency being short staffed. The client satisfaction surveys show that most people are satisfied; we need to target the out of care in the needs assessment survey to get their feedback. Traylor added that the biggest problems are due to appointment cancellations; she will continue to monitor this.

Why P+A made to revise the wait list questions (2) on increased funding form

Requests for Service Category Increase: See attached. Martin said that there is an annual process where they look at agency spending. They are about to reallocate a large amount of funds coming from categories with capacity issues. We need to address why we have to pull back funds if the only capacity issue is due to staffing and we've been told that hiring someone would fix the problem. Turner directed the workgroup to the information about wait lists on the form, he said that agencies tell the administrative agent that they don't have a waiting list and then they show that they do have a waiting list on the request for increased funding form to get more money. **Martin said she called the agencies to get more information about this and they just ask the front desk how many people are in the waiting room on standby; they do not actually have a waiting list. This item may need to come off of the form or change it to define waiting list per the standards of care.** All agreed.

Updates on Complaints Received: Martin said that she has not received any complaints about wait lists; she had a couple of barriers to care that the agency addressed but no capacity issues. They review complaints annually during site visits. Turner said that people are dropping out of dental, mental health and other services but staying in primary care. Martin said that all providers must have a retention in care policy and one has a return to care process where they ask why they are dropped out and what their barriers were. Shepherd said that they are working on implementing follow-up calls to those who miss appointments; the problem is that agencies don't have the manpower to do it. Ellison said that they get very few complaints, most come from the state for them to follow up on. This year clients have been more vocal but don't want to file a formal complaint and we are very limited on how we can address an issue without a formal complaint. Some of the complaints have to do with going to multiple appointments to get one service. Pruitt said that when you go to an agency for the first time, they give you a client handbook that tells you exactly what they expect you to do, what they will do and how to get a problem resolved. All agencies have this and have you sign for it at intake but you have to make sure that you get a copy and you read it. Pradia said that there are many clients who cannot read and are embarrassed to say so. Others agreed, adding that this is a problem that is hard to address. Collins-Nelson asked what a client should do if they can't read forms or about the complaint process. Ellison said that they need to get a peer to help them. Martin said she will add this to the consumer education program. Turner asked if agencies give the complaint person's name and contact information to clients in case they have a problem. Martin said that

Request for Service Category Increase
Ryan White Part A and MAI

	2. Number of clients that have received this service under Part A (or MAI) in FY 2015. a. April Request Period = Not Applicable b. July Request Period = 03/01/15 - 07/31/15 c. October Request Period = 03/01/15 - 09/30/15 d. 4th Qtr. Request Period = 03/01/15 - 11/30/15	1825 ***1180***	45% ***51%***	23% ***22%***	32% ***25%***	82% ***81%***	18% ***19%***
I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do **not** include agency name or identifying information):			
	1. Length of waiting time (in weeks) for an appointment for a **new** client:	3 weeks	1.5 weeks	Current capacity for the agency's Medical Case Management services is limited. Increased funding will allow an increase in two MCM's, which will increase service access/utilization.			
	2. Length of waiting time (in weeks) for an appointment for a **current** client:	1.5 weeks	1.5 weeks	Current capacity for the agency's Medical Case Management services is limited. Increased funding will allow an increase in two MCM's, which will increase service access/utilization.			
	3. Number of clients on a "waiting list" for services:	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.			
	3. Number of clients unable to access services monthly (number unable to make an appointment):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.			
J.	List all other sources and amounts of funding for **similar** services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):		
	1.						
	2.						
	3.						
	4.						

2016 Consider revising this form per Committee + Health Dept

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Request for Service Category Increase
Ryan White Part A and MAI

	2. Number of clients that have received this service under Part A (or MAI) in FY 2014. a. April Request Period = Not Applicable 7/31/15 b. July Request Period = 03/01/15 - ~~06/30/15~~ c. October Request Period = 03/01/15 - 09/30/15 d. 4th Qtr. Request Period = 03/01/15 - 11/30/15	**1493** 1452	**57% (raw # = 852)** 56%.	**16% (raw # =246)** 17%.	**25% (raw # =369)** 25%.	**72% (raw # = 1077)** 72%.	**28% (raw # = 416)** 28%.
I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do **not** include agency name or identifying information):			
	1. Length of waiting time (in weeks) for an appointment for a **new** client:	**2 - 3**	**0**	The need for same day appointments for new patients is consitently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing a average of 35 new patients each month. New patient appt timeframes is currently 2-3 weeks out, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding.				
	2. Length of waiting time (in weeks) for an appointment for a **current** client:	**1 - 2**	**0**	Will be able to see patients same day with funding increase			
	3. Number of clients on a "waiting list" for services:	**9**	**0**				
	3. Number of clients unable to access services monthly (number unable to make an appointment):	**0**	**0**				
J.	List all other sources and amounts of funding for **similar** services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):		
	1.						
	2.						

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2016 Ryan White Planning Council

STANDING COMMITTEE LIST

Red Text = Committee Mentor

STEERING	
Steven Vargas, RWPC Chair	Ruth Atkinson, Co-Chair, Operations
Tracy Gorden, Vice Chair	Curtis Bellard, Co-Chair, Operations
Carol Suazo, Secretary	Bruce Turner, Co-Chair, Priority and Allocations
Gene Ethridge, Co-Chair, Affected Community	Peta-gay Ledbetter, Co-Chair, Priority and Allocations
Tana Pradia, Co-Chair, Affected Community	Cecilia Ross, Co-Chair, Quality Improvement
Nancy Miertschin, Co-Chair, Comprehensive HIV Planning	Robert Noble, Co-Chair, Quality Improvement
John Lazo, Co-Chair, Comprehensive HIV Planning	

AFFECTED COMMUNITY			
1. Gene Ethridge, Co-Chair	6. Allen Murray	***External Members:***	
2. Tana Pradia, Co-Chair	7. Teresa Pruitt	*1. Johnetta Evans-Thomas*	
3. Curtis Bellard	8. **Cecilia Ross**	*2. Rodney Mills*	
4. Herman Finley		*3. Lionel Pennamon*	
5. Arlene Johnson		*4. Viviana Santibanez*	

COMPREHENSIVE HIV PLANNING			
1. Nancy Miertschin, Co-Chair	8. Herman Finley	***External Members:***	
2. John Lazo, Co-Chair	9. Steven Harris	*1. K. Aloysius*	
3.Ted Artiaga	10. Allen Murray	*2. Denis Kelly*	
4. Curtis Bellard	11. Robert Noble	*3. Tam Kiehnhoff*	
5. **David Benson**	12. Shital Patel	*4. Osaro Mgbere*	
6. Denny Delgado	13. Gloria Sierra	*5. Esther Ogunjimi*	
7. Evelio Salinas Escamilla	14. Larry Woods		

OPERATIONS			
1. Ruth Atkinson, Co-Chair	4. Gene Ethridge	7. Tana Pradia	
2. Curtis Bellard, Co-Chair	5. Tracy Gorden	8. Teresa Pruitt	
3. Connie Barnes	6. Arlene Johnson	9. **David Watson**	

PRIORITY AND ALLOCATIONS			
1. Bruce Turner, Co-Chair	4. Ella Collins-Nelson	7. J. Hoxi Jones	
2. Peta-gay Ledbetter, Co-Chair	5. Paul Grunenwald	8. John Lazo	
3. **Melody Barr**	6. Angela F. Hawkins	9. Isis Torrente	

QUALITY IMPROVEMENT			
1. Cecilia Ross, Co-Chair	6. **Leslie Raneri**	***External Members***	
2. Robert Noble, Co- Chair	7. Gloria Sierra	*1. Michael Kennedy*	
3. Ardry "Skeet" Boyle	8. Stephen Stellenwerf	*2. Alex C. Moses*	
4. Bianca Burley	9. Carol Suazo	*3. Lionel Pennamon*	
5. Amber David	10. Isis Torrente	*4. Pete Rodriguez*	