

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

**Memorandum**

To: Members, Priority and Allocations Committee:  
Bobby Cruz, Co-Chair                      Niquita Moret  
Allen Murray, Co-Chair                      Rashel Richardson  
Mauricia E. Chatman                      Carol Suazo  
Melvin Joseph                                  Bruce Turner  
Josh Mica                                        *Peta-gay Ledbetter*

Copy: Tana Pradia                                  Diane Beck  
Carin Martin                                      Rodney Goodie  
Heather Keizman                                Ann Robison  
Yvette Garvin                                    Johnetta Evans-Thomas  
Sha'Terra Johnson-Fairley                      Katy Caldwell  
Amber Harbolt                                    Nancy Miertschin

From: Tori Williams

Date: Monday, May 18, 2020

Re: Meeting Announcement

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Please note the following information:

**Priority and Allocations Committee Meeting**

12 noon, Thursday, May 28, 2020

**Meeting Location: Online or via phone – Please do not come in person**

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Join Zoom Meeting:

<https://us02web.zoom.us/j/87071684235?pwd=ZTJoVXpIcGthSWtEWFRiWGZuNWU1dz09>

Meeting ID: 870 7168 4235

Password: 534099

Or call in at: 346 248-7799

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Please RSVP to Rod, even if you cannot attend the meeting. She can be reached at: [Rodriga.Avila@cjo.hctx.net](mailto:Rodriga.Avila@cjo.hctx.net) or by telephone at 832 927-7926. And, if you have questions for your committee mentor, do not hesitate to contact:

- Allen Murray

We look forward to seeing you next week.

# Houston Area HIV Services Ryan White Planning Council

## Priority & Allocations Committee Meeting

12 noon, Thursday, May 28, 2020

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### AGENDA

- I. Call to Order Bobby Cruz and  
Allen Murray, Co-Chairs
- A. Moment of Reflection
  - B. Approval of Agenda
  - C. Approval of 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 living 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. Training: Houston Council Priority Setting Process Bruce Turner

- IV. Old Business
- A. Reports from the Grant Recipient, Ryan White Part A/MAI Carin Martin
  - B. Update on the FY 2020 Ryan White Part A/MAI Grant
  - C. Reports from the Grant Recipient, Ryan White Part B & SS\* Yvette Garvin
  - D. Determine June Meeting Dates – See attached calendar Tori Williams
    - 1) Special Meetings: June 8 – 12, 2020
    - 2) June Committee Meeting: 12 noon, Mon., June 15, 2020
    - 3) Record Public Hearing: 2 pm, Thurs., June 18, 2020
    - 4) Special Meeting if comments: 12 noon, Wed. July 1, 2020

- V. Priority Setting Process
- A. Review the policy for setting priorities
  - B. Determine FY 2021 Service Priorities Amber Harbolt
    - 1) Review 2020 Needs Assessment Data
    - 2) Public Comment – must be directly related to either the midpoints or the numerical ranking of a particular service
    - 3) Vote on the FY 2021 service priorities

(Continued)

- VI. New Business
  - A. Proposed Idea Form
  - B. Quarterly Committee Report
  
- VII. Announcements
  - 1) Special Committee Meetings to create the recommended FY 2021 Allocations
  - 2) Vote on the FY 2021 Allocations: \_\_\_\_\_
  - 3) Record the Public Hearing: \_\_\_\_\_
  - 4) TENTATIVE: Special Committee meeting: \_\_\_\_\_
  
- VIII. Adjourn

**Houston Area HIV Services Ryan White Planning Council**

**Priority & Allocations Committee Meeting**

12:00 p.m., Thursday, February 27, 2020

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

**MINUTES**

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>STAFF PRESENT</b>
Bobby Cruz, Co-Chair	J. Hoxi Jones, Excused	<i>The Resource Group</i>
Allen Murray, Co-Chair	Mel Joseph, Excused	Sha'Terra Johnson-Fairley
Mauricia E. Chatman	Carol Suazo, Excused	Kim Kirchner, Intern
Josh Mica	Peta-gay Ledbetter, Excused	
Niquita Moret		<i>Ryan White Grant Admin</i>
Bruce Turner		Carin Martin
		Heather Keizman
<b>OTHERS PRESENT</b>		
Tana Pradia, RWPC Chair		<i>Office of Support</i>
		Tori Williams
		Amber Harbolt
		Diane Beck

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

**Call to Order:** Bobby Cruz, Co-Chair, called the meeting to order at 12:15 p.m. and asked for a moment of reflection.

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

**Approval of the Minutes:** *Motion #2*: it was moved and seconded (Turner, Mica) to approve the October 31, 2019 minutes. **Motion carried.** Abstentions: Chatman, Murray

**Public Comment:** None.

**Committee Orientation:** Williams reviewed the attached documents: Nuts and Bolts for New Members, and memorandums regarding End of Year Petty Cash Procedures and the Open Meetings Act Training, Timeline of Critical 2020 Council Activities, Committee Meeting Schedule, and Conflict of Interest Policy.

**2020 Committee Goals:** *Motion #3*: it was moved and seconded (Turner, Mica) to use the same committee goals in 2020 as were used in 2019. **Motion carried unanimously.**

**Determine the FY 2021 Principles & Criteria:** See attached. ***Motion #4:*** *it was moved and seconded (Chatman, Mica) to approve the attached FY 2020 Principles and Criteria for FY 2021. Motion carried.* Abstention: Turner.

**Determine the FY 2021 Priority Setting Process:** ***Motion #5:*** *it was moved and seconded (Turner, Murray) to approve the attached FY 2020 Priority Setting Process for FY 2021 with one change, move number 3 up to 1. Motion carried unanimously.*

Due to the change made to the Priority Setting Process, the committee made the following motions regarding the FY 2021 Principles and Criteria:

***Motion #6:*** *it was moved and seconded (Turner, Murray) to approve the attached Principles for FY 2021. Motion carried unanimously.*

***Motion #7:*** *it was moved and seconded (Turner, Murray) to approve the attached Criteria for FY 2021. Motion carried unanimously.*

**Determine the FY 2020 Policy on Allocating Unspent Funds:** ***Motion #8:*** *it was moved and seconded (Turner, Moret) to approve the attached FY 2018 Policy for Addressing Unobligated and Carryover Funds for FY 2019. Motion carried unanimously.*

**Continuation of the Subcategory Review Process:** Williams said that the Subcategory Review Process used to come from the Office of Support but as of last year it is sent from the two administrative agencies. There has been no response to this memo for several years. The committee asked the staff to continue the process in 2020.

**Old Business:**

**Updates on the FY 2019 HRSA Grant Award:** Martin stated that a partial notice of grant award had been received

**Training in how to read Ryan White Part A/MAI Reports:** Martin reviewed the attached FY 2019 Procurement Report dated 02/18/2020 and the Service Utilization Report dated 02/18/2020.

**Training in how to read Ryan White Part B/State Services Reports:** Johnson-Fairley presented the attached document on how to read reports from The Resource Group as well as the Part B Procurement report dated 01/21/20, DSHS State Services Procurement report dated 01/24/20 and Service Utilization report dated 01/08/20, and the Health Insurance Assistance reports dated 01/08/20 and 02/05/20.

**New Business:**

**Elect a Committee Vice Chair:** Mica volunteered to be the Committee Vice Chair.

**Announcements:** The Committee does not need to meet in March since it got so much accomplished today, but members are encouraged to attend the Joint Committee Meeting with the Quality Improvement and Affected Community Committees on March 17, 2020 at 2:00 p.m. The purpose of that meeting is to review the criterion used to select and justify the FY 2021 service categories. The committee will meet in April if there are funds to be allocated.

**Adjournment:** The meeting adjourned on February 27, 2020 at 1:41 p.m.

Submitted by:

Approved by:

\_\_\_\_\_  
Tori Williams, Director                      Date

\_\_\_\_\_  
Committee Chair                              Date

Scribe: Beck

C = chaired the meeting; JA = just arrived; LM = left meeting

**2020 Priority & Allocations Committee Voting Record for 02/27/20**

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Committee Goals Carried				Motion #4 Principles & Criteria Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair				C				C				C				C
Allen Murray, Co-Chair		X						X		X				X		
Mauricia Chatman		X						X		X				X		
J. Hoxi Jones	X				X				X				X			
Mel Joseph	X				X				X				X			
Josh Mica		X				X				X				X		
Niquita Moret		X				X				X				X		
Carol Suazo	X				X				X				X			
Bruce Turner		X				X				X						X
Peta-gay Ledbetter	X				X				X				X			

MEMBERS	Motion #5 Priority Setting Process Carried				Motion #6 Principles Carried				Motion #7 Criteria Carried				Motion #8 Unspent Funds Policy Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair				C				C				C				C
Allen Murray, Co-Chair		X				X				X				X		
Mauricia Chatman		X				X				X				X		
J. Hoxi Jones	X				X				X				X			
Mel Joseph	X				X				X				X			
Josh Mica		X				X				X				X		
Niquita Moret		X				X				X				X		
Carol Suazo	X				X				X				X			
Bruce Turner		X				X				X				X		
Peta-gay Ledbetter	X				X				X				X			



**Houston Ryan White Planning Council**  
**Priority Setting Process**  
**May 28, 2020**

***Principles and Criteria***

**Principles**

Sound priority setting must be based on clearly stated and consistently applied principles for decision-making.

- These principles are the basic ideals for action

**Criteria**

Criteria are the standards on which judgment will be based.



## ***Priority Setting***

**Needs Assessment Data**      The percentages are taken from the needs assessment and then broken down and used to determine the priorities.

**Midpoint**      When a service percentage is above the set median point it will rank as a high for that column, if below the midpoint then it will be a low rank. This will be done for each column. Later in this presentation, we will use an example which will make it easier to see how the data and the midpoints work.

**High Low Score**      E.g. Score:      LLHL  
Attached is a listing of each possible high low scenario.

## ***Priority Setting***

The group will then place each service into one of two groups: Core or Non Core

### **CORE**

Outpatient/Ambulatory Medical Care (Primary Care)  
Local Pharmaceutical Assistance Program (LPAP)  
Oral Health Care  
Early Intervention Services  
Health Insurance Premium and Cost-Sharing Assistance  
Home Health Care  
Home  
Hospice  
Home and community based health services  
Medical Nutrition Therapy  
Mental Health  
Outpatient Substance Abuse  
Medical Case Management (including treatment adherence services)

### **NON-CORE**

Case Management (Non-Medical)  
Health Education Risk Reduction  
Medical Transportation  
Outreach Services  
Psychosocial Support Services  
Referral for healthcare/supportive services  
Treatment Adherence Counseling

## Prioritization

### Lets Try It!

Happy HSDA

Service	Need	Use	Availability
Oral Health Care	68	45	15
Primary Care	82	82	3
Case Management	81	76	10
Medical Case Management	68	68	7
Van Transportation	51	49	15
Health Insurance	77	42	30
Vision Care	74	31	38

Let's set our midpoints!

*\*Hint, Remember the midpoint is the average of the highest and lowest NA percentage.*

Need: 67% Use: 57% Availability: 21%

## Prioritization

### Happy HSDA

Service	Need	Use	Availability	Need	Use	Avail
Oral Health Care	68	45	15	H	L	L
Primary Care	82	82	3	H	H	L
Case Management	81	76	10	H	H	L
Medical Case Management	68	68	7	H	H	L
Van Transportation	51	49	15	L	L	L
Health Insurance	77	42	30	H	L	H

Midpoints: Need: 67% Use 57% Availability 21%

Service	High-Low Scores:	C/N	Rank
Primary Care:	HHL	C	1
Medical Case Management:	HHL	C	2
Health Insurance:	HLH	C	3
Oral Health:	HLL	C	4
Case Management:	HHL	N	5
Van Transportation:	LLL	N	6

## *Prioritization*

### **Tie Breaking and finalizing**

Once this is done the committee will use any additional relevant information and public comment to break any ties until there is an established priority list.

## *Prioritization*

### **What happens when there is NO new Needs Assessment data?**

During years where there is no new needs assessment data (or “off years”) the group will use data from the most recent needs assessment activities, special studies, HBTMN, etc.

*The group does not complete another High-Low process during these years, the work is already done !, instead....*

The group will be given the listing of the previous years priorities and make changes in the priorities as appropriate.

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

FY 2019 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
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>9,783,470</b>	<b>0</b>	<b>100,096</b>	<b>55,000</b>	<b>0</b>	<b>9,938,566</b>	<b>44.29%</b>	<b>9,938,566</b>	<b>0</b>		<b>10,560,011</b>	<b>106%</b>	<b>100%</b>
1.a	Primary Care - Public Clinic (a)	3,591,064	0	0	30,000	0	3,621,064	16.14%	3,621,064	0	3/1/2019	\$3,602,340	99%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	25,032	25,000	0	990,479	4.41%	990,479	0	3/1/2019	\$1,355,756	137%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	25,032	0	0	811,456	3.62%	811,456	0	3/1/2019	\$1,337,114	165%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,023,797	0	25,032	0	0	1,048,829	4.67%	1,048,829	0	3/1/2019	\$708,378	68%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761	0	0	0	0	1,149,761	5.12%	1,149,761	0	3/1/2019	\$1,045,332	91%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540	0	0	0	0	1,874,540	8.35%	1,874,540	0	3/1/2019	\$2,087,591	111%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	0	0	0	0	15,437	0.07%	15,437	0	3/1/2019	\$9,000	58%	100%
1.h	Vision	402,000	0	25,000	0	0	427,000	1.90%	427,000	0	3/1/2019	\$414,500	97%	100%
<b>2</b>	<b>Medical Case Management</b>	<b>2,535,802</b>	<b>0</b>	<b>50,000</b>	<b>-120,000</b>	<b>0</b>	<b>2,465,802</b>	<b>10.99%</b>	<b>2,465,802</b>	<b>0</b>		<b>1,584,541</b>	<b>64%</b>	<b>100%</b>
2.a	Clinical Case Management	488,656	0	0	0	0	488,656	2.18%	488,656	0	3/1/2019	\$488,627	100%	100%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0	0	482,722	2.15%	482,722	0	3/1/2019	\$193,192	40%	100%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	16,666	0	0	337,736	1.51%	337,736	0	3/1/2019	\$254,601	75%	100%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	16,666	0	0	337,738	1.51%	337,738	0	3/1/2019	\$105,281	31%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	16,668	0	0	123,915	0.55%	123,915	0	3/1/2019	\$94,587	76%	100%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0	-60,000	0	288,760	1.29%	288,760	0	3/1/2019	\$226,844	79%	100%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0	0	0	180,311	0.80%	180,311	0	3/1/2019	\$97,999	54%	100%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	-60,000	0	100,051	0.45%	100,051	0	3/1/2019	\$20,562	21%	100%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0	0	80,025	0.36%	80,025	0	3/1/2019	\$66,052	83%	100%
2.j	Med CM - Targeted to Youth	45,888	0	0	0	0	45,888	0.20%	45,888	0	3/1/2019	\$36,798	80%	100%
<b>3</b>	<b>Local Pharmacy Assistance Program (a) (e)</b>	<b>2,657,166</b>	<b>500,000</b>	<b>125,126</b>	<b>0</b>	<b>0</b>	<b>3,282,292</b>	<b>14.63%</b>	<b>3,282,292</b>	<b>0</b>		<b>\$1,736,559</b>	<b>53%</b>	<b>100%</b>
<b>4</b>	<b>Oral Health</b>	<b>166,404</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166,404</b>	<b>0.74%</b>	<b>166,404</b>	<b>0</b>		<b>166,400</b>	<b>100%</b>	<b>100%</b>
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	0.74%	166,404	0	3/1/2019	\$166,400	100%	100%
<b>5</b>	<b>Mental Health Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>6</b>	<b>Health Insurance (c)</b>	<b>1,173,070</b>	<b>166,000</b>	<b>0</b>	<b>100,000</b>	<b>0</b>	<b>1,439,070</b>	<b>6.41%</b>	<b>1,439,239</b>	<b>-169</b>		<b>\$1,439,239</b>	<b>100%</b>	<b>100%</b>
<b>7</b>	<b>Home and Community-Based Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>8</b>	<b>Substance Abuse Services - Outpatient</b>	<b>45,677</b>	<b>0</b>	<b>0</b>	<b>-10,000</b>	<b>0</b>	<b>35,677</b>	<b>0.16%</b>	<b>35,677</b>	<b>0</b>		<b>\$35,344</b>	<b>99%</b>	<b>100%</b>
<b>9</b>	<b>Early Intervention Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>10</b>	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>341,395</b>	<b>1.52%</b>	<b>341,395</b>	<b>0</b>		<b>\$307,128</b>	<b>90%</b>	<b>100%</b>
<b>11</b>	<b>Hospice Services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>12</b>	<b>Outreach Services</b>	<b>420,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>420,000</b>	<b>1.87%</b>	<b>420,000</b>	<b>0</b>		<b>\$288,185</b>	<b>69%</b>	<b>100%</b>
<b>13</b>	<b>Emergency Financial Assistance</b>	<b>450,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>450,000</b>	<b>2.01%</b>	<b>450,000</b>	<b>0</b>		<b>\$1,305,439</b>	<b>290%</b>	<b>100%</b>
<b>14</b>	<b>Referral for Health Care and Support Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>15</b>	<b>Non-Medical Case Management</b>	<b>1,231,002</b>	<b>0</b>	<b>100,000</b>	<b>-25,000</b>	<b>0</b>	<b>1,306,002</b>	<b>5.82%</b>	<b>1,306,002</b>	<b>0</b>		<b>1,544,450</b>	<b>118%</b>	<b>100%</b>
15.a	Service Linkage targeted to Youth	110,793	0	0	-10,000	0	100,793	0.45%	100,793	0	3/1/2019	\$117,714	117%	100%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0	0	-15,000	0	85,000	0.38%	85,000	0	3/1/2019	\$97,796	115%	100%
15.c	Service Linkage at Public Clinic (a)	427,000	0	0	0	0	427,000	1.90%	427,000	0	3/1/2019	\$522,850	122%	100%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	100,000	0	0	693,209	3.09%	693,209	0	3/1/2019	\$806,091	116%	100%
<b>16</b>	<b>Medical Transportation</b>	<b>424,911</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>424,911</b>	<b>1.89%</b>	<b>424,911</b>	<b>0</b>		<b>424,910</b>	<b>100%</b>	<b>100%</b>
16.a	Medical Transportation services targeted to Urban	252,680	0	0	0	0	252,680	1.13%	252,680	0	3/1/2019	\$281,980	112%	100%
16.b	Medical Transportation services targeted to Rural	97,185	0	0	0	0	97,185	0.43%	97,185	0	3/1/2019	\$67,884	70%	100%
16.c	Transportation vouchers (bus passes & gas cards)	75,046	0	0	0	0	75,046	0.33%	75,046	0	3/1/2019	\$75,046	100%	0%
<b>17</b>	<b>Linguistic Services (c)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>0%</b>
<b>98327518</b>	<b>Total Service Dollars</b>	<b>19,228,897</b>	<b>666,000</b>	<b>375,222</b>	<b>0</b>	<b>0</b>	<b>20,270,119</b>	<b>88.46%</b>	<b>20,270,288</b>	<b>-169</b>		<b>19,392,204</b>	<b>96%</b>	<b>100%</b>
	<b>Grant Administration</b>	<b>1,675,047</b>	<b>119,600</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,794,647</b>	<b>8.00%</b>	<b>1,794,647</b>	<b>0</b>		<b>627,328</b>	<b>35%</b>	<b>100%</b>
<b>98327517</b>	<b>HCPHES/RWGA Section</b>	<b>1,183,084</b>	<b>119,600</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,302,684</b>	<b>5.81%</b>	<b>1,302,684</b>	<b>0</b>		<b>\$462,731</b>	<b>36%</b>	<b>100%</b>
<b>98327517</b>	<b>RWPC Support*</b>	<b>491,963</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>491,963</b>	<b>2.19%</b>	<b>491,963</b>	<b>0</b>		<b>164,598</b>	<b>33%</b>	<b>100%</b>

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
	Quality Management	495,000	-119,600	0	0	0	375,400	1.67%	375,400	0	N/A	\$84,702	23%	100%
		21,398,944	666,000	375,222	0	0	22,440,166	98.13%	22,440,335	-169		20,104,235	90%	100%
								Unallocated	Unobligated					
	<b>Part A Grant Award:</b>	<b>22,439,871</b>	<b>Carry Over:</b>	<b>465</b>			<b>Total Part A:</b>	<b>170</b>	<b>-169</b>					
		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)	16,702,984	666,000	275,222	25,000	0	17,669,206	87.17%	15,829,221	81.63%				
	Non-Core (may not exceed 25% of total service dollars)	2,525,913	0	100,000	-25,000	0	2,600,913	12.83%	3,562,984	18.37%				
	<b>Total Service Dollars (does not include Admin and QM)</b>	<b>19,228,897</b>	<b>666,000</b>	<b>375,222</b>	<b>0</b>	<b>0</b>	<b>20,270,119</b>		<b>19,392,204</b>					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	119,600	0	0	0	1,794,647	8.00%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	-119,600	0	0	0	375,400	1.67%						
<b>MAI Procurement Report</b>														
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	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,846,845	40,438	18,861	0	0	1,906,144	85.62%	1,906,144	0		1,857,625	97%	100%
1.b (MAI)	Primary Care - CBO Targeted to African American	934,693	20,219	9,430	0	0	964,342	43.32%	964,342	0	3/1/2019	\$1,093,950	113%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	912,152	20,219	9,431	0	0	941,802	42.30%	941,802	0	3/1/2019	\$763,675	81%	100%
2	Medical Case Management	320,100	0	0	0	0	320,100	14.38%	320,100	0		\$210,675	66%	100%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.19%	160,050	0	3/1/2019	\$142,705	89%	100%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.19%	160,050	0	3/1/2019	\$67,970	42%	100%
	<b>Total MAI Service Funds</b>	<b>2,166,945</b>	<b>40,438</b>	<b>18,861</b>	<b>0</b>	<b>0</b>	<b>2,226,244</b>	<b>100.00%</b>	<b>2,226,244</b>	<b>0</b>		<b>2,068,300</b>	<b>93%</b>	<b>100%</b>
	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%
	<b>Total MAI Non-service Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>0%</b>
	<b>Total MAI Funds</b>	<b>2,166,945</b>	<b>40,438</b>	<b>18,861</b>	<b>0</b>	<b>0</b>	<b>2,226,244</b>	<b>100.00%</b>	<b>2,226,244</b>	<b>0</b>		<b>2,068,300</b>	<b>93%</b>	<b>100%</b>
	<b>MAI Grant Award</b>	<b>2,226,244</b>	<b>Carry Over:</b>	<b>0</b>			<b>Total MAI:</b>							
	<b>Combined Part A and MAI Original Allocation Total</b>	<b>23,565,889</b>												
<b>Footnotes:</b>														
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 or Decrease funding scenario.													
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule reallocations													

FY 2019 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 3rd Quarter (3/1-11/30)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	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>Outpatient/Ambulatory Primary Care (excluding Vision)</b>	6,467	7,502	73%	26%	1%	46%	14%	2%	37%	0%	1%	5%	26%	27%	13%	26%	2%
1.a	Primary Care - Public Clinic (a)	2,350	3,273	68%	31%	1%	50%	9%	2%	39%	0%	0%	2%	16%	26%	16%	36%	4%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,652	66%	31%	3%	99%	0%	1%	0%	0%	1%	6%	39%	27%	11%	17%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,402	83%	15%	2%	0%	0%	0%	100%	0%	1%	7%	30%	31%	12%	17%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	725	88%	11%	1%	0%	87%	13%	0%	0%	0%	4%	30%	24%	13%	28%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	638	70%	29%	1%	45%	24%	2%	29%	0%	0%	7%	33%	26%	12%	21%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,022	0%	100%	0%	60%	8%	2%	31%	0%	0%	1%	10%	30%	18%	34%	5%
1.g	Primary Care - Pediatric (a)	7	8	100%	0%	0%	38%	13%	0%	50%	13%	50%	38%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,099	74%	25%	1%	47%	14%	3%	36%	0%	0%	4%	22%	24%	14%	32%	4%
2	<b>Medical Case Management (f)</b>	3,075	5,077															
2.a	Clinical Case Management	600	1,120	77%	21%	2%	52%	14%	2%	32%	0%	0%	3%	29%	26%	9%	28%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	528	92%	7%	1%	63%	11%	2%	24%	0%	0%	2%	30%	22%	11%	32%	3%
2.c	Med CM - Targeted to AA (a)	550	1,347	65%	32%	3%	99%	0%	1%	0%	0%	0%	6%	35%	26%	12%	18%	2%
2.d	Med CM - Targeted to H/L(a)	550	569	80%	16%	4%	0%	0%	0%	100%	0%	1%	7%	29%	34%	10%	18%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	406	85%	14%	1%	0%	87%	13%	0%	0%	0%	2%	23%	21%	15%	34%	4%
2.f	Med CM - Targeted to Rural (a)	150	631	67%	32%	1%	48%	27%	3%	22%	0%	0%	6%	23%	24%	13%	32%	4%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	215	0%	100%	0%	75%	7%	2%	16%	0%	0%	0%	11%	29%	15%	39%	5%
2.h	Med CM - Targeted to Pedi (a)	125	72	58%	42%	0%	68%	8%	1%	22%	60%	31%	10%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	180	96%	4%	0%	69%	22%	1%	8%	0%	0%	0%	1%	6%	3%	61%	31%
2.j	Med CM - Targeted to Youth	120	9	89%	11%	0%	44%	11%	0%	44%	0%	11%	89%	0%	0%	0%	0%	0%
3	<b>Local Drug Reimbursement Program (a)</b>	2,845	4,273	74%	24%	3%	47%	15%	2%	36%	0%	0%	5%	29%	28%	14%	23%	1%
4	<b>Oral Health</b>	200	276	65%	33%	1%	44%	32%	1%	22%	0%	0%	5%	21%	27%	11%	32%	4%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	276	65%	33%	1%	44%	32%	1%	22%	0%	0%	5%	21%	27%	11%	32%	4%
5	<b>Mental Health Services (d)</b>	NA	NA															
6	<b>Health Insurance</b>	1,700	1,698	80%	19%	1%	46%	25%	3%	26%	0%	0%	2%	16%	19%	13%	40%	9%
7	<b>Home and Community Based Services (d)</b>	NA	NA															
8	<b>Substance Abuse Treatment - Outpatient</b>	40	19	95%	5%	0%	21%	42%	5%	32%	0%	0%	5%	32%	21%	26%	16%	0%
9	<b>Early Medical Intervention Services (d)</b>	NA	NA															
10	<b>Medical Nutritional Therapy/Nutritional Supplements</b>	650	439	78%	22%	0%	41%	22%	3%	34%	0%	0%	1%	10%	17%	15%	46%	10%
11	<b>Hospice Services (d)</b>	NA	NA															
12	<b>Outreach</b>	700	592	77%	21%	1%	58%	13%	1%	29%	0%	1%	9%	32%	23%	10%	24%	2%
13	<b>Non-Medical Case Management</b>	7,045	7,610															
13.a	Service Linkage Targeted to Youth	320	145	78%	20%	2%	55%	4%	4%	37%	0%	17%	83%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	121	74%	25%	1%	53%	11%	4%	32%	0%	0%	0%	45%	29%	8%	14%	4%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,448	66%	33%	1%	61%	9%	1%	29%	0%	0%	0%	16%	24%	14%	40%	6%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,896	73%	24%	2%	53%	14%	2%	31%	1%	1%	7%	29%	25%	11%	24%	3%
14	<b>Transportation</b>	2,850	2,494															
14.a	Transportation Services - Urban	170	519	65%	33%	2%	61%	10%	3%	26%	0%	0%	5%	30%	26%	11%	25%	3%
14.b	Transportation Services - Rural	130	107	70%	29%	1%	33%	39%	3%	25%	0%	0%	3%	20%	27%	7%	40%	3%
14.c	Transportation vouchersing	2,550	1,868															
15	<b>Linguistic Services (d)</b>	NA	NA															
16	<b>Emergency Financial Assistance (e)</b>	NA	461	74%	24%	2%	51%	12%	2%	35%	0%	1%	5%	27%	29%	12%	25%	1%
17	<b>Referral for Health Care - Non Core Service (d)</b>	NA	NA															
<b>Net unduplicated clients served - all categories*</b>		12,941	13,348	73%	25%	1%	52%	15%	2%	31%	0%	1%	4%	23%	24%	12%	30%	5%
<b>Living AIDS cases + estimated Living HIV non-AIDS (from FY 18 App) (b)</b>		NA	26,225	60%	21%		39%	18%	3%	20%	0%	5%		15%	22%	25%	15%	

FY 2019 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 3rd Quarter (03/01 -11/30)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	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
	<b>Outpatient/Ambulatory Primary Care (excluding Vision)</b>																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,664	71%	26%	3%	100%	0%	0%	0%	0%	1%	7%	38%	26%	11%	17%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,173	83%	14%	2%	0%	0%	0%	100%	0%	0%	7%	30%	32%	13%	17%	1%
<b>2</b>	<b>Medical Case Management (f)</b>																	
2.c	Med CM - Targeted to AA (a)	1,060	723	74%	23%	4%	46%	16%	3%	35%	0%	2%	7%	35%	31%	9%	15%	2%
2.d	Med CM - Targeted to H/L(a)	960	401	81%	14%	5%	48%	17%	2%	33%	0%	2%	5%	31%	33%	5%	24%	1%
RW Part A New Client Service Utilization Report - 3rd Quarter (03/01-11/30)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/18 - 2/28/19)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	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	1,429	76%	21%	2%	51%	13%	2%	34%	0%	2%	10%	35%	27%	10%	1%	16%
2	LPAP	1,200	626	74%	23%	4%	46%	16%	3%	35%	0%	2%	7%	35%	31%	9%	2%	15%
3.a	Clinical Case Management	400	129	81%	14%	5%	48%	17%	2%	33%	0%	2%	5%	31%	33%	5%	1%	24%
3.b-3.h	Medical Case Management	1,600	784	74%	23%	3%	58%	13%	2%	28%	1%	2%	8%	34%	26%	9%	1%	18%
3.i	Medical Case Management - Targeted to Veterans	60	34	100%	0%	0%	59%	38%	3%	0%	0%	0%	0%	3%	12%	0%	38%	47%
4	Oral Health	40	35	71%	23%	6%	49%	37%	0%	14%	0%	0%	11%	34%	11%	11%	6%	26%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	1,833	73%	25%	2%	56%	14%	2%	29%	1%	2%	8%	28%	25%	10%	23%	4%
12.b	Service Linkage at Testing Sites	260	114	80%	18%	2%	49%	10%	4%	38%	0%	2%	15%	40%	25%	6%	10%	3%
<b>Footnotes:</b>																		
(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)	Total MCM served does not include Clinical Case Management																	
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1920 Ryan White Part B**  
**Procurement Report**  
**April 1, 2019 - March 31, 2020**



Reflects spending through February 2020

Spending Target: 91.7

Revised 5/1/20

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care (1)	\$2,186,905	65%	\$31,973	\$2,218,878	\$0	\$2,218,878	4/1/2019	\$1,775,051	80%
5	Health Insurance Premiums and Cost Sharing (2)	\$1,040,351	31%	\$0	\$1,040,351	\$0	\$1,040,351	4/1/2019	\$1,064,825	102%
8	Home and Community Based Health Services (3)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2019	\$131,760	116%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	-\$31,973	\$0					
	<b>Total Houston HSDA</b>	<b>3,340,571</b>	<b>100%</b>	<b>0</b>	<b>3,372,544</b>	<b>\$0</b>	<b>\$3,372,544</b>		<b>2,971,636</b>	<b>88%</b>

Note: Spending variances of 10% of target will be addressed:

- (1) OHC- One agency has had vacancies in the dental positions.
- (2) HIP- Agency were encourage to spend additional fund remaining in RWB contract.
- (3) HCB- Agency were encourage to spend additional fund remaining in RWB contract.

\* Result of Increased Scenario for RWB award



**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1920 DSHS State Services**  
**Procurement Report**  
**September 1, 2019- August 31, 2020**



Chart reflects spending through February 2020

Spending Target: 50.00%

Revised 5/1/2020

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	43%	\$0	\$864,506	\$0	\$864,506	9/1/2019	\$0	0%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	\$0	\$300,000	9/1/2019	\$78,533	26%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2019	\$86,078	49%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2019	\$132,880	51%
	Non Medical Case Management (3)	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2019	\$125,981	36%
15	Linguistic Services	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2019	\$28,050	41%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	-\$142,285						
<b>Total Houston HSDA</b>		<b>2,017,338</b>	<b>100%</b>	<b>-\$142,285</b>	<b>\$2,017,338</b>	<b>\$0</b>	<b>\$1,667,338</b>		<b>451,521</b>	<b>27%</b>

Note

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31
- (2) Mental Health reporting services utilization is down and additional back billing has not been submitted.
- (3) N-Medical Case Management a new agency is yet to reprot spending.

**2019-2020 Ryan White Part B Service Utilization Report**  
**4/1/2019- 03/31/2020 Houston HSDA (4816)**  
**4th Quarter**

Revised 5/1/2020

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+
Health Insurance Premiums	1,600	1,362	81.00%	18.35%	0.07%	0.58%	41.48%	26.28%	29.31%	2.93%	0.00%	0.14%	1.02%	15.63%	17.10%	30.02%	28.04%	8.05%
Home and Community Based Health Services	38	24	75.00%	25.00%	0.00%	0.00%	66.66%	16.67%	16.67%	0.00%	0.00%	0.00%	0.00%	0.00%	45.83%	41.66%	12.51%	
Oral Health Care	150	3,513	71.15%	27.55%	0.02%	1.28%	52.09%	13.66%	32.25%	2.00%	0.00%	0.22%	2.41%	17.87%	22.43%	25.96%	23.54%	7.57%
Unduplicated Clients Served By State Services Funds:	NA	1,839	77.36%	21.66%	0.05%	0.93%	53.41%	18.87%	26.08%	1.64%	0.00%	0.12%	1.02%	11.17%	13.18%	33.94%	31.08%	9.49%

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2019-3/31/20

Revised: 4/29/2020

Request by Type	Assisted			NOT Assisted		
	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	1180	\$102,206.12	578			0
Medical Deductible	139	\$20,904.36	111			0
Medical Premium	4044	\$1,481,440.99	757			0
Pharmacy Co-Payment	11210	\$395,329.57	1225			0
APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	17	\$1,614.02	9	NA	NA	NA
Totals:	16591	\$1,998,767.02	2681	0	\$0.00	

Comments: This report represents services provided under all grants.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1920 DSHS State Services**  
**Procurement Report**  
**September 1, 2019- August 31, 2020**



Chart reflects spending through January 2020

Spending Target: 41.67%

Revised 4/6/2020

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	43%	\$0	\$864,506	\$0	\$864,506	9/1/2019	\$0	0%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	\$0	\$300,000	9/1/2019	\$59,208	20%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2019	\$86,078	49%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2019	\$132,880	51%
	Non Medical Case Management (3)	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2019	\$105,276	30%
15	Linguistic Services (4)	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2019	\$23,100	34%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	-\$142,285						
<b>Total Houston HSDA</b>		<b>2,017,338</b>	<b>100%</b>	<b>-\$142,285</b>	<b>\$2,017,338</b>	<b>\$0</b>	<b>\$1,667,338</b>		<b>406,541</b>	<b>24%</b>

**Note**

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31
- (2) Mental Health reporting is one month behind and services are under utilizes.
- (3) N-Medical Case Management is a new service category for the provider and service provision is continuing to ramp up.
- 4 Linguistic reporting is one month behind, receipt of billing from vender is often delayed.

# Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported:

09/01/2019-1/31/20

Revised: 3/2/2020



Request by Type	Assisted			NOT Assisted		
	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	600	\$52,811.73	370			0
Medical Deductible	131	\$18,927.37	104			0
Medical Premium	2887	\$1,070,615.40	726			0
Pharmacy Co-Payment	6378	\$230,331.85	946			0
APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	8	\$511.02	7	NA	NA	NA
Totals:	10005	\$1,372,675.33	2154	0	\$0.00	

Comments: This report represents services provided under all grants.

UPDATED:  
05/18/20

*Unless otherwise noted,  
meetings are held at:*

2223 W. Loop South,  
Suite 240  
Houston, TX 77027

**June**

**2020**

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	<b>1</b>	<b>2</b> Public Comment due  2 pm <b>z</b> Tentative: Quality Improvement to discuss public comment	<b>3</b> <b>Timesheets due</b> LEAP—Rm #416	<b>4</b> 12 noon <b>z</b> Steering Committee	<b>5</b> National HIV Long- Term Survivor Awareness Day	<b>6</b>
<b>7</b>	<b>8</b> P & A Special Meetings	<b>9</b> Court  P & A Special Meetings	<b>10</b> LEAP—Rm #416  P & A Special Meetings	<b>11</b> 12 noon <b>z</b> Planning Council Room 532  2:00 p.m. <b>z</b> Comp HIV Planning Room 532	<b>12</b> P & A Special Meetings	<b>13</b>
<b>14</b>	<b>15</b> P & A Meeting To approve FY 2021 Allocations	<b>16</b> 11:30 a.m. Operations  2:00 p.m. Quality Improvement Room 416	<b>17</b> <b>Timesheets due</b> LEAP—Rm #416  Practice for Public Hearing	<b>18</b> Tentative: 11:00 a.m. – 1:00 p.m. AFH Youth Group <del>2 pm</del> Record P & A Public Hearing	<b>19</b> Post recording of Public Hearing on RW website & TV	<b>20</b>
<b>21</b>	<b>22</b> 12 noon Affected Community – Educational speaker	<b>23</b>	<b>24</b> LEAP—Rm #416  9:00 a.m. SIRR Meeting Montrose Center 401 Branard 77006	<b>25</b> 12 noon Priority & Allocations	<b>26</b>	<b>27</b> National HIV Testing Day
<b>28</b>	<b>29</b> 7:00 p.m. Public Hearing	<b>30</b> Court	<b>1</b> Tentative: P & A meeting if public comment	<b>2</b> Steering Committee Meets		

## FY 2021 Priority Setting Process

(Council approved 03-12-20)

1. Agree on the priority-setting process.
2. Agree on the principles to be used in the decision making process.
3. Agree on the criteria to be used in the decision making 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 Improvement, 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.



## **Williams, Victoria (County Judge's Office)**

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**From:** Harbolt, Amber (County Judge's Office)  
**Sent:** Monday, April 27, 2020 5:21 PM  
**To:** Williams, Victoria (County Judge's Office)  
**Subject:** Changes in Service Priority Worksheet Between 2016 and 2020  
**Attachments:** Rankings - DRAFT 1 - 04-27-20.xls

Hi Tori,

Here are the changes in the service priority rankings between the 2016 and 2020 Needs Assessments. The rankings and data used are also saved in the J drive.

### Core Medical Services:

- Health Insurance Assistance increased from Rank #4 (HLH) to Rank #3 (HLL). This is because service accessibility fell below the midpoint.
- Early Intervention Services decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint. As you may recall from the priority setting guide, there is less priority for addressing low service accessibility when there is low need and low utilization for the service, as opposed to higher priority for keeping high accessibility for services with low need and low utilization.
- Similarly, Medical Nutritional Therapy increased from Rank #8 (LLL) to Rank #7 (LLH). This is because service accessibility was at or above the midpoint.

### Support Services:

- Rank #8 (LLL) was established for Outreach Services. This service was previously unranked as it was not assessed in the 2016 Needs Assessment.
- Medical Transportation increased from Rank #7 (LLH) to Rank #3 (HLL). This is because service need was at or above the midpoint, while service accessibility fell below the midpoint.
- Linguistics decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint.
- Rank #4 (HLH) was established for Emergency Financial Assistance. This service was previously unranked as it was not assessed in the 2016 Needs Assessment. Please note that this is Emergency Financial Assistance as currently designed in the Houston EMA for medication assistance only.
- Rank #2 (HHH) was established for Referral for Health Care and Support Services (ADAP Enrollment Workers). This service was previously unranked as it was not assessed in the 2016 Needs Assessment.

Thank you,

**Amber L. Harbolt, MA**

**Health Planner**

Ryan White Planning Council

Office of Support

2223 West Loop South, Ste 240

Houston, TX 77027

832 927-7929 ofc

713 572-3740 fax

[www.rwpchouston.org](http://www.rwpchouston.org)

## Worksheet for Determining FY 2021 Service Priorities

<b>Core Services</b>	<b>HL Scores</b>	<b>HL Rank</b>	<b>Approved FY 2020 Priorities</b>	<b>Proposed FY 2021 Priorities</b>	<b>Justification</b>
Ambulatory/Outpatient Medical Care	HHH	2	1		
Medical Case Management	HHH	2	2		
Local Pharmacy Assistance Program	HHH	2	3		
Oral Health Services	HLL	3	4		
Health Insurance	HLL	3	5		
Mental Health Services	HLH	4	6		
Day Treatment	LLH	7	8		
Substance Abuse Treatment	LLH	7	9		
Medical Nutritional Therapy	LLH	7	10		
Early Intervention Services (jail)	LLL	8	7		
Hospice*	-	-	11		

<b>Support Services</b>	<b>HL Scores</b>	<b>HL Rank</b>	<b>Approved FY 2020 Priorities</b>	<b>Proposed FY 2021 Priorities</b>	<b>Justification</b>
Non-medical case management	HHH	2	15		
Referral for Health Care & Support Services	HHH	2	14		
Medical Transportation	HLL	3	16		
Emergency Financial Assistance	HLH	4	13		
Linguistics Services	LLL	8	17		
Outreach*	LLL	8	12		

\*Hospice does not have HL Score or HL Rank.

## HOUSTON EMA/HSDA Needs Assessment Rankings

Chart for Determining FY2021 Service Priorities

Core Service	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes	Ranking	
Primary Care	89	9,384	90	H	H	H	HHH	2			HHL	1
Medical/Clinical Case Management	73	6,712	92	H	H	H	HHH	2			HHH	2
Local Medication Assistance	79	5,119	94	H	H	H	HHH	2			HLL	3
Oral Health Services	72	3,830	80	H	L	L	HLL	3			HLH	4
Health Insurance	57	2,374	84	H	L	L	HLL	3			LHL	5
Mental Health Services	51	288	90	H	L	H	HLH	4			LHH	6
Day Treatment	32	27	90	L	L	H	LLH	7			LLH	7
Substance Abuse Treatment	24	27	86	L	L	H	LLH	7			LLL	8
Medical Nutritional Therapy	36	491	86	L	L	H	LLH	7				
Early Intervention Services (jail)	9	677	78	L	L	L	LLL	8				
Hospice		28			L							
<b>Proposed MIDPOINTS</b>	<b>49</b>	<b>4,706</b>	<b>86</b>									

Support Service	Need	Use	Access Ease	Need	Use	Access Ease	High-Low Scores	HL Rank	Tie Breaker	Changes
Non-medical Case Management*	73	9,132	92	H	H	H	HHH	2		
Referral for Health Care & Support Services	68	6,286	97	H	H	H	HHH	2		
Medical Transportation	48	3,126	86	H	L	L	HLL	3		
Emergency Financial Assistance	79	1,527	94	H	L	H	HLH	4		
Linguistics Services	5	54	89	L	L	L	LLL	8		
Outreach Services	5	779	89	L	L	L	LLL	8		
<b>Proposed MIDPOINTS</b>	<b>42</b>	<b>4,593</b>	<b>92</b>							

Midpoint=Highest Use+Lowest Use/2  
 High (H)=Use above the midpoint  
 Low (L)=Use below the midpoint

## Setting Priorities

Table 1 below serves as an initial guide for the prioritization process. Services have been ranked based upon needs assessment survey information collected in 2014

<b>Table 1: Prioritizing Needs</b>								
<b>Possible Scenarios</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<i>Need</i>	High	High	High	High	Low	Low	Low	Low
<i>Use</i>	High	High	Low	Low	High	High	Low	Low
<i>Ease in Accessing</i>	Low	High	Low	High	Low	High	High	Low
<ol style="list-style-type: none"> <li>1. HHL – Clients indicate this as a high need and that it is readily used in the area. However, clients indicate that the service is difficult to access.</li> <li>2. HHH - Clients indicate this as a highly needed service in the area. Clients also indicate that the service is readily used in their area and high access to service. Thus, ranking it second highest to ensure that this service continues to be accessible.</li> <li>3. HLL – Clients indicate this as a high need, but the service is not readily used in the area. In addition, clients indicate that the service is not very accessible.</li> <li>4. HLH – Clients indicate this as a high need and that the service is not readily used. However, clients indicate a high access to this service.</li> <li>5. LHL – Clients indicate this as a low service need, but that it is readily used. However, clients indicate the service is difficult to access.</li> <li>6. LHH – Clients indicate this as a low need, and that it is readily used in the area. In addition, clients indicate a high access to this service.</li> <li>7. LLH – Clients indicate this as a low need and that the service is not readily used. In addition, clients indicate a high access to this service. It is there if needed.</li> <li>8. LLL – Clients indicate this as a low need and the service is not readily used in the area. In addition, clients indicate difficulty to accessing this service. Not readily needed nor used thus low priority of having it accessible.</li> </ol>								

**DRAFT Key to Priority Setting Using 2016 Needs Assessment Data**  
(May 16, 2019)

<b>Criteria</b>	<b>Definition</b>	<b>Data Source</b>	<b>Formula</b>
<b>1. Need</b>	Proportion of consumers reporting a need for the service in the past 12 months	Needs Assessment	<p><b><math>(a + b)/N = x*100</math> (rounded)</b></p> <p><i>a</i> = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category</p> <p><i>b</i> = total # of NA respondents selecting “I needed this service, and it was difficult to get” per service category</p> <p><i>N</i> = total # of NA respondents</p> <p><i>x</i> = percent indicating a need for the service per service category</p>
<b>2. Use</b>	Number of clients who used the service in the past 12 months	CPCDMS	# of unduplicated clients per service category for a designated calendar year (1/1 – 12/31)
<b>3. Availability</b>	Proportion of consumers reporting the service was easy to access in the past 12 months	Needs Assessment	<p><b><math>n/N = x*100</math> (rounded)</b></p> <p><i>n</i> = total # of NA respondents selecting “I needed this service, and it was easy to get” per service category</p> <p><i>N</i> = total # of NA respondents indicating need for the service per service category (see <i>a + b</i> above)</p> <p><i>x</i> = percent indicating service accessibility per service category</p>

**Other Possible Criteria\***

- **Access (revised):** Number of reported barriers per service compared to mean for all services (quantified as % above/below or as a simple High/Low for Above/Below mean)
- **Quality:** Proportion of clients achieving desired health outcome of the service in the past 12 months (quantified as % or as simple High/Low for Above/Below benchmark)
- **Out-of-Care:** Proportion of out-of-care consumers reporting a need for the service in the past 12 months
- **Newly-Diagnosed/EIHA:** Proportion of newly-diagnosed consumers reporting a need for the service in the past 12 months

\*Source document: Ryan White HIV/AIDS Program Part A Manual – Revised 2013, pg. 2013-204.

Needs Assessment Data for FY 2021 Priorities

04-27-20

<b>Need</b>		<b>Accessibility</b>	
<u>Service Category</u>	<u>Proportion</u>	<u>Service Category</u>	<u>Proportion</u>
<i>Medical</i>		<i>Medical</i>	
Case management	73	Case management	92
Day treatment	32	Day treatment	90
Early intervention (jail only)	9	Early intervention (jail only)	78
Health insurance assistance	57	Health insurance assistance	84
Local medication assistance	79	Local medication assistance	94
Medical nutrition therapy	36	Medical nutrition therapy	86
Mental health services	51	Mental health services	90
Oral health care	72	Oral health care	80
Primary care	89	Primary care	90
Substance abuse services	24	Substance abuse services	86
	Mean		Mean
	52		87
<i>Non-Medical</i>		<i>Non-Medical</i>	
Emergency Financial Assistance	79	Emergency Financial Assistance	94
Linguistic Services	5	Linguistic Services	89
Non-Medical Case Management	73	Non-Medical Case Management	92
Outreach Services	5	Outreach Services	89
Referral for Health Care & Support Services	68	Referral for Health Care & Support Services	97
Transportation	48	Transportation	86
	Mean		Mean
	46		91

**Proposed Idea**

**THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE**  
*(See Criteria and Principles to Guide Decision Making)*

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY AND INCLUDE A BRIEF HISTORY OF RELATED SERVICE CATEGORY, IF AVAILABLE.

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:

Allocation: \$ \_\_\_\_\_  
Expenditure: \$ \_\_\_\_\_ Year-to-Date

Utilization: \_\_\_\_\_ Unduplicated Clients Served Year-to-Date  
\_\_\_\_\_ Units of Service Provided Year-to-Date

AMOUNT OF FUNDING REQUESTED:

\$ \_\_\_\_\_ This will provide funding for the following purposes which will further the objectives in this service category: (describe how):

PLEASE STATE HOW THIS IDEA WILL MEET THE PRIORITY AND ALLOCATIONS CRITERIA AND PRINCIPLES TO GUIDE DECISION MAKING. SITE SPECIFIC STEPS AND ITEMS WITHIN THE STEPS:

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

- Recommended for Funding in the Amount of: \$ \_\_\_\_\_
- Not Recommended for Funding
- Other:

REASON FOR RECOMMENDATION:

**2020 QUARTERLY REPORT**  
**PRIORITY AND ALLOCATIONS COMMITTEE**  
(Submitted May 2020)

**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 2020 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 2020 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.  
**Status:**
  
6. \*Review the FY 2019 priorities as needed.  
**Status:**
  
7. \*Review the FY 2019 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