

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

11:00 a.m., Thursday, July 27, 2017

Meeting Location: 2223 West Loop South, Room 532
Houston, TX 77027

AGENDA

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- I. Call to Order Ella Collins-Nelson and
Paul Grunenwald,
Co-Chairs
 - A. Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of 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. **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 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", 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.)

- III. Updates from Ryan White Grant Administration Carin Martin

- IV. Updates from the Resource Group Yvette Garvin

- V. Requests for Allocation Increases
 - A. Available Part A funds: \$444,642 - See ten (10) attached requests for increased funds
 - B. Available MAI* funds: \$631,496 - See one (1) attached request for increased funds

- VI. New Business
 - A. Quarterly Committee Report

- VII. Announcements

- VIII. Adjourn

**MAI = Minority AIDS Initiative*

**Houston Area HIV Services Ryan White Planning Council
Priority & Allocations Committee Meeting**

MINUTES

11:00 a.m., Wednesday, June 21, 2017

Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

MEMBERS PRESENT	OTHERS PRESENT	STAFF PRESENT
Paul Grunenwald, Co-Chair	Nancy Miertschin, HHS	<i>Ryan White Grant Admin</i>
Ella Collins-Nelson, Co-Chair	Project LEAP Class	Carin Martin
Angela F. Hawkins		Tasha Traylor
J. Hoxi Jones		Heather Keizman
Peta-gay Ledbetter	STAFF PRESENT	
Allen Murray	<i>The Resource Group</i>	<i>Office of Support</i>
Krystal Shultz	Sha'Terra Johnson-Fairley	Tori Williams
C. Bruce Turner	Marcus Benoit	Amber Harbolt
		Diane Beck

See the attached chart at the end of the minutes for individual voting information.

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

Approval of Agenda: *Motion #1:* it was moved and seconded (Turner, Hawkins) to approve the agenda. *Motion carried unanimously.*

Approval of the Minutes: *Motion #2:* it was moved and seconded (Collins-Nelson, Jones) to approve the May 25, 2017 minutes. *Motion carried.* Abstention: Turner. *Motion #3:* it was moved and seconded (Collins-Nelson, Jones) to approve the June 12, 2017 minutes. *Motion carried.* Abstentions: Ledbetter

Meeting Goals: Tori Williams, Director, Office of Support, reminded members that the goals of the meeting were to receive public comment, review all decisions made at the June 12, 2017 meeting, make adjustments if necessary, create the increase/decrease scenarios, and approve the version of the FY 2018 allocations that will be presented at the Public Hearing on June 26, 2017.

Public Comment and Announcements: See attached.

Updates from the Administrative Agents

Ryan White Part A/MAI: Martin said that the final notice of grant award had been received and there was a decrease of \$57,355. She said she can use the 10% rule to update the allocations; the

committee agreed that this was the best way to proceed.

Ryan White Part B and State Services Funding: Johnson-Fairley said that they are still working on the contract with the compassionate care program, which is slated to begin on July 1st.

Draft Allocations for FY 2018 Part A/MAI, Part B & State Services Funding

The committee reviewed the Philosophy for Allocating FY 2018 Monies and the proposed FY 2018 Level Funding Scenario, see attached. **Motion #4:** *it was moved and seconded (Turner, Ledbetter) to approve the 2018 Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding. Motion carried.* Abstention: Shultz

FY 2018 Increase/Decrease Funding Scenarios: **Motion #5:** *it was moved and seconded (Turner, Collins-Nelson) to approve the attached FY 2018 Increase and Decrease Funding Scenarios for Ryan White Part A, MAI, Part B and State Services Funding. Motion carried.* Abstention: Shultz

Announcements:

- 7:00 p.m., Monday, June 26, 2017 – Public Hearing for the FY18 Priorities & Allocations
- 11:00 a.m., Tuesday, June 27, 2017 – Review comments from Public Hearing, if needed.
- The August committee meeting may be cancelled.

Adjournment: The meeting adjourned at 1:02 p.m.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

Scribe: Beck

C = chaired the meeting; VP -- participated via telephone; JA -- just arrived; LM -- left meeting

2017 Priority & Allocations Committee Voting Record for 06/21/17

	Motion #1 Agenda Carried			Motion #2 May 25, 2017 Minutes Carried			Motion #3 June 12, 2017 Minutes Carried			Motion #4 FY18 Level funding scenario Carried			Motion #5 FY18 Increase & decrease funding scenarios Carried			
	ABSENT	YES	NO	ABSENT	YES	NO	ABSENT	YES	NO	ABSENT	YES	NO	ABSENT	YES	NO	ABSENT
MEMBERS																
Paul Grunenwald, Co-Chair			C													
Ella Collins-Nelson, Co-Chair	X			X			X			X				X		
Allen Murray	X			X			X			X				X		
Angela F. Hawkins	X			X			X			X				X		
C. Bruce Turner	X			X			X			X				X		
J. Hoxi Jones	X			X			X			X				X		
Krystal Shultz	X			X			X			X				X		
Peia-gay Ledbetter	X			X			X			X				X		

Public comment – 06-19-17

Last year one CCM contractor served 558 consumers and spent the total contract amount of \$244,325.00 and had 173 units (\$4,325.00) left in No Pay for a total that should have been billed of \$248,650.

This year if that contractor does the same amount of units (9,946) with a higher unit rate (\$30), at least \$298,380.00 will be needed to keep the amount of services level . Since there are 2 providers, we request that the category be \$596,760 to keep level services. Please keep in mind that even clients who have insurance for primary care need CCM which is not reimbursable by insurance. Thank you.

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

FY 2017 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,795,737	50,000	0	0	0	9,845,737	47.66%	9,845,737	0		0	0%	25%
1.a	Primary Care - Public Clinic (a)	3,643,839	0	0	0	0	3,643,839	17.64%	3,643,839	0	3/1/2017	\$0	0%	25%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	0	0	0	940,447	4.55%	940,447	0	3/1/2017	\$0	0%	25%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	0	0	0	786,424	3.81%	786,424	0	3/1/2017	\$0	0%	25%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,038,843	0	0	0	0	1,038,843	5.03%	1,038,843	0	3/1/2017	\$0	0%	25%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,166,658	0	0	0	0	1,166,658	5.65%	1,166,658	0	3/1/2017	\$0	0%	25%
1.f	Primary Care - Women at Public Clinic (a)	1,902,089	0	0	0	0	1,902,089	9.21%	1,902,089	0	3/1/2017	\$0	0%	25%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2017	\$0	0%	25%
1.h	Vision	302,000	50,000	0	0	0	352,000	1.70%	352,000	0	3/1/2017	\$0	0%	25%
2	Medical Case Management	2,215,702	0	0	0	0	2,215,702	10.73%	2,215,702	0		#REF!	#REF!	25%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.37%	488,656	0	3/1/2017	#REF!	#REF!	25%
2.b	Med CM - Public Clinic (a)	162,622	0	0	0	0	162,622	0.79%	162,622	0	3/1/2017	\$0	0%	25%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0	0	321,070	1.55%	321,070	0	3/1/2017	\$0	0%	25%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0	0	321,072	1.55%	321,072	0	3/1/2017	\$0	0%	25%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0	0	107,247	0.52%	107,247	0	3/1/2017	\$0	0%	25%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.69%	348,760	0	3/1/2017	\$0	0%	25%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.87%	180,311	0	3/1/2017	\$0	0%	25%
2.h	Med CM - Targeted to Ped (a.1)	160,051	0	0	0	0	160,051	0.77%	160,051	0	3/1/2017	\$0	0%	25%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.39%	80,025	0	3/1/2017	\$0	0%	25%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.22%	45,888	0	3/1/2017	\$0	0%	25%
3	Local Pharmacy Assistance Program (a) (e)	2,384,796	0	0	0	0	2,384,796	11.55%	2,384,796	0	3/1/2017	\$0	0%	25%
4	Oral Health	166,404	0	0	0	0	166,404	0.81%	166,404	0	3/1/2017	0	0%	25%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0	0	0	166,404	0.81%	166,404	0	3/1/2017	\$0	0%	25%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,294,551	0	0	0	0	1,294,551	6.27%	1,294,551	0	3/1/2017	\$0	0%	25%
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	0	0	45,677	0.22%	45,677	0	3/1/2017	\$0	0%	25%
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	1.65%	341,395	0	3/1/2017	\$0	0%	25%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	490,000	-70,000	0	0	0	420,000	2.03%	0	420,000	7/1/2017			
13	Non-Medical Case Management	1,231,002	0	0	0	0	1,231,002	5.96%	1,231,002	0		#N/A	#N/A	25%
13.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.54%	110,793	0	3/1/2017	\$0	0%	25%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	0	0	100,000	0.48%	100,000	0	3/1/2017	\$0	0%	25%
13.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	2.07%	427,000	0	3/1/2017	\$0	0%	25%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0	0	593,209	2.87%	593,209	0	3/1/2017	#N/A	#N/A	25%
14	Medical Transportation	527,362	-45,275	0	0	0	482,087	2.33%	349,865	132,222		#N/A	#N/A	25%
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.22%	252,680	0	3/1/2017	#N/A	#N/A	25%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.47%	97,185	0	3/1/2017	#N/A	#N/A	25%
14.c	Transportation vouchers (bus passes & gas cards)	177,497	-45,275	0	0	0	132,222	0.64%	0	132,222	3/1/2017	#N/A	#N/A	0%
15	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
16	Other Professional Services	125,000	-125,000	0	0	0	0	0.00%	0	0	NA	#N/A	0%	0%
17	Emergency Financial Assistance	0	0	0	0	0	0	0.00%	0	0	NA	#N/A	0%	0%
18	Referral for Health Care and Support Services	0	0	0	0	0	0	0.00%	0	0	NA	#N/A	0%	0%
	Total Service Dollars	18,617,626	-120,275	0	0	0	18,427,351	87.18%	17,875,129	132,222		#REF!	#REF!	25%
	Grant Administration	1,658,827	16,220	0	0	0	1,675,047	8.11%	1,146,388	528,659	N/A	980,547	86%	25%

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

FY 2017 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <small>RWPC Approved Level Funding Scenario</small>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expended YTD
	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.55%	1,146,388	0	N/A	\$980,547	86%	25%
	RWPC Support*	512,439	16,220	0	0	0	528,659	2.56%	0	528,659	N/A	0	#DIV/0!	25%
	Quality Management	495,000	0	0	0	0	495,000	2.40%	495,000	0	N/A	\$415	0%	25%
		20,771,453	-104,055	0	0	0	20,597,398	97.68%	19,516,517	660,881		#REF!	#REF!	25%
								Unallocated	Unobligated					
	Part A Grant Award:	20,656,176	Carry Over:	0		Total Part A:	20,656,176	58,778	1,139,659					
Priority	Service Category	Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core	16,244,262	50,000	0	0	0	16,294,262	90.49%	16,294,262	90.49%				
	Non-Core	1,883,364	-170,275	0	0	0	1,713,089	9.51%	1,713,089	9.51%				
	Total Service Centers	18,127,626	-120,275	0	0	0	18,007,351		18,007,351					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,658,827	16,220	0	0	0	1,675,047	8.11%						
	Total QM (must be ≤ 2% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.40%						
Priority	Service Category	Original Allocation <small>RWPC Approved Level Funding Scenario</small>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expended YTD
1		2,057,949	59,936	0	0	0	2,117,885	100.00%	2,057,949	59,936		0	0%	25%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,040,245	29,968	0	0	0	1,070,213	50.53%	1,040,245	29,968	3/1/2017	\$0	0%	25%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,017,704	29,968	0	0	0	1,047,672	49.47%	1,017,704	29,968	3/1/2017	\$0	0%	25%
	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%
		0	0	0	0	0	0	0.00%	0	0		0	0%	0%
		2,057,949	59,936	0	0	0	2,117,885	100.00%	2,057,949	59,936		0	0%	25%
	MAI Grant Award	2,117,885	Carry Over:	0		Total MAI:	2,117,885							
	Combined Part A and MAI Total	22,829,402												
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													

FY 2016 Ryan White Part A and MAI Service Utilization Report

SUR - 4th Quarter Cumulative (3/1-2/28)																		
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	7,579	74%	26%	50%	15%	2%	33%	0%	1%	6%	26%	27%	13%	25%	2%	
1.a	Primary Care - Public Clinic (a)	2,350	3,477	69%	31%	53%	11%	2%	35%	0%	0%	3%	19%	26%	13%	35%	3%	
1.b	Primary Care - CBO Targeted to AA (a) (g)	1,060	1,814	69%	31%	99%	0%	1%	0%	0%	1%	11%	35%	26%	11%	15%	1%	
1.c	Primary Care - CBO Targeted to Hispanic (a) (g)	960	1,227	84%	16%	0%	0%	0%	100%	0%	0%	7%	30%	32%	14%	16%	1%	
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	755	88%	12%	0%	88%	11%	0%	0%	0%	5%	26%	24%	16%	27%	2%	
1.e	Primary Care - CBO Targeted to Rural (a)	400	740	73%	27%	46%	19%	2%	32%	0%	1%	7%	32%	27%	12%	19%	2%	
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,065	0%	100%	65%	8%	2%	26%	0%	0%	2%	16%	31%	15%	33%	3%	
1.g	Primary Care - Pediatric (a)	7	18	61%	39%	50%	6%	0%	44%	28%	50%	22%	0%	0%	0%	0%	0%	
1.h	Vision	1,600	2,149	74%	26%	47%	16%	2%	34%	0%	0%	4%	21%	22%	16%	32%	3%	
2	Local Drug Reimbursement Program (a)	2,845	4,387	78%	22%	49%	16%	2%	33%	0%	0%	6%	30%	28%	14%	20%	1%	
3	Medical Case Management (f)	3,075	5,385															
3.a	Clinical Case Management	600	1,406	74%	26%	59%	22%	2%	17%	0%	0%	6%	25%	23%	13%	30%	3%	
3.b	Med CM - Targeted to Public Clinic (a)	280	585	98%	2%	56%	10%	2%	31%	0%	2%	17%	21%	19%	9%	30%	2%	
3.c	Med CM - Targeted to AA (a)	550	1,885	69%	31%	99%	0%	1%	0%	0%	1%	9%	32%	25%	11%	20%	1%	
3.d	Med CM - Targeted to H/L(a)	550	883	85%	15%	0%	0%	0%	100%	0%	0%	7%	32%	28%	14%	16%	1%	
3.e	Med CM - Targeted to White and/or MSM (a)	260	568	87%	13%	0%	89%	11%	0%	0%	1%	3%	24%	22%	16%	32%	3%	
3.f	Med CM - Targeted to Rural (a)	150	793	72%	28%	46%	24%	3%	27%	0%	1%	6%	27%	24%	13%	26%	3%	
3.g	Med CM - Targeted to Women at Public Clinic (a)	240	281	0%	100%	68%	7%	1%	23%	0%	2%	11%	13%	29%	15%	27%	3%	
3.h	Med CM - Targeted to Pedi (a)	125	102	51%	49%	75%	5%	0%	21%	59%	30%	11%	0%	0%	0%	0%	0%	
3.i	Med CM - Targeted to Veterans	200	175	95%	5%	75%	16%	1%	8%	0%	0%	0%	2%	3%	5%	69%	21%	
3.j	Med CM - Targeted to Youth	120	113	99%	1%	64%	6%	2%	28%	0%	10%	90%	0%	0%	0%	0%	0%	
4	Oral Health	200	290	68%	32%	42%	32%	1%	24%	0%	0%	5%	22%	27%	12%	29%	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	290	68%	32%	42%	32%	1%	24%	0%	0%	5%	22%	27%	12%	29%	3%	
5	Medical Nutritional Therapy/Nutritional Supplements	650	503	77%	23%	41%	23%	4%	33%	0%	0%	2%	11%	20%	19%	42%	7%	
6	Mental Health Services (d)	NA	NA															
7	Health Insurance	1,700	1,220	83%	17%	41%	30%	2%	27%	0%	0%	3%	15%	23%	16%	39%	4%	
8	Substance Abuse Treatment - Outpatient	40	29	93%	7%	28%	55%	0%	17%	0%	0%	3%	28%	31%	14%	24%	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	7,289															
12.a	Service Linkage Targeted to Youth	320	243	78%	22%	59%	8%	2%	31%	0%	14%	86%	0%	0%	0%	0%	0%	
12.b	Service Linkage at Testing Sites	260	197	68%	32%	68%	9%	1%	23%	0%	0%	0%	35%	22%	12%	27%	5%	
12.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,049	68%	32%	61%	11%	2%	27%	0%	0%	0%	20%	24%	13%	39%	4%	
12.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,800	76%	24%	54%	15%	2%	29%	2%	1%	8%	29%	25%	12%	22%	2%	
13	Food Pantry (funded by State Services)	NA	NA															
14	Transportation	2,850	3,215															
14.a	Transportation Services - Urban	170	545	69%	31%	58%	12%	2%	28%	0%	0%	8%	28%	26%	11%	24%	4%	
14.b	Transportation Services - Rural	130	156	77%	23%	35%	38%	1%	26%	0%	0%	8%	22%	18%	15%	33%	4%	
14.c.1	Transportation vouchers (bus passes)	2,500	2,446															
14.c.2	Transportation vouchers (gas vouchers)	50	68															
15	Legal Assistance	390	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
16	Linguistic Services (d)	NA	NA															
Net unduplicated clients served - all categories*		10,200	12,527	74%	26%	53%	16%	2%	29%	1%	1%	6%	23%	24%	13%	29%	3%	
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%			
*10,200 clients to be served is based on the number of unduplicated clients served in FY 2013 (update per CPCDMS)																		

FY 2016 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report																	
Priority	Service Category	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
	MAI unduplicated served includes clients also served under Part A																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,646	72%	28%	99%	0%	1%	0%	0%	1%	11%	36%	26%	10%	15%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,224	87%	13%	0%	0%	0%	100%	0%	0%	7%	31%	32%	14%	15%	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 - 2/28)																	
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	1,821	77%	23%	54%	14%	3%	29%	0%	2%	10%	35%	24%	10%	18%	1%
2	LPAP	1,200	858	79%	21%	52%	15%	3%	30%	0%	1%	10%	38%	24%	11%	14%	1%
3.a	Clinical Case Management	400	267	80%	20%	59%	18%	2%	21%	0%	1%	13%	35%	22%	12%	15%	1%
3.b-3.h	Medical Case Management	1,600	1123	77%	23%	55%	14%	3%	28%	1%	3%	13%	35%	22%	9%	15%	1%
3.i	Medical Case Management - Targeted to Veterans	60	47	96%	4%	74%	19%	0%	6%	0%	0%	0%	4%	2%	2%	70%	21%
4	Oral Health	40	34	68%	32%	44%	21%	3%	32%	0%	0%	9%	35%	29%	12%	15%	0%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	2,103	75%	25%	57%	13%	2%	28%	1%	2%	10%	31%	23%	10%	21%	2%
12.b	Service Linkage at Testing Sites	260	146	72%	28%	60%	10%	1%	29%	0%	5%	12%	40%	18%	8%	14%	2%
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																

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD
1	Outpatient/Ambulatory Primary Care	9,746,354	516,252	399,947	-42,999	0	10,619,554	49.50%	10,619,554	0		10,064,136	95%
1.a	Primary Care - Public Clinic (a)	3,570,049	73,790	0	0	0	3,643,839	16.99%	3,643,839	0	3/1/2016	\$4,318,811	119%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,066,552	148,743	108,329	-14,333	0	1,309,291	6.10%	1,309,291	0	3/1/2016	\$1,571,569	120%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e) (f)	929,215	128,225	108,329	-14,333	0	1,151,436	5.37%	1,151,436	0	3/1/2016	\$1,161,114	101%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	926,294	78,076	108,329	-14,333	0	1,098,366	5.12%	1,098,366	0	3/1/2016	\$767,214	70%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,143,032	23,626	0	0	0	1,166,658	5.44%	1,166,658	0	3/1/2016	\$1,116,633	96%
1.f	Primary Care - Women at Public Clinic (a)	1,863,570	38,519	0	0	0	1,902,089	8.87%	1,902,089	0	3/1/2016	\$1,611,222	85%
1.g	Primary Care - Pediatric (a.1)	15,124	313	0	0	0	15,437	0.07%	15,437	0	3/1/2016	\$14,622	95%
1.h	Vision	232,518	24,960	74,960	0	0	332,438	1.55%	332,438	0	3/1/2016	\$329,790	99%
2	Medical Case Management	2,215,702	0	174,999	0	0	2,390,701	11.14%	2,390,701	0		2,296,016	96%
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.28%	488,656	0	3/1/2016	\$485,750	99%
2.b	Med CM - Public Clinic (a)	162,622	0	0	0	0	162,622	0.76%	162,622	0	3/1/2016	\$350,566	216%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	58,333	0	0	379,403	1.77%	379,403	0	3/1/2016	\$474,225	125%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	58,333	0	0	379,405	1.77%	379,405	0	3/1/2016	\$213,343	56%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	58,333	0	0	165,580	0.77%	165,580	0	3/1/2016	\$137,785	83%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	0	0	348,760	1.63%	348,760	0	3/1/2016	\$292,483	84%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.84%	180,311	0	3/1/2016	\$138,441	77%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0	0	160,051	0.75%	160,051	0	3/1/2016	\$112,006	70%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.37%	80,025	0	3/1/2016	\$68,773	86%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.21%	45,888	0	3/1/2016	\$22,645	49%
3	Local Pharmacy Assistance Program (a) (e)	2,581,440	53,356	0	188,380	25,000	2,848,176	13.28%	2,848,176	0	3/1/2016	\$2,393,204	84%
4	Oral Health	166,404	0	30,000	0	0	196,404	0.92%	196,404	0	3/1/2016	196,400	100%
4.a	Oral Health - Untargeted (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%
4.b	Oral Health - Targeted to Rural	166,404	0	30,000	0	0	196,404	0.92%	196,404	0	3/1/2016	\$196,400	100%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%
6	Health Insurance (c)	1,029,422	0	0	0	0	1,029,422	4.80%	1,029,422	0	3/1/2016	\$1,029,176	100%
7	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%
8	Substance Abuse Services - Outpatient	45,677	0	0	-10,000	0	35,677	0.17%	35,677	0	3/1/2016	\$35,669	100%
9	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.59%	341,395	0	3/1/2016	\$339,118	99%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%
12	Non-Medical Case Management	1,440,385	0	35,378	-150,880	-25,000	1,299,883	6.06%	1,299,883	0		1,100,518	85%
12.a	Service Linkage targeted to Youth	110,793	0	0	0	0	110,793	0.52%	110,793	0	3/1/2016	\$79,668	72%
12.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	245,497	0	0	-150,880	-25,000	69,617	0.32%	69,617	0	3/1/2016	\$68,695	99%
12.c	Service Linkage at Public Clinic (a)	490,886	0	0	0	0	490,886	2.29%	490,886	0	3/1/2016	\$427,600	87%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	35,378	0	0	628,587	2.93%	628,587	0	3/1/2016	\$626,484	100%
13	Medical Transportation	527,362	0	40,000	0	0	567,362	2.64%	567,362	0		567,361	100%
13.a	Medical Transportation services targeted to Urban	252,680	0	20,000	0	0	272,680	1.27%	272,680	0	3/1/2016	\$299,796	110%
13.b	Medical Transportation services targeted to Rural	97,185	0	20,000	0	0	117,185	0.55%	117,185	0	3/1/2016	\$90,068	77%
13.c	Transportation vouchers (bus passes & gas cards)	177,497	0	0	0	0	177,497	0.83%	177,497	0	3/1/2016	\$177,497	100%
14	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%
15	Legal Assistance	293,406	-293,406	0	0	0	0	0.00%	0	0	NA	\$0	0%
RF027516	Total Service Dollars	18,387,547	276,202	680,324	-15,499	0	19,328,574	90.10%	19,328,574	0		18,021,597	93%
	Grant Administration	1,612,704	0	0	15,500	0	1,628,204	7.59%	1,628,204	0	N/A	1,561,312	96%
RF027517	HCPHES/RWGA Section	1,146,388	0	0	0	0	1,146,388	5.34%	1,146,388	0	N/A	\$1,079,497	94%
PC	County Judge & RWPC Support*	466,316	0	0	15,500	0	481,816	2.25%	481,816	0	N/A	481,815	100%
RF027521	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	\$426,882	86%
		20,495,251	276,202	680,324	1	0	21,451,778	100.00%	21,451,778	0		20,009,791	93%
								Unallocated	Unobligated				
	Part A Grant Award:	20,771,451	Carry Over:	680,325		Total Part A:	21,451,776	-2	-2				

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent			
	Core (must not be less than 75% of total service dollars)	16,126,394	569,608	604,946	135,381	25,000	17,436,329	90.21%	17,461,329	91.05%			
	Non-Core (may not exceed 25% of total service dollars)	2,261,153	-293,406	75,378	-150,880	-25,000	1,892,245	9.79%	1,716,365	8.95%			
	Total Service Dollars (does not include Admin and QM)	18,387,547	276,202	680,324	-15,499	0	19,328,574		19,177,694				
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,612,704	0	0	15,500	0	1,628,204	7.59%					
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%					

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD
1	Outpatient/Ambulatory Primary Care	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		1,771,442	88%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,016,618	23,627	167,495	0	0	1,207,740	50.47%	1,016,618	191,122	3/1/2016	\$992,207	98%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	994,588	23,116	167,494	0	0	1,185,198	49.53%	994,588	190,610	3/1/2016	\$779,235	78%
	Total MAI Service Funds	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		1,771,442	88%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%
	Total MAI Funds	2,011,206	46,743	334,989	0	0	2,392,938	100.00%	2,011,206	381,732		1,771,442	88%
	MAI Grant Award	2,057,949	Carry Over:	577,522		Total MAI:	2,635,471						
	Combined Part A and MAI Total	22,506,457											

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

FY 2017 RW PART A REQUESTS FOR ALLOCATION INCREASE (July 2017)

REVISED: 7/20/2017

Request Control Number	FY 17 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2016 Final Contract Amount	Expended 2016	Percent Expended	FY 2017 Contract Amount	FY 2017 Expended YTD	FY 2017 Percent YTD	FY 2017 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes (Amount approved detail)
1	4.b	Oral Health	Oral Health - Rural	\$30,000		\$196,400	\$196,400	100%	\$166,404	\$57,800	35%	25%	Yes	
2	14.a-b	Medical Transportation	Medical Transportation - Rural & Urban	\$40,000		\$389,865	\$389,864	100%	\$349,865	\$80,640	23%	25%	Yes	
3	1.h	Primary Medical Care	Vision	\$50,000		\$166,900	\$166,900	100%	\$201,000	\$53,600	27%	25%	Yes	
4	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$246,500		\$2,201,698	\$2,125,206	97%	\$1,732,903	\$268,669	15%	25%	Yes	
5	1.h	Primary Medical Care	Vision	\$39,975		\$165,490	\$162,890	98%	\$151,000	\$37,960	25%	25%	Yes	
6	1.b-1.d	Primary Medical Care	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$338,350		\$3,407,258	\$3,406,839	100%	\$2,926,833	\$620,895	21%	25%	Yes	
7	2.a	Medical Case Management	Clinical Case Management	\$60,000		\$269,325	\$269,325	100%	\$244,328	\$60,125	25%	25%	Yes	
8	2.a	Medical Case Management	Clinical Case Management	\$75,000		\$244,325	\$216,425	89%	\$244,328	\$74,160	30%	25%	Yes	
9	6	Health Insurance and Premium Cost Sharing	Health Insurance Assistance	\$300,000		\$1,029,422	\$1,029,176	100%	\$1,294,551	\$286,177	22%	25%	Yes	

FY 2017 RW PART A REQUESTS FOR ALLOCATION INCREASE (July 2017)

REVISED: 7/20/2017

Request Control Number	FY 17 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2016 Final Contract Amount	Expended 2016	Percent Expended	FY 2017 Contract Amount	FY 2017 Expended YTD	FY 2017 Percent YTD	FY 2017 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes (Amount approved detail)
10	10	Medical Nutritional Therapy	Medical Nutritional Therapy	\$10,000		\$341,395	\$339,118	99%	\$341,395	\$85,394	25%	25%	Yes	To Reduce Wait Time and increase capacity
				\$1,189,825	\$0	\$8,412,076	\$8,302,143		\$7,652,607	\$1,623,420				
Confirmed Funds Avail. for Reallocation			\$444,642											
Source of Funds Available for Reallocation:														
FY 2016 Carryover Funds			\$444,642	Part A Explanation: Unspent FY 2016 program year funds										

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)							
B. Contract Number (not provided to RWPC)							
C. Service Category Title (per RFP)			ORAL HEALTH		Control No.		
D. Request for Increase under (check one): Request Period (check one):							
Part A: <input checked="" type="checkbox"/>			or	MAI: <input type="checkbox"/>			
April: <input type="checkbox"/>		July: <input checked="" type="checkbox"/>		Oct: <input type="checkbox"/>		Final Qtr: <input type="checkbox"/>	
E. Amount of additional funding Requested: \$30,000.00							
F. Unit of Service: (list only those units and disbursements where an increase is requested)							
a. Number of units in current contract:		b. Cost/unit		c. Number of additional units requested:		d. Total: (b x c)	
General Dentistry		1271	\$100.00	300	\$30,000.00		
2.					\$0.00		
3.					\$0.00		
4.					\$0.00		
5.					\$0.00		
6.					\$0.00		
7.					\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)		\$0.00	N/A		\$0.00		
9. Total additional funding (must match E. above):					\$30,000.00		
G. Number of new/additional clients to be served with requested increase.							
50							
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.							
1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"		290	42% (raw# = 122)	32% (raw# = 94)	25% (raw# = 71)	68% (raw# = 196)	32% (raw# = 94)
2. Number of clients that have received this service under Part A (or MAI) in FY 2017.							
a. April Request Period = Not Applicable		170	35% (raw# = 59)	36% (raw# = 61)	27% (raw# = 46)	65% (raw# = 110)	35% (raw# = 46)
b. August Request Period = 03/01/17 - 06/30/17							
c. October Request Period = 03/01/17 - 09/30/17							
d. 4th Qtr. Request Period = 03/01/17- 11/30/17							

Request for Service Category Increase
Ryan White Part A and MAI

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:	3-4 weeks	1-2 weeks	We would like to be able to provide new patients services within 1-2 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily end up greater than 4 weeks to appt. The additional funding would also help us to increase seeing patients 5 days per week.
2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase, we would see patients five days a week.
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	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
1.			d. Comment (50 words or less):
2.			
3.			
4.			
K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):			
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).			
This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org			

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)						
B. Contract Number (not provided to RWPC)						
C. Service Category Title (per RFP)	MEDICAL TRANSPORTATION				Control No.	2
D. Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
Request Period (check one):	April: <input type="checkbox"/>	July: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E. Amount of additional funding Requested:	\$40,000.00					
F. Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
TRIPS	161283	\$2.00	20000	\$40,000.00		
2.				\$0.00		
3.				\$0.00		
4.				\$0.00		
5.				\$0.00		
6.				\$0.00		
7.				\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)	\$0.00	N/A		\$0.00		
9. Total additional funding (must match E. above):					\$40,000.00	
G. Number of new/additional clients to be served with requested increase.	100					
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	695	53% (raw# = 365)	18% (raw# = 127)	27% (raw# = 190)	71% (raw# = 493)	29% (raw# = 202)
2. Number of clients that have received this service under Part A (or MAI) in FY 2017.						
a. April Request Period = Not Applicable						
b. August Request Period = 03/01/17 - 06/30/17	212	52% (raw# = 110)	15% (raw# = 32)	31% (raw# = 66)	69% (raw# = 146)	31% (raw# = 66)
c. October Request Period = 03/01/17 - 09/30/17						
d. 4th Qtr. Request Period = 03/01/17- 11/30/17						

Request for Service Category Increase
Ryan White Part A and MAI

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	0	With the increase of new medical (25) and dental patients (15) agency is experiencing higher request of appointments for the same week trips. Due to the increase in new patients lots have more complex needs that are requiring transportation services to and from medial and dental appointments and multiple primary care providers. Currently transportation has over \$20,000 in units in the no pay.
2. Length of waiting time (in weeks) for an appointment for a current client:	1	0	Next day with a possibility of same day service with increased funding.
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	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
1.			
2.			
3.			
4.			
K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):			
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).			
This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphe.org			

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)						
B. Contract Number (not provided to RWPC)						
C. Service Category Title (per RFP)	VISION				Control No. 3	
D. Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
Request Period (check one):	April: <input type="checkbox"/>	July: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E. Amount of additional funding Requested:	\$50,000.00					
F. Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
Vision Service	2010	\$100.00	500	\$50,000.00		
2.				\$0.00		
3.				\$0.00		
4.				\$0.00		
5.				\$0.00		
6.				\$0.00		
7.				\$0.00		
8. Disbursements (list current amount in column a, and requested amount in column c.)	\$0.00	N/A		\$0.00		
9. Total additional funding (must match E. above):					\$50,000.00	
G. Number of new/additional clients to be served with requested increase.	250					
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	918	57% (raw# = 520)	11% (raw# = 102)	30% (raw# = 273)	69% (raw# = 637)	31% (raw# = 281)
2. Number of clients that have received this service under Part A (or MAI) in FY 2017. a. April Request Period = Not Applicable b. August Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17- 11/30/17	412	53% (raw# = 217)	10% (raw# = 40)	36% (raw# = 149)	73% (raw# = 302)	27% (raw# = 110)

Request for Service Category Increase
Ryan White Part A and MAI

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:	3-4 weeks	1-2 weeks	We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to a 4-5 week appointment time without increased funding. Currently we have \$31,200 in no pay we are unable to bill for. If we add in the no patient unduplicated clients served this far we have served a total of 529 patients in the first 4 months of the contract.
2. Length of waiting time (in weeks) for an appointment for a current client:	2 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase, we would see patients five days a week.
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	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
1.			
2.			
3.			
4.			
K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):			
Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).			
This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphe.org			

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)						
B. Contract Number (not provided to RWPC)						
C. Service Category Title (per RFP)	URBAN PRIMARY CARE				Control No. 4	
D. Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI:			
Request Period (check one):	April:	July: <input checked="" type="checkbox"/>	Oct:	Final Qtr:		
E. Amount of additional funding Requested:	\$246,500.00					
F. Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
1. MD/NP/PA	2520	\$275.00	600	\$165,000.00		
2. LPAP TRANSACTIONS	1562	\$30.00	1000	\$30,000.00		
3. MCM	13232.48	\$25.00	1500	\$37,500.00		
4. CMSL	6809.40	\$20.00	700	\$14,000.00		
5.				\$0.00		
6.				\$0.00		
7.				\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)	\$0.00	N/A		\$0.00		
9. Total additional funding (must match E. above):					\$246,500.00	
G. Number of new/additional clients to be served with requested increase.	1,200					
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	2280	62% (raw# = 1406)	11% (raw# = 245)	26% (raw# = 587)	73% (raw# = 1667)	27% (raw# = 613)
2. Number of clients that have received this service under Part A (or MAI) in FY 2017.						
a. April Request Period = Not Applicable	1299	63% (raw# = 816)	8% (raw# = 100)	27% (raw# = 357)	76% (raw# = 982)	24% (raw# = 317)
b. August Request Period = 03/01/17 - 06/30/17						
c. October Request Period = 03/01/17 - 09/30/17						
d. 4th Qtr. Request Period = 03/01/17- 11/30/17						

Request for Service Category Increase
Ryan White Part A and MAI

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 consistently 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 20-25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding. Currently we have \$154,000.00 in no pay status. In addition, this includes meidcations and medication transactions. We are requesting additional medication transactions as we can't bill the medications without a transaction cost.
2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0	We would be able to see existing patients within the same week with funding increase.
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	
J. List all other sources and amounts of funding for similar services currently in place with agency:			
1.	a. Funding Source:	b. End Date of Contract:	c. Amount
2.			
3.			
4.			
K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):			

Request for Service Category Increase
Ryan White Part A and MAI

Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).

This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcpes.org

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Vision Care			Control No.		
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$39,975.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Visits	2323	\$65.00	615	\$39,975.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	N/A			\$0.00		
	9. Total additional funding (must match E. above):					\$39,975.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	1235	41%	20%	39%	78%	22%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2017. a. April Request Period = Not Applicable b. August Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17- 11/30/17	524	42%	17%	41%	77%	23%

Request for Service Category Increase
Ryan White Part A and MAI

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:	4	3	The agency has a large number of Ryan White patients seeking vision services. The agency is requesting funding in order to sufficiently meet the continued demands for vision services for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking vision services. The agency is requesting funding in order to sufficiently meet the continued demands for vision services for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	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) (per Part A SOC):	0	0	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.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcpbes.org				

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Primary Care/MCM/SLW/LPAP/Outreach			Control No.	10	
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$338,350.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Primary Health Care Visits	2,273	\$275.00	727	\$199,925.00		
	2. Medical Case Management	11174.68	\$25.00	3000	\$75,000.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$119,549.00	N/A	\$63,425.00	\$63,425.00		
	9. Total additional funding (must match E. above):				\$338,350.00		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	2784	46%	20%	34%	82%	18%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2017. a. April Request Period = Not Applicable b. August Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17- 11/30/17	1631	46%	18%	36%	82%	18%

Request for Service Category Increase
Ryan White Part A and MAI

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:	4	3	The agency has a large number of Ryan White patients seeking primary care and medical case management services. The agency is requesting funding in order to sufficiently meet the continued demands for primary care and medical case management services for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking primary care and medical case management services. The agency is requesting funding in order to sufficiently meet the continued demands for primary care and medical case management services for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	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) (per Part A SOC):	0	0	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.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphe.org				

Request for Service Category Increase
Ryan White Part A and MAI

A. Name of Agency (not provided to RWPC)						
B. Contract Number (not provided to RWPC)						
C. Service Category Title (per RFP)	CLINICAL CASE MANAGEMENT				Control No.	7
D. Request for Increase under (check one): Request Period (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
E. Amount of additional funding Requested:	\$60,000.00					
F. Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in <u>current</u> contract:	b. Cost/unit	c. Number of <u>additional</u> units requested:	d. Total: (b x c)		
CCM	7329	\$25.00	2400	\$60,000.00		
2.				\$0.00		
3.				\$0.00		
4.				\$0.00		
5.				\$0.00		
6.				\$0.00		
7.				\$0.00		
8. Disbursements (list current amount in column a. and requested amount in column c.)	\$0.00	N/A		\$0.00		
9. Total additional funding (must match E. above):				\$60,000.00		
G. Number of new/additional clients to be served with requested increase.	200					
H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	1060	61% (raw# = 651)	19% (raw# = 202)	18% (raw# = 189)	71% (raw# = 748)	29% (raw# = 312)
2. Number of clients that have received this service under Part A (or MAI) in FY 2017. a. April Request Period = Not Applicable b. August Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17- 11/30/17	391	64% (raw# = 252)	16% (raw# = 64)	17% (raw# = 68)	70% (raw# = 272)	30% (raw# = 119)

Request for Service Category Increase
Ryan White Part A and MAI

<p>I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.</p> <p>1. Length of waiting time (in weeks) for an appointment for a new client:</p>	<p>a. Enter Number of Weeks in this column</p> <p style="text-align: center;">3-4 weeks</p>	<p>b. How many Weeks will this be if full amount of request is received?</p> <p style="text-align: center;">1-2 weeks</p>	<p>c. Comments (do not include agency name or identifying information):</p> <p style="text-align: center;">We would like to be able to provide new patients services within 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to a 4 weeks or greater.</p>	
<p>2. Length of waiting time (in weeks) for an appointment for a current client:</p>	<p style="text-align: center;">1-2 weeks</p>	<p style="text-align: center;">0 weeks</p>	<p>We would be able to see existing patients within the same week with funding increase.</p>	
<p>3. Number of clients on a "waiting list" for services (per Part A SOC):</p>	<p style="text-align: center;">0</p>	<p style="text-align: center;">0</p>	<p>No waiting list at this time as we have been able to continue scheduling all patients for appointments.</p>	
<p>3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):</p>	<p style="text-align: center;">0</p>	<p style="text-align: center;">0</p>		
<p>J. List all other sources and amounts of funding for similar services currently in place with agency:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>a. Funding Source:</p>	<p>b. End Date of Contract:</p>	<p>c. Amount</p>	<p>d. Comment (50 words or less):</p>
<p>K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):</p> <p>Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).</p> <p>This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphe.org</p>				

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)									
B.	Contract Number (not provided to RWPC)									
C.	Service Category Title (per RFP)	Clinical Case Management				Control No.	8			
D.	Request for Increase under (check one):	Part A:	or	MAI:						
	Request Period (check one):	April:	July: X	Oct:	Final Qtr:					
E.	Amount of additional funding Requested:									
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)					
	1. CMLIC	6108	\$30.00	2,500	\$75,000.00					
	2.				\$0.00					
	3.				\$0.00					
	4.				\$0.00					
	5.				\$0.00					
	6.				\$0.00					
	7.				\$0.00					
	8. Disbursements (list current amount under a. and amount requested under c.)		N/A		\$0.00					
	9. Total additional funding (must match E. above):					\$75,000.00				
G.	Number of new/additional clients to be served with requested increase.									
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female			
	1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"									
		350	53%	32%	14%	84%	16%			

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 2017. a. April Request Period = Not Applicable b. July Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17 - 11/30/17				185	51%	34%	14%	82%	18%
I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer only those questions that are applicable to agency's current situation.	a. Enter Response in this column	b. What will this number be if full amount of this request is received?	c. Comment: We have not been able to enter May data or billing as our contract is not yet set up in CPCDMS so the data in #2 reflects our EHR data. June data is not due until after this deadline. Our contract was extended 2 months from CY 16 due to the County's desire to add a contractor to the category.					
	1. Length of waiting time (in weeks) for a new appointment:			N/A We serve everyone who presents for services. For 3.1.17 - 5.31.17, we had \$6,075 in No Pay. So far in CY17 we have \$4,545 representing 4 months. We expect to have a total of \$60,000 in No Pay for this full year if no increase is awarded and we will have to reduce staff and the number of clients we serve by 30% thus creating a wait list. On the current contract, we are only able to fund our 3 CCMs at 65%					
	2. Number of clients on waiting list for services:	0		N/A	"				
	3. Number of clients unable to access services monthly:	0		N/A	"				
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 (25 words or less):				
	1. Behavioral Case Management for consumers with active or a history of substance use	DSHS - Substance	8/31/17	\$440,245	Includes prison and recently released service linkage				
	2.								

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Health Insurance Premium and Cost Sharing Assistance			Control No.	9	
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$300,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$1,046,001.00	N/A	\$300,000.00	\$300,000.00		
	9. Total additional funding (must match E. above):					\$300,000.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	2101	45%	28%	27%	81%	19%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2017. a. April Request Period = Not Applicable b. August Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17- 11/30/17	1660	45%	27%	28%	80%	20%

Request for Service Category Increase
Ryan White Part A and MAI

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:	4	3	The agency has a large number of Ryan White patients seeking health insurance assistance services. The agency is requesting funding in order to sufficiently meet the continued demands for health insurance assistance services for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking health insurance assistance services. The agency is requesting funding in order to sufficiently meet the continued demands for health insurance assistance services for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	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) (per Part A SOC):	0	0	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.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org				

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)				Control No.		
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$10,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$231,845.00	N/A	\$10,000.00	\$10,000.00		
	9. Total additional funding (must match E. above):					\$10,000.00	
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	505	41%	23%	36%	77%	23%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2017. a. April Request Period = Not Applicable b. August Request Period = 03/01/17 - 06/30/17 c. October Request Period = 03/01/17 - 09/30/17 d. 4th Qtr. Request Period = 03/01/17- 11/30/17	365	40%	22%	38%	77%	23%

Request for Service Category Increase
Ryan White Part A and MAI

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:	4	3	The agency has a large number of Ryan White patients seeking nutrition therapy services. The agency is requesting funding in order to sufficiently meet the continued demands for nutrition therapy services for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking nutrition therapy services. The agency is requesting funding in order to sufficiently meet the continued demands for nutrition therapy services for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	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) (per Part A SOC):	0	0	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.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphes.org				

FY 2016 RW PART A REQUESTS FOR ALLOCATION INCREASE (July 2016)

REVISED: 7/20/2017

Request Control Number	FY 17 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	FY 2016 Final Contract Amount	Expended 2016	Percent Expended	FY 2017 Contract Amount	FY 2017 Expended YTD	FY 2017 Percent YTD	FY 2017 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes
1	1b-1.c	Primary Medical Care	Community-based Primary Medical Care targeted to African American, and Hispanic	\$68,750		\$772,410	\$498,575	65%	\$791,226	\$193,050	24%	25%	Yes	Amount approved detail:
				\$68,750	\$0	\$772,410	\$498,575		\$791,226	\$193,050				
Confirmed Funds Avail. for Reallocation				\$631,496	MAI									
Source of Funds Available for Reallocation:				Explanation:										
FY 2015 Carryover Funds				\$631,496	Unspent MAI funds from FY 16 program year									

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE MAI			Control No.	<u>7</u>	
D.	Request for Increase under (check one): Request Period (check one):	Part A:	or	MAI: X			
E.	Amount of additional funding Requested:	\$68,750.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. MD/NP/PA	2877	\$275.00	250	\$68,750.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$0.00	N/A		\$0.00		
	9. Total additional funding (must match E. above):					\$68,750.00	
G.	Number of new/additional clients to be served with requested increase.	50					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2016.* (March 1, 2016 - February 28, 2017) *If agency was funded for service under Part A (or MAI) in FY 2016 - if not, mark these cells as "NA"	790	64% (raw# = 507)	0% (raw# = 0)	35% (raw# = 276)	75% (raw# = 593)	25% (raw# = 197)
	2. Number of clients that have received this service under Part A (or MAI) in FY 2017.						
	a. April Request Period = Not Applicable	537	62% (raw# = 332)	0% (raw# = 0)	38% (raw# = 203)	77% (raw# = 411)	23% (raw# = 126)
	b. August Request Period = 03/01/17 - 06/30/17						
	c. October Request Period = 03/01/17 - 09/30/17						
	d. 4th Qtr. Request Period = 03/01/17- 11/30/17						

Request for Service Category Increase
Ryan White Part A and MAI

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	<p>The need for same day appointments for new patients is consistently 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 25 new patients each month. New patient appt timeframes is currently 2-3 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding.</p> <p>Will be able to see patients same day with funding increase</p> <p>No waiting list at this time as we have been able to continue scheduling all patients for appointments.</p>	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 2	0		
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0		
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	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.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: cmartin@hcphe.org				

2017 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(submitted July 2017)

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 2018 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 2018 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status:

6. *Review the FY 2017 priorities as needed.
Status:

7. *Review the FY 2017 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

Renew Your Medication Eligibility Yearly

At the Texas HIV Medication Program (THMP), our goal is help you get your medications and stay on them. **This is why we have changed when we renew eligibility to the last day of your birthday month.**

You know how important your medicine is for your health. We want to make sure you have a day you will remember to renew your eligibility so you will always have what you need to stay healthy.

Remember:

- ◆ Your medications work best when you take them every day.
- ◆ If you have concerns about your medications, talk to your doctor or pharmacist.
- ◆ Let THMP know when your life changes so we can keep up with you. Six months after you renew your eligibility, we will check in with you to see what has changed.
- ◆ Your local agency can help you apply and reapply for THMP - Just ask!
- ◆ On the month of your birthday, remember it's time to renew your eligibility. Check your mail, and if you don't hear from us, give us a call! We want to make sure you can fill your THMP medications every month.

Texas HIV Medication Program
(800) 255-1090

www.dshs.texas.gov/hivstd/meds

Taking your medications is a gift you give yourself



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Birth Month Recertification

1. June 2017, Birth Month Recertification Began. 1,280 Recertification Applications were sent out in June for July birthdates. All applications are due July 30, the last day of the client's birth month.
1. 14,067 letters will be sent to clients with birthdates August-June to notify them of the change.
1. Notification of the change was announced through the THMP eligibility email list, along with a Q&A to assist agency worker with answering commonly asked questions.