

**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                      Carol Suazo  
Mauricia Chatman                              Rashel Richardson  
Mel Joseph                                      Bruce Turner  
Josh Mica                                        Peta-Gay Ledbetter

Copy: Carin Martin                              Ann Robison  
Heather Keizman                              Johnetta Evans-Thomas  
Yvette Garvin                                  Katy Caldwell  
Amber Harbolt                                  Nancy Miertschin  
Diane Beck                                      Joe Fuentes  
Bruce Turner                                      Rodney Goodie

From: Tori Williams  
Date: Monday, June 1, 2020  
Re: Meeting Announcement

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This memo is a reminder that there will be a number of Priority and Allocations Committee meetings June through July 2<sup>nd</sup> 2020. Enclosed you will find agendas and other materials which you will need to bring to the meetings. All of the June meetings will be via Zoom. **Please see the top of each meeting agenda for the Zoom meeting id number and password.** Although we have scheduled the July 1<sup>st</sup> meeting in the office, we will let you know if this changes to a Zoom meeting. Do not hesitate to call our office if you have questions. Otherwise, we look forward to seeing you at:

**Special Priority & Allocations Committee Meetings (see enclosed agendas)**

To develop the FY 2021 allocations for Part A, B & State Services

- 2 – 6 pm, Monday, June 8, 2020
- 2 – 6 pm, Wednesday, June 10, 2020

**Regularly Scheduled Committee Meeting (see enclosed agenda)**

The whole Committee will vote on the FY 2021 allocations developed at the special meetings.

- 12 noon, Tuesday, June 16, 2020

**Final Special Meeting (see enclosed agenda)**

To review public comment and possibly amend the recommended FY 2021 priorities and allocations before they receive final approval at the July Steering Committee and Council meetings.

- 2 pm, Wednesday, July 1, 2020

We appreciate your valuable time and look forward to seeing a lot of you in June!

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

2 – 6 pm, Monday, June 8, 2020

Click on this link to join Zoom Meeting:

<https://us02web.zoom.us/j/89731287911?pwd=dGNGL29ZOGFEOU5ma2I1S3JSN2Jidz09>

Meeting ID: 897 3128 7911

Password: 565297

Or call: 346 248 7799

**AGENDA**

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- I. Call to Order Bobby Cruz and  
Allen Murray, Co-Chairs
- A. Moment of Reflection
- B. Approval of Agenda
- C. Review Meeting Goals Tori Williams, Director, OoS
- 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. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Review Other Ryan White Planning Committee Recommendations Tori Williams
- A. Changes Recommended for the FY 2021 Service Definitions
- IV. Updates from the Administrative Agents
- A. Ryan White Part A/MAI Carin Martin, RWGA
- B. Ryan White Part B and State Services Funding Yvette Garvin, TRG
- V. Draft Allocations for FY 2021 Part A/MAI, Part B & State Services Funding
- A. Optional: Determine the philosophy for allocating FY 2021 funds
- B. Any New Information Regarding MAI or SS-R Funds? Carin or Yvette
- C. Create the FY 2021 Level Funding Scenario
- 1) Part A and MAI
- 2) Part B, State Services and State Services-R
- D. Create the FY 2021 Increase Funding Scenario
- E. Create the FY 2021 Decrease Funding Scenario
- VI. Announcements
- A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:
- Tentative: 2 – 6 pm, Wednesday, June 10, 2020 – Finish drafting FY 2021 allocations
  - 12 noon, Tuesday, June 16, 2020 - Committee votes on FY 2021 Allocations
  - Tentative: 2 pm, Wednesday, July 1, 2020 – Review public comment
- VII. Adjourn

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

2 - 6 pm, Wednesday, June 10, 2020

Click on this link to join Zoom Meeting:

<https://us02web.zoom.us/j/89731287911?pwd=dGNGL29ZOGFEOU5ma2I1S3JSN2Jidz09>

Meeting ID: 897 3128 7911

Password: 565297

Or call: 346 248 7799

### AGENDA

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- |      |  |   |
|------|--|---|
| I.   | <p>Call to Order</p> <p style="margin-left: 20px;">A. Moment of Reflection</p> <p style="margin-left: 20px;">B. Approval of Agenda</p> <p style="margin-left: 20px;">C. Review Meeting Goals</p>   | <p>Bobby Cruz and<br/>Allen Murray, Co-Chairs</p> <p>Tori Williams, Manager<br/>Office of Support</p> |
| II.  | <p>Public Comment</p> <p>(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. <b><u>When signing in, guests are not required to provide their correct or complete names.</u></b> 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. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)</p> |   |
| III. | <p>Finish Drafting Allocations for FY 2021 Part A/MAI, Part B &amp; State Services Funding</p> <p style="margin-left: 20px;">A. Finish the FY 2021 Level Funding Scenario</p> <p style="margin-left: 40px;">1) Part A and MAI</p> <p style="margin-left: 40px;">2) Part B, State Services and State Services-R</p> <p style="margin-left: 20px;">B. Finish the FY 2021 Increase Funding Scenario</p> <p style="margin-left: 20px;">C. Finish the FY 2021 Decrease Funding Scenario</p>   |   |
| IV.  | <p>Announcements</p> <p style="margin-left: 20px;">A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:</p> <ul style="list-style-type: none"> <li>• 12 noon, Tuesday, June 16, 2020 - Committee votes on FY 2021 Allocations</li> <li>• Tentative: 2 pm, Wednesday, July 1, 2020 – Review public comment</li> </ul>   |   |
| V.   | <p>Adjourn</p>   |   |

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

**12 noon, Tuesday, June 16, 2020**

Click the following link to join the Zoom meeting:

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

Meeting ID: 870 7168 4235

Password: 534099

Or, call the following telephone number: 3462487799

### AGENDA

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- |      |   |   |
|------|---|---|
| I.   | <ul style="list-style-type: none"> <li>Call to Order</li> <li>A. Moment of Reflection</li> <li>B. Approval of Agenda</li> <li>C. Approval of the May 28, 2020 Minutes</li> <li>D. Review Meeting Goals</li> </ul>   | <p>Bobby Cruz and<br/>Allen Murray, Co-Chairs</p><br><p>Tori Williams, Director<br/>Office of Support</p> |
| II.  | <p>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. <b><u>When signing in, guests are not required to provide their correct or complete names.</u></b> 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. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)</p> |   |
| III. | <ul style="list-style-type: none"> <li>Updates from the Administrative Agents</li> <li>A. Ryan White Part A/MAI</li> <li>B. Ryan White Part B and State Services Funding</li> </ul>   | <p>Carin Martin, RWGA<br/>Yvette Garvin, TRG</p>  |
| IV.  | <ul style="list-style-type: none"> <li>Allocations for FY 2021 Part A/MAI, Part B &amp; State Services Funding</li> <li>A. Review the Proposed FY 2021 Level Funding Scenario</li> <li>B. Review the FY 2021 Increase Funding Scenario</li> <li>C. Review the FY 2021 Decrease Funding Scenario</li> </ul>  |   |
| V.   | <ul style="list-style-type: none"> <li>Announcements</li> <li>A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:               <ul style="list-style-type: none"> <li>• Tentative: 2 pm, Wednesday, July 1, 2020 – Review public comment</li> <li>• 12 noon, Thurs., July 23, 2020 – Reallocate funds</li> </ul> </li> </ul>  |   |
| VI.  | <ul style="list-style-type: none"> <li>Adjourn</li> </ul>   |   |

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

**2:00 pm, Wednesday, July 1, 2020**

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

**AGENDA**

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- I. Call to Order
  - A. Moment of Reflection
  - B. Approval of Agenda
  - C. Review Meeting Goals

Bobby Cruz and  
Allen Murray, Co-Chairs

Tori Williams, Director  
RW Office of Support
  
- 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 yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
  
- III. Old Business
  - A. Review public comment
  - B. Review proposed FY 2021 service priorities
  - C. Review proposed FY 2021 allocations:
    - 1. MAI funding
    - 2. Level funding scenario
    - 3. Increase funding scenario
    - 4. Decrease funding scenario
  
- IV. New Business
  
- V. Announcements
  
- VI. Adjourn

## Houston Area HIV Services Ryan White Planning Council

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### FY 2021 How to Best Meet the Need Quality Improvement Committee Service Category Recommendations Summary (as of 05/28/20)

#### ***Those services for which no change is recommended include:***

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

#### ***Services with recommended changes include the following:***

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

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

#### **Case Management (Clinical)**

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

#### **Case Management (Non-Medical Targeting Substance Use Disorders)**

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

#### **Emergency Financial Assistance**

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

#### **Health Insurance Premium and Cost Sharing Assistance**

🚫 Add text to the service definition that states clients should receive notification that payments have been made to and received by their insurance provider, update the justification chart, and

keep the financial eligibility the same at 0 - 400%, ACA plans must have a subsidy.

**Housing**

ⓧ SEE BELOW. Refer the discussion on Housing to a workgroup for further research.

**Medical Nutritional Therapy/Supplements**

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

**Mental Health Services**

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

**Substance Abuse Treatment**

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

**On 05/27/20 the Housing Workgroup met and made the following recommendation which may or may not be approved by the Quality Improvement Committee on 06/02/20.**

**Emergency Financial Assistance**

ⓧ Add housing to the FY 2021 Emergency Financial Assistance – Other service definition and limit it to people who are displaced from their home due to a temporary, acute housing need. Also, the Office of Support is to educate people living with HIV and appropriate staff to Houston EMA/HSDA housing resources. The financial eligibility is 400%, per the above motion.

**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 March 2020 Final

Spending Target: 100.0

Revised 5/21/20

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	\$2,186,905	65%	\$31,973	\$2,218,878	-\$184,119	\$2,034,759	4/1/2019	\$1,913,401	94%
5	Health Insurance Premiums and Cost Sharing	\$1,040,351	31%	\$0	\$1,040,351	\$24,474	\$1,064,825	4/1/2019	\$1,064,825	100%
8	Home and Community Based Health Services	\$113,315	3%	\$0	\$113,315	\$25,645	\$138,960	4/1/2019	\$138,960	100%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	-\$31,973	\$0					
<b>Total Houston HSDA</b>		3,340,571	100%	0	3,372,544	-\$134,000	\$3,238,544		3,117,186	96%

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

\* Result of Increased Scenario for RWB award

\*\* TRG reallocated funds in final quarter to meet its required spending threshold of 95% and to avoid returning funds to DSHS. Thus, HCBHS was increased by \$ 25,645, HIP was increased by \$ 24,474 and \$134,000 was reallocated to another HSDA



# 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	MTM	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%	26.03%	1.64%	0.00%	0.12%	1.02%	11.17%	13.18%	33.94%	31.03%	9.49%

**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 March 2020

Spending Target: 58.33

Revised 5/21/2020

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	\$88,408	29%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2019	\$95,747	55%
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	\$128,013	37%
15	Linguistic Services (4)	\$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>473,098</b>	<b>28%</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 behind 2 months of reporting spending.
  - (4) Linguistic is behind with 1 month of reporting spending.

# 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.

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	<b>Outpatient/Ambulatory Primary Care</b>	<b>9,783,470</b>	0	100,096	55,000	0	9,938,566	44.29%	9,938,566	0		10,560,011	106%	100%
1.a	Primary Care - Public Clinic (a)	3,591,064	0	0	30,000		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		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		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		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		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		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		15,437	0.07%	15,437	0	3/1/2019	\$9,000	58%	100%
1.h	Vision	402,000	0	25,000	0		427,000	1.90%	427,000	0	3/1/2019	\$414,500	97%	100%
2	<b>Medical Case Management</b>	<b>2,535,802</b>	0	50,000	-120,000	0	2,465,802	10.99%	2,465,802	0		1,584,541	64%	100%
2.a	Clinical Case Management	488,656	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		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		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		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		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		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		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		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		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		45,888	0.20%	45,888	0	3/1/2019	\$36,798	80%	100%
3	<b>Local Pharmacy Assistance Program (a) (e)</b>	<b>2,657,166</b>	500,000	125,126	0	0	3,282,292	14.63%	3,282,292	0	3/1/2019	\$1,736,559	53%	100%
4	<b>Oral Health</b>	<b>166,404</b>	0	0	0	0	166,404	0.74%	166,404	0	3/1/2019	166,400	100%	100%
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%
5	<b>Mental Health Services (c)</b>	<b>0</b>	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	<b>Health Insurance (c)</b>	<b>1,173,070</b>	166,000	0	100,000	0	1,439,070	6.41%	1,439,239	-169	3/1/2019	\$1,439,239	100%	100%
7	<b>Home and Community-Based Services (c)</b>	<b>0</b>	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	<b>Substance Abuse Services - Outpatient</b>	<b>45,677</b>	0	0	-10,000	0	35,677	0.16%	35,677	0	3/1/2019	\$35,344	99%	100%
9	<b>Early Intervention Services (c)</b>	<b>0</b>	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
10	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	0	0	0	0	341,395	1.52%	341,395	0	3/1/2019	\$307,128	90%	100%
11	<b>Hospice Services</b>	<b>0</b>	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	<b>Outreach Services</b>	<b>420,000</b>	0	0	0	0	420,000	1.87%	420,000	0	3/1/2019	\$288,185	69%	100%
13	<b>Emergency Financial Assistance</b>	<b>450,000</b>	0	0	0	0	450,000	2.01%	450,000	0	3/1/2019	\$1,305,439	290%	100%
14	<b>Referral for Health Care and Support Services (c)</b>	<b>0</b>	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
15	<b>Non-Medical Case Management</b>	<b>1,231,002</b>	0	100,000	-25,000	0	1,306,002	5.82%	1,306,002	0		1,544,450	118%	100%
15.a	Service Linkage targeted to Youth	110,793	0	0	-10,000		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		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		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		693,209	3.09%	693,209	0	3/1/2019	\$806,091	116%	100%
16	<b>Medical Transportation</b>	<b>424,911</b>	0	0	0	0	424,911	1.89%	424,911	0		424,910	100%	100%
16.a	Medical Transportation services targeted to Urban	252,680	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		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		75,046	0.33%	75,046	0	3/1/2019	\$75,046	100%	0%
17	<b>Linguistic Services (c)</b>	<b>0</b>	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
	<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>N/A</b>	<b>627,328</b>	<b>35%</b>	<b>100%</b>
	HCPHES/RWGA Section	1,183,084	119,600	0	0	0	1,302,684	5.81%	1,302,684	0	N/A	\$462,731	36%	100%
	RWPC Support*	491,963	0	0	0	0	491,963	2.19%	491,963	0	N/A	164,598	33%	100%

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>22,440,336</b>	<b>170</b>	<b>-169</b>				
		<b>Original Allocation</b>	<b>Award Reconciliation (b)</b>	<b>July Adjustments (carryover)</b>	<b>October Adjustments</b>	<b>Final Quarter Adjustments</b>	<b>Total Allocation</b>	<b>Percent</b>	<b>Total Expended on Services</b>	<b>Percent</b>				
	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>					
	<b>Total Admin (must be ≤ 10% of total Part A + MAI)</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>Total QM (must be ≤ 5% of total Part A + MAI)</b>	<b>495,000</b>	<b>-119,600</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>375,400</b>	<b>1.67%</b>						

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	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>2,226,244</b>						
	<b>Combined Part A and MAI Original Allocation Total</b>	<b>23,565,889</b>												

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 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 (9/1-11/30)																			
Priority	Service Category	Goal	Unduplicated Client Served	Male	Female	Trans Gender	AA (not Hispanic)	White (not Hispanic)	Other (not Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-64	65+		
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	7,304	73%	26%	1%	46%	14%	2%	37%	0%	1%	5%	26%	27%	13%	26%	2%	
1.a	Primary Care - Public Clinic (a)	2,350	2,683	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	1,252	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	1,150	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	433	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	1,000	0%	100%	0%	60%	8%	2%	31%	0%	0%	1%	10%	30%	18%	34%	5%	
1.g	Primary Care - Pediatric (a)	7	7	100%	0%	0%	38%	13%	0%	50%	13%	50%	38%	0%	0%	0%	0%	0%	
1.h	Vision	1,600	2,200	74%	25%	1%	47%	14%	3%	36%	0%	0%	4%	22%	24%	14%	32%	4%	
2	Medical Case Management (f)	3,075	3,100																
2.a	Clinical Case Management	600	600	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	280	92%	7%	1%	63%	11%	2%	24%	0%	0%	2%	30%	22%	11%	32%	3%	
2.c	Med CM - Targeted to AA (a)	550	550	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	550	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	260	85%	14%	1%	0%	87%	13%	0%	0%	0%	2%	23%	21%	15%	34%	4%	
2.f	Med CM - Targeted to Rural (a)	150	150	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	240	0%	100%	0%	75%	7%	2%	16%	0%	0%	0%	11%	29%	15%	39%	5%	
2.h	Med CM - Targeted to Pedi (a)	125	125	58%	42%	0%	68%	8%	1%	22%	60%	31%	10%	0%	0%	0%	0%	0%	
2.i	Med CM - Targeted to Veterans	200	200	96%	4%	0%	69%	22%	1%	8%	0%	0%	0%	1%	8%	3%	61%	31%	
2.j	Med CM - Targeted to Youth	120	120	89%	11%	0%	44%	11%	0%	44%	0%	11%	89%	0%	0%	0%	0%	0%	
3	Local Drug Reimbursement Program (a)	2,845	2,845	74%	24%	3%	47%	15%	2%	36%	0%	0%	5%	29%	28%	14%	23%	1%	
4	Oral Health	200	200	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	200	65%	33%	1%	44%	32%	1%	22%	0%	0%	5%	21%	27%	11%	32%	4%	
5	Mental Health Services (d)	NA	NA																
6	Health Insurance	1,700	1,700	80%	19%	1%	46%	25%	3%	26%	0%	0%	2%	16%	19%	13%	40%	9%	
7	Home and Community Based Services (d)	NA	NA																
8	Substance Abuse Treatment - Outpatient	40	40	95%	5%	0%	21%	42%	5%	32%	0%	0%	5%	32%	21%	26%	16%	0%	
9	Early Medical Intervention Services (d)	NA	NA																
10	Medical Nutritional Therapy/Nutritional Supplements	650	650	78%	22%	0%	41%	22%	3%	34%	0%	0%	1%	10%	17%	15%	46%	10%	
11	Hospice Services (d)	NA	NA																
12	Outreach	700	700	77%	21%	1%	58%	13%	1%	29%	0%	1%	9%	32%	23%	10%	24%	2%	
13	Non-Medical Case Management	7,045	7,045																
13.a	Service Linkage Targeted to Youth	320	320	78%	20%	2%	55%	4%	4%	37%	0%	17%	83%	0%	0%	0%	0%	0%	
13.b	Service Linkage at Testing Sites	260	260	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	3,700	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	2,765	73%	24%	2%	53%	14%	2%	31%	1%	1%	7%	29%	25%	11%	24%	3%	
14	Transportation	2,850	2,850																
14.a	Transportation Services - Urban	170	170	65%	33%	2%	61%	10%	3%	26%	0%	0%	5%	30%	26%	11%	25%	3%	
14.b	Transportation Services - Rural	130	130	70%	29%	1%	33%	39%	3%	25%	0%	0%	3%	20%	27%	7%	40%	3%	
14.c	Transportation vouchering	2,550	2,550																
15	Linguistic Services (d)	NA	NA																
16	Emergency Financial Assistance (e)	NA	NA																
17	Referral for Health Care - Non Core Service (d)	NA	NA	74%	24%	2%	51%	12%	2%	35%	0%	1%	5%	27%	29%	12%	25%	1%	
Net unduplicated clients served - all categories*		12,941	13,340	73%	25%	1%	52%	15%	2%	31%	0%	1%	4%	23%	24%	12%	30%	5%	
Living AIDS cases + estimated Living HIV non-AIDS (from FY 18 App) (b)		NA	28,225	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 (NID)	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		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		83%	14%	2%	0%	0%	0%	100%	0%	0%	7%	30%	32%	13%	17%	1%
2	<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	404	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 (NID)	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	1,423	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	127	81%	14%	5%	48%	17%	2%	33%	0%	2%	5%	31%	33%	5%	1%	24%
3.b-3.h	Medical Case Management	1,600	764	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	33	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	1,633	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																	

**INFORMATION USED DURING  
THE FY 2021  
HOW TO BEST MEET  
THE NEED PROCESS**



Houston EMA/HSDA Ryan White Part A Service Definition Emergency Financial Assistance – Other (Revised April 2020)	
HRSA Service Category Title:	<b>Emergency Financial Assistance</b>
Local Service Category Title:	<b>Emergency Financial Assistance - Other</b>
Service Category Code (RWGA use only):	
Amount Available (RWGA use only):	
Budget Type (RWGA use only):	<b>Hybrid</b>
Budget Requirements or Restrictions:	<p>Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA.</p> <p>The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.</p> <p>At least 75% of the total amount of the budget must be solely allocated to the actual cost of disbursements.</p> <p>Maximum allowable unit cost for provision of food vouchers or and/or utility assistance to an eligible client = \$xx.00/unit</p>
HRSA Service Category Definition (do <b>not</b> change or alter):	<p><b>Emergency Financial Assistance</b> - Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.</p>
Local Service Category Definition:	<p><b>Emergency Financial Assistance</b> is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented each time funds are used. Emergency essential living needs include food, telephone, and utilities (i.e. electricity, water, gas and all required fees) for eligible PLWH.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	PLWH living within the Houston Eligible Metropolitan Area (EMA).

*housing, limited to people who are displaced from their home due to acute housing needs,*

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

Houston EMA/HSDA Ryan White Part A Service Definition  
**COVID-19 Emergency Financial Assistance – Other**  
(Revised April 2020)

HRSA Service Category Title:	<b>Emergency Financial Assistance</b>
Local Service Category Title:	<b>COVID-19 Emergency Financial Assistance - Other</b>
Service Category Code (RWGA use only):	
Amount Available (RWGA use only):	
Budget Type (RWGA use only):	<b>Hybrid</b>
Budget Requirements or Restrictions:	<p>Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA.</p> <p>The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.</p> <p>At least <b>75%</b> of the total amount of the budget must be solely allocated to the actual cost of disbursements.</p> <p>Maximum allowable unit cost for provision of allowable COVID-19 EFA service to an eligible client = \$xx.00/unit</p>
HRSA Service Category Definition ( <b>do not change or alter</b> ):	<b>Emergency Financial Assistance</b> - Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.
Local Service Category Definition:	<b>COVID-19 Emergency Financial Assistance</b> is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented each time funds are used. Emergency essential living needs include Personal Protective Equipment (PPE), cleaning supplies, COVID-19 self-isolation 14 day short term housing, food, telephone, and utilities (i.e. electricity, water, gas and all required fees) for eligible PLWH.
Target Population (age,	PLWH living within the Houston Eligible Metropolitan Area

gender, geographic, race, ethnicity, etc.):	(EMA).
Services to be Provided:	<p><b>Emergency Financial Assistance</b> provides funding through:</p> <ul style="list-style-type: none"> <li>• Short-term payments to agencies</li> <li>• Establishment of voucher programs</li> <li>• Disbursement of allowable COVID-19 related PPE and cleaning supplies</li> </ul> <p>Service to be provided include:</p> <ul style="list-style-type: none"> <li>• Food Vouchers</li> <li>• Utilities (gas, water, basic telephone service and electricity)</li> <li>• Personal Protective Equipment (PPE)</li> <li>• Cleaning supplies</li> <li>• COVID-19 self-isolation 14 day short term housing</li> </ul> <p>The agency must adhere to the following guidelines in providing these services:</p> <ul style="list-style-type: none"> <li>• Assistance must be in the form of vouchers made payable to vendors, merchants, etc. No payments may be made directly to individual clients or family members.</li> <li>• Limitations on the provision of emergency assistance to eligible individuals/households should be delineated and consistently applied to all clients.</li> <li>• Allowable support services with an \$800/year/client cap.</li> </ul>
Service Unit Definition(s): <b>(RWGA use only)</b>	A unit of service is defined as provision of allowable COVID-19 EFA service to an eligible client.
Financial Eligibility:	No more than 400% of Federal Poverty Level
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Agency must be dually awarded as HOWPA sub-recipient work closely with other service providers to minimize duplication of services and ensure that assistance is given only when no reasonable alternatives are available. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of EFA funding for these purposes will be the payer of last resort, and for limited amounts, limited use, and limited periods of time. Additionally, agency must document ability to refer clients for food, transportation, and other needs from other service providers when client need is justified.
Staff Requirements:	None.
Special Requirements:	Agency must: Comply with the Houston EMA/HSDA Standards of Care and Emergency Financial Assistance service category program policies.

## Table of Contents

### FY 2021 Houston EMA/HSDA Service Categories Definitions Ryan White Part A, Part B and State Services

<u>Service Definition</u>	<b>Approved FY20 Financial Eligibility</b> Based on federal poverty guidelines	<b>Approved FY21 Financial Eligibility</b> Based on federal poverty guidelines	<b>Page #</b>
Ambulatory/Outpatient Medical Care (includes Medical Case Management, Service Linkage, Outreach, EFA, Local Pharmacy Assistance) CBO, Public Clinic, Rural & Pediatric – Part A	<b>300%,</b> (None, None, None, 500%, 400% non- HIV meds & 500% HIV meds)	<b>300%,</b> (None, None, None, 500%, 400% non- HIV meds & 500% HIV meds)	<b>1 17 34 50</b>
Case Management (Clinical) - Part A	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>60</b>
Case Management (Non-Medical, Service Linkage at Testing Sites) - Part A	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>66</b>
Case Management (Non-Medical, targeting Substance Use Disorders) - State Services	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>72</b>
Early Intervention Services (Incarcerated) - State Services	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>77</b>
Emergency Financial Assistance - Other <sup>*NEW*</sup> - Part A	Not applicable	<b>400%</b>	<b>80</b>
Health Insurance Premium and Cost Sharing Assistance - Part B/State Services - Part A	<b>0 - 400%</b> <b>ACA plans: must have a subsidy</b> (see Part B service definition for exception)	<b>0 - 400%</b> <b>ACA plans: must have a subsidy</b> (see Part B service definition for exception)	<b>83 86</b>
Home & Community-Based Health Services - Adult Day Treatment (facility-based) - Part B	<b>300%</b>	<b>300%</b>	<b>89</b>
Hospice Services - State Services	<b>300%</b>	<b>300%</b>	<b>92</b>
Linguistic Services - State Services	<b>300%</b>	<b>300%</b>	<b>95</b>
Medical Nutritional Therapy and Nutritional Supplements - Part A	<b>300%</b>	<b>400%</b>	<b>98</b>
Mental Health Services – SS	<b>400%</b>	<b>400%</b>	<b>102</b>
Oral Health - Untargeted – Part B - Rural (North) – Part A	<b>300%</b>	<b>300%</b>	<b>107 110</b>
Referral for Health Care and Support Services-ADAP Enrollment Workers – State Services-R	<b>No Financial Cap</b>	<b>No Financial Cap</b>	<b>113</b>
Substance Abuse Treatment - Part A	<b>300%</b>	<b>300%</b>	<b>115</b>
Transportation - Part A	<b>400%</b>	<b>400%</b>	<b>118</b>
Vision Care - Part A	<b>300%</b>	<b>300%</b>	<b>124</b>

## 2020 HHS Federal Poverty Guidelines

Effective Date: 01/15/2020

Poverty Level	Size of Family Unit							
	1	2	3	4	5	6	7	8
100%	12,760	17,240	21,720	26,200	30,680	35,160	39,640	44,120
133%	16,971	22,929	28,888	34,846	40,804	46,763	52,721	58,680
150%	19,140	25,860	32,580	39,300	46,020	52,740	59,460	66,180
200%	25,520	34,480	43,440	52,400	61,360	70,320	79,280	88,240
250%	31,900	43,100	54,300	65,500	76,700	87,900	99,100	110,300
300%	38,280	51,720	65,160	78,600	92,040	105,480	118,920	132,360
350%	44,660	60,340	76,020	91,700	107,380	123,060	138,740	154,420
400%	51,040	68,960	86,880	104,800	122,720	140,640	158,560	176,480
450%	57,420	77,580	97,740	117,900	138,060	158,220	178,380	198,540
500%	63,800	86,200	108,600	131,000	153,400	175,800	198,200	220,600

For family units with more than 8 members, add \$4,480 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)



## **Housing Profile**

# **2020 Houston HIV Care Services Needs Assessment**

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**Disclaimer:**

This Housing Profile uses data from the 2020 Houston Area HIV Care Services Needs Assessment (approval pending). The 2020 Needs Assessment summarizes primary data collected from April 2019 to February 2020 from 589 self-selected, self-identified people living with HIV (PLWH) using either a self-administered written or electronic survey, or verbal interview. Most respondents resided in Houston/Harris County at the time of data collection. Data were statistically weighted for sex at birth, primary race/ethnicity, and age range based on a three-level stratification of HIV prevalence in the Houston EMA (2018). Though quality control measures were applied, limitations to the raw data and data analysis exist, and other data sources should be used to provide context for and to better understand the results. Data collected through this process represent the most current *primary* data source on PLWH in the Houston Area. Census, surveillance, and other data presented here reflect the most current data available at the time of publication.

**Funding acknowledgment:**

The 2020 Houston Area HIV Care Services Needs Assessment is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$24,272,961 and was not financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”

Incentives were provided by the Houston Regional HIV/AIDS Resource Group, Inc.

**Suggested citation:**

Housing Profile - 2020 Houston Area HIV Care Services Needs Assessment.

Approved: PENDING. Primary Author: Amber Lynn Harbolt, MA, Health Planner, Ryan White Planning Council Office of Support.

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## HOUSING SERVICE NEEDS AND BARRIERS

As payer of last resort, the Ryan White HIV/AIDS Program provides a spectrum of HIV-related services to people living with HIV (PLWH) who may not have sufficient resources for managing HIV. The Houston Area HIV Services Ryan White Planning Council identifies, designs, and allocates funding to locally-provided HIV care services. Housing services for PLWH are provided through the federal Housing Opportunities for People with AIDS (HOPWA) program through the City of Houston Housing and Community Development Department and for PLWH recently released from incarceration through the Houston Regional HIV/AIDS Resource Group (TRG). The primary function of HIV needs assessment activities is to gather information about the need for and barriers to services funded by the local Houston Ryan White HIV/AIDS Program, as well as other HIV-related programs like HOPWA and the Houston Health Department’s (HHD) prevention program. This Profile assesses the need, accessibility, and barriers to housing for PLWH in the Houston area.

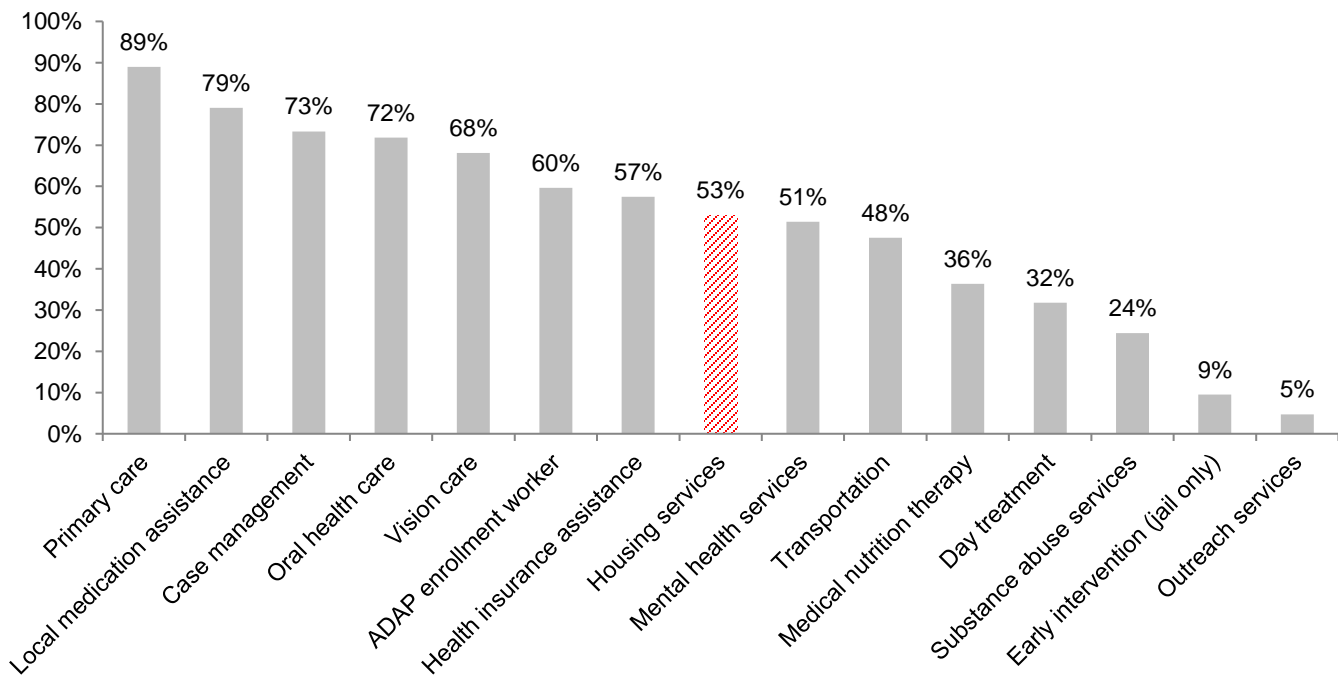
### Overall Ranking of Housing and Funded Services, by Need

At the time of survey, 17 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program. For the first time, the 2020 Houston Area HIV Needs Assessment also collected data on the need for and accessibility to 10 additional services that are allowable under Ryan White, but not currently funded through Ryan White in the Houston area, such as housing services. Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded and unfunded services they needed in the past 12 months.

(Graph 1) All funded and unfunded services except hospice and linguistics were analyzed and received a ranking of need. Housing services was identified as the most commonly needed unfunded service at 53% of survey participants indicating need. When ranked with currently funded services, housing was the 8<sup>th</sup> highest ranked for need. This places the need ranking for housing services before mental health services, transportation, medical nutrition therapy, adult day treatment, substance abuse services, early intervention services, and outreach services.

**GRAPH 1-Ranking of Housing and Funded HIV Services in the Houston Area, By Need, 2020**

*Definition: Percent of needs assessment participants stating they needed the service in the past 12 months, regardless of service accessibility.  
Denominator: 569-573 participants, varying between service categories*



**Overall Ranking of Housing and Funded Services, by Accessibility**

Participants were asked to indicate whether each of the funded and unfunded services they needed in the past 12 months was easy or difficult for them to access.

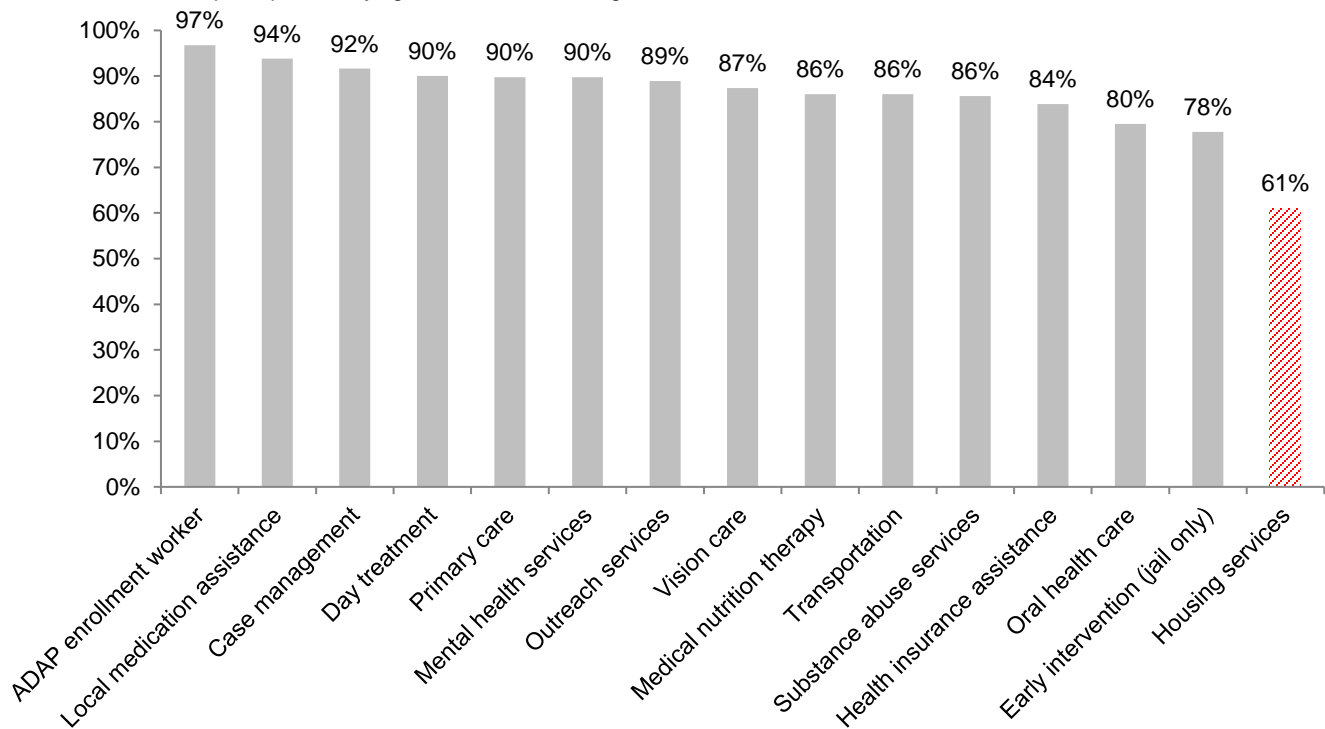
(Graph 2) All funded and unfunded services except hospice and linguistics were analyzed and received a

ranking of accessibility. Housing was identified as the least accessible unfunded service as only 61% of the participants who needed housing services found it easy to access. When ranked with currently funded services, housing the lowest ranked for accessibility. This places the accessibility ranking for housing services below every funded and unfunded service.

**GRAPH 2-Ranking of Housing and Funded HIV Services in the Houston Area, By Accessibility, 2020**

*Definition: Of needs assessment participants stating they needed the service in the past 12 months, the percent stating it was easy to access the service.*

*Denominator: 569-573 participants, varying between service categories*



## Housing Services Need and Accessibility by Demographic Categories and Select Special Populations

(Table 1 and Table 2) Need and access to services can be analyzed for needs assessment participants according to demographic and other characteristics, revealing the presence of any potential disparities in access to services. For housing services, this analysis shows the following:

- More females than males found the service accessible.

- More Black/African American PLWH found the service accessible than other race/ethnicities.
- More PLWH age 25 to 49 found the service accessible than other age groups.

In addition, more transgender, homeless, and MSM PLWH found the housing difficult to access when compared to all participants.

**TABLE 1-Housing Services, by Demographic Categories, 2020**

Experience with the Service	Sex (at birth)		Race/ethnicity				Age		
	Male	Female	White	Black	Hispanic	Other	18-24	25-49	50+
Did not need service	48%	42%	53%	40%	55%	29%	70%	41%	53%
Needed, easy to access	31%	38%	24%	41%	24%	38%	30%	35%	28%
Needed, difficult to access	22%	19%	24%	19%	20%	33%	0%	24%	19%

**TABLE 2-Housing Services, by Selected Special Populations, 2020**

Experience with the Service	Homeless <sup>a</sup>	MSM <sup>b</sup>	Out of Care <sup>c</sup>	Recently Released <sup>d</sup>	Rural <sup>e</sup>	Transgender <sup>f</sup>
Did not need service	23%	52%	52%	22%	80%	28%
Needed, easy to access	35%	25%	32%	8%	3%	28%
Needed, difficult to access	42%	23%	16%	9%	17%	44%

<sup>a</sup>Persons reporting current homelessness <sup>b</sup>Men who have sex with men <sup>c</sup>Persons with no evidence of HIV care for 12 mo.

<sup>d</sup>Persons released from incarceration in the past 12 mo. <sup>e</sup>Non-Houston/Harris County residents <sup>f</sup>Persons with discordant sex assigned at birth and current gender

### Barriers to Accessing Housing Services

Since the 2016 Houston Area HIV Needs Assessment, participants who reported *difficulty* accessing needed services have been asked to provide a brief description of the barrier or barriers encountered, rather than select from a list of pre-selected barriers. In 2016, staff used recursive abstraction to categorize participant descriptions into 39 distinct barriers, then grouped together into 12 nodes, or barrier types. This categorization schema was applied to reported barriers in the 2020 survey.

(Table 3) When barriers to housing services were reported, the most common barrier type was wait-related issues at 28% of reports, followed by education and awareness issues (24%), interactions with staff (13%), administrative issues (9%) and eligibility issues

(6%). Wait-related issues most commonly experienced were being placed on a housing waitlist (often in excess of 2 years) or being told a waitlist for housing was unavailable. Education and awareness issues were most often lack of knowledge about housing service availability or where to go to access housing services. Barriers regarding interactions with staff were most often poor or no communication from staff and staff who were not knowledgeable about area housing resources. Administrative issues were almost exclusively long, complex, or confusing processes required for accessing housing services. Barriers related to eligibility were most often having difficulty obtaining documentation needed for housing eligibility.

	No.	%
1. Wait-related (W)	31	28%
2. Education and Awareness (EA)	27	24%
3. Interactions with Staff (S)	14	13%
4. Administrative (AD)	10	9%
5. Eligibility (EL)	7	6%

## ADDITIONAL HOUSING DATA

The 2020 Houston Area HIV Needs Assessment collected additional data relevant to housing needs, homelessness, housing instability, and housing quality. These additional data are presented below.

### Housing Type, Homelessness, and Housing Instability

Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to select on response for where they sleep most often from a list of 11 possible housing types. Participants were also encouraged to write in where they sleep most often if they did not see it listed among the housing type options. Another question asked they felt their current housing situation was stable.

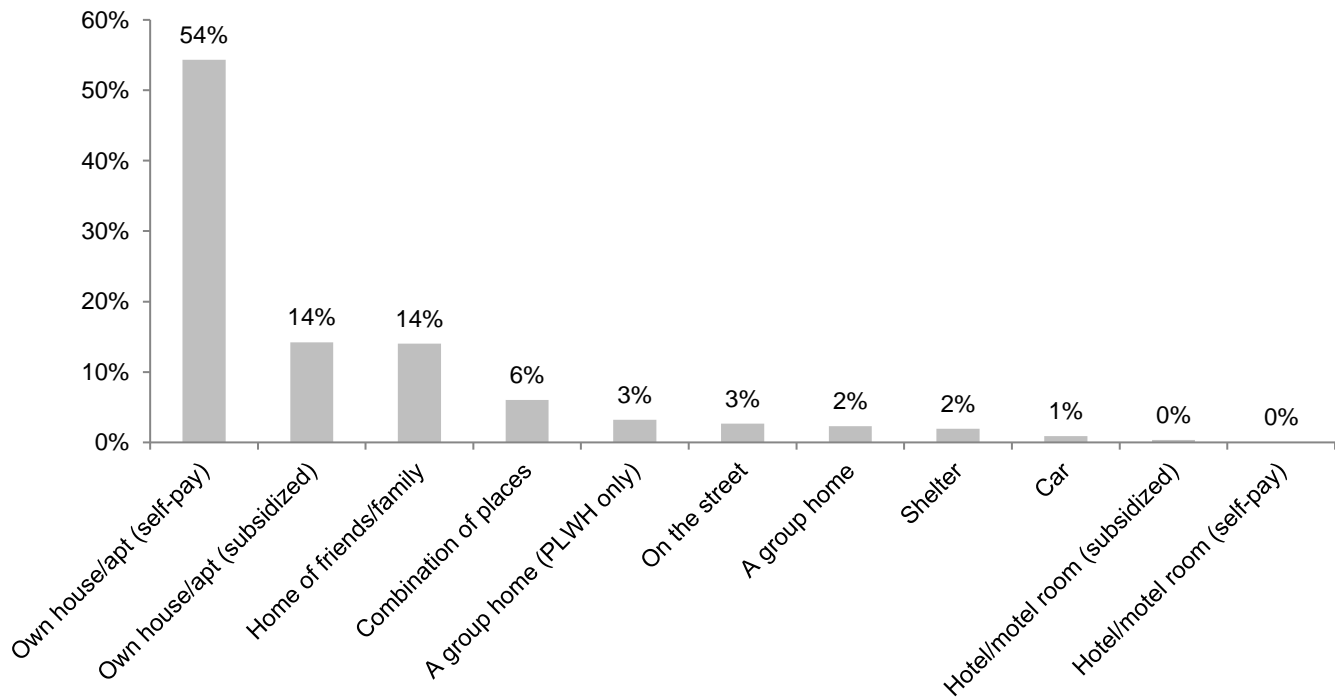
**(Graph 3)** A majority of participants slept most often in a house or apartment that they paid for (54%). This was followed by sleeping most often in a subsidized house or apartment (14%), staying with friends or family (14%), sleeping in a combination of places (6%), staying in a group home for PLWH (3%), or sleeping on the street (3%).

Participants who indicated they slept most often at a shelter, in a car, on the street, or in a combination of places that changes were identified as experiencing homelessness. By this metric, 11% of participants were experiencing homelessness as the time of survey. Regardless of housing type, 32% of participants indicated that they felt their current housing situation was unstable.

### GRAPH 3 -Ranking of Housing Types for PLWH in the Houston Area, 2020

Definition: Percent of needs assessment participants stating they slept most often at each housing type.

Denominator: 563 participants



### Current Housing Problems

Regardless of housing status and stability, other housing-related issues may present barriers to access and retention in care. Twelve-percent (12%) of participants indicated that their housing situation has interfered with them getting HIV medical care.

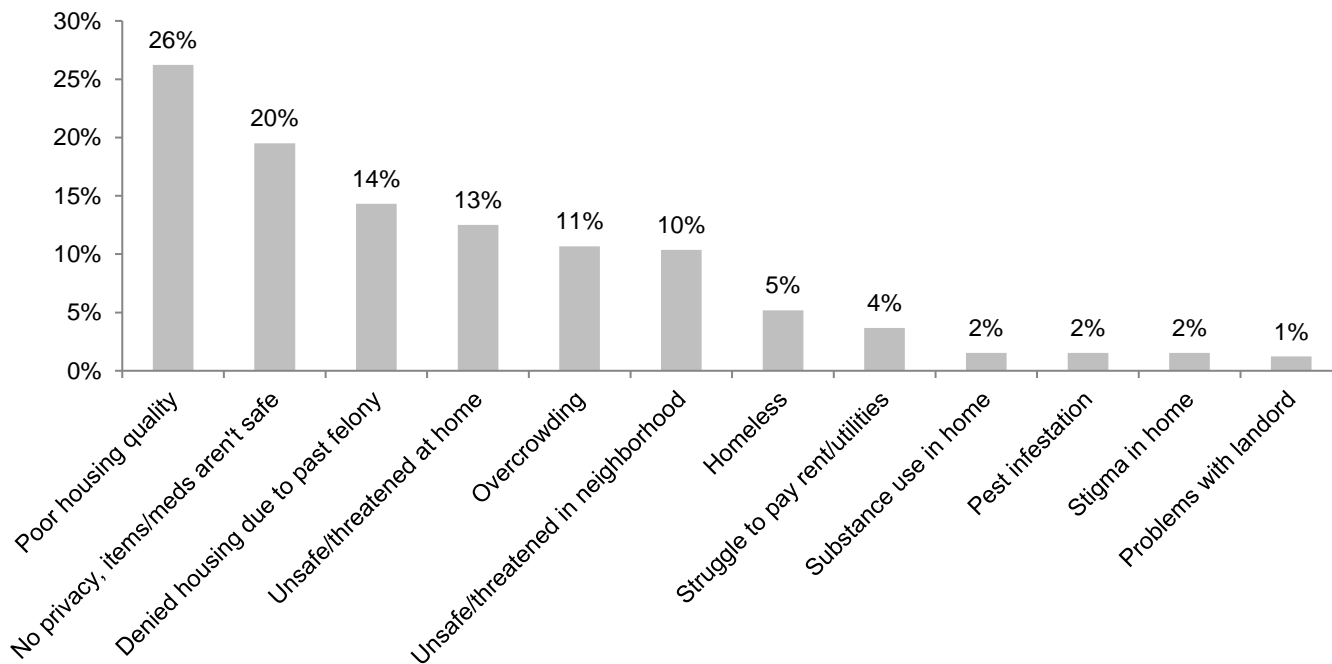
Participants were asked to indicate whether they were currently experiencing any of a list of housing quality, safety, or access issues. Participants were also encouraged to write-in any current housing problems, which at analysis were added to the list or condensed into existing options. Forty-percent (40%) of survey participants indicated they were currently experiencing housing quality, safety, or access issues.

(**Graph 4**) The most common housing problem participants were experiencing at the time of survey was poor housing quality at 26%. Examples given in the survey for poor housing quality were presence of mold or asbestos, exposed wires, broken windows, leaks, poor insulation, broken plumbing, or broken appliances. This was followed by having no privacy and feeling that possessions and medications were not safe (20%), being denied housing due to a past felony (14%), feeling unsafe or threatened at home (13%), and overcrowding (11%). Write-in responses with enough cases to justify inclusion in the list currently experiencing homelessness, struggling to pay rent/utilities, substance use in the home, pest infestation, stigma at home, and difficulties with landlords.

#### GRAPH 4-Current Housing Problems Experienced by PLWH, 2020

*Definition: Of needs assessment participants stating they were currently experiencing problems with housing quality, safety, or access, the percent stating they were experiencing each problem.*

*Denominator: 328 participants*



Houston Ryan White Planning Council  
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding  
FY 2020 Allocations**  
(Council approved 08-08-19)

**MOTION 1: All Funding Streams – Level Funding Scenario**

**Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.**

Approve the attached Ryan White Part A, MAI, Part B, and State Services Funding FY 2020 Level Funding Scenario.

**MOTION 2: MAI Increase / Decrease Scenarios**

**Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).**

Primary care subcategories will be decreased by the same percent. This applies to the total amount of service dollars available.

**Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).**

Primary care subcategories will be increased by the same percent. This applies to the total amount of service dollars available.

**MOTION 3: Part A Increase / Decrease Scenarios**

**Decrease Funding Scenario for Ryan White Part A Funding.**

All service categories except subcategories 1.g, 2.h, 2.i, 2.j, and 9 will be decreased by the same percent. This applies to the total amount of service dollars available.

**Increase Funding Scenario for Ryan White Part A Funding.**

Step 1: Allocate first \$200,000 to the Pay for Performance pilot program in Primary Care. (category 1).

Step 2: Allocate next \$300,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council.

**MOTION 4: Part B and State Services Increase/Decrease Scenario**

**Decrease Funding Scenario for Ryan White Part B and State Services Funding.**

A decrease in funds of any amount will be allocated by the Ryan White Planning Council after the notice of grant award is received.

**Increase Funding Scenario for Ryan White Part B and State Services Funding.**

Step 1: Allocate first \$200,000 to Oral Health Untargeted (category 4a).

Step 2: Allocate next \$200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council after the notice of grant award is received.

Remaining Funds to Allocate		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
		\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
<b>1</b>	<b>Ambulatory/Outpatient Primary Care</b>	\$9,869,619	\$1,887,283	\$0	\$0	\$0	\$11,756,902	
1.a	PC-Public Clinic	\$3,591,064					\$3,591,064	
1.b	PC-AA	\$952,498	\$954,912				\$1,907,410	FY20: Part A: Increase \$12,051 in Part due to increased CBO spending MAI: FY19 Increased Scenario applied \$20,219 to 1.b
1.c	PC-Hisp - see 1.b above	\$798,473	\$932,372				\$1,730,845	FY20: Part A: Increase \$12,049 in Part due to increased CBO spending MAI: FY19 Increased Scenario applied \$20,220 to 1.c
1.d	PC-White - see 1.b above	\$1,035,846					\$1,035,846	FY20: Increase \$12,049 in Part A due to increased CBO spending
1.e	PC-Rural	\$1,149,761					\$1,149,761	
1.f	PC-Women	\$1,874,540					\$1,874,540	
1.g	PC-Pedi	\$15,437					\$15,437	
1.h	Vision Care	\$452,000					\$452,000	FY20: Increase \$50k in Part A by due to FY18 expenditures
<b>2</b>	<b>Medical Case Management</b>	\$2,185,802	\$320,100	\$0	\$0	\$0	\$2,505,902	
2.a	CCM-Mental/Substance	\$488,656					\$488,656	
2.b	MCM-Public Clinic	\$427,722					\$427,722	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.c	MCM-AA	\$266,070	\$160,050				\$426,120	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.d	MCM-Hisp	\$266,072	\$160,050				\$426,122	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.e	MCM-White	\$52,247					\$52,247	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.f	MCM-Rural	\$273,760					\$273,760	FY20: Decrease \$75k in Part A MCM-Rural due to underspending in FY18
2.g	MCM-Women	\$125,311					\$125,311	FY20: Decrease \$55k in Part A due to underspending, and to fund increases in SLW, Vision, and EFA
2.h	MCM-Pedi	\$160,051					\$160,051	
2.i	MCM-Veterans	\$80,025					\$80,025	
2.j	MCM-Youth	\$45,888					\$45,888	
<b>3</b>	<b>Local Pharmacy Assistance Program</b>	\$3,157,166	\$0	\$0	\$0	\$0	\$3,157,166	FY20: Create two subcategories for LPAP: 3.a for LPAP - Public Clinic, and 3.b LPAP-Untargeted. FY19 Increased Scenario applied \$500k to LPAP
3.a	LPAP-Public Clinic	\$610,360					\$610,360	FY20: Fund level to FY18 LPAP expenditures at public clinic



Remaining Funds to Allocate		Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
		\$0	\$0	\$0	\$0	\$0	\$0	
3.b	LPAP-Untargeted	\$2,546,806					\$2,546,806	FY20: Subtract FY18 public clinic LPAP expenditures from FY19 Increased Funding Scenario applied to LPAP to create LPAP-Untargeted amount
4	Oral Health	\$166,404	\$0	\$2,211,405	\$0		\$2,377,809	
4.a	Untargeted			\$2,211,405			\$2,211,405	FY20: Increase \$24,500 in Part B to reflect increase in cost of services (i.e., increase in prosthodontics reimbursements)
4.b	Rural Dental	\$166,404					\$166,404	
5	Health Insurance Co-Pays & Co-Ins	\$1,339,239	\$0	\$1,047,824	\$864,506	\$125,000	\$3,376,569	FY20: SS: Decrease \$7,473 in SS to balance EIS cost of living increase; SS-R: Fund \$125k in SS-R to balance reduction in SS to fully fund 15e. (SLW-Substance Use); Part B: Increase \$7,473 Part B to balance decrease in SS HIAP Part A: FY19 Increased Scenario applied \$166,169 to HIA
6	Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	SS: Decrease \$7,473 in SS to balance EIS cost of living increase;
7	Early Intervention Services	\$0	\$0	\$0	\$175,000	\$0	\$175,000	06-10-19 TRG Note: SS \$8,789 cost of living raise for EIS staff
8	Home & Community Based Health Services	\$0	\$0	\$113,315	\$0	\$0	\$113,315	
8.a	In-Home (skilled nursing & health aide)						\$0	
8.b	Facility-based (adult day care)			\$113,315			\$113,315	
9	Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$0	\$45,677	
10	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
11	Hospice	\$0	\$0	\$0	\$259,832	\$0	\$259,832	
12	Outreach Services	\$420,000	\$0	\$0	\$0		\$420,000	
13	Emergency Financial Assistance	\$525,000	\$0	\$0	\$0	\$0	\$525,000	FY20: Increase \$75k in Part A due FY18 expenditures
14	Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$375,000	\$375,000	
15	Non-Medical Case Management	\$1,381,002	\$0	\$0	\$350,000	\$0	\$1,731,002	
15.a	SLW-Youth	\$110,793					\$110,793	
15.b	SLW-Testing	\$100,000					\$100,000	
15.c	SLW-Public	\$427,000					\$427,000	
15.d	SLW-CBO, includes some Rural	\$743,209					\$743,209	FY20: Increase \$150k in Part A due to FY18 expenditures

	Remaining Funds to Allocate	Part A	MAI	Part B	State Services	SS-R	Total	FY 2020 Allocations & Justification
		\$0	\$0	\$0	\$0	\$0	\$0	
15.e	SLW-Substance Use	\$0			\$350,000		\$350,000	FY20: Increase \$125k in SS to fully fund for 12 months
16	<b>Transportation</b>	<b>\$424,911</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$424,911</b>	
16.a	Van Based - Urban	\$252,680					\$252,680	
16.b	Van Based - Rural	\$97,185		\$0			\$97,185	
16.c	Bus Passes & Gas Vouchers	\$75,046					\$75,046	
17	<b>Linguistic Services</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$68,000</b>	<b>\$0</b>	<b>\$68,000</b>	
	<b>Total Service Allocation</b>	<b>\$19,856,215</b>	<b>\$2,207,383</b>	<b>\$3,372,544</b>	<b>\$2,017,338</b>	<b>\$500,000</b>	<b>\$27,953,480</b>	
NA	Quality Management	\$412,940					\$412,940	06-10-19 RWGA Note: 50% CPCDMS cost moved under admin
NA	Administration	\$1,795,958					\$1,795,958	06-10-19 RWGA Note: 50% CPCDMS cost moved under admin
NA	Compassionate Care Program					\$475,000	\$475,000	06-24-19 TRG Note: \$125k moved from the Compassionate Care Program to balance \$125k moved from HIAP.
	<b>Total Non-Service Allocation</b>	<b>\$2,208,898</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$475,000</b>	<b>\$2,683,898</b>	
	<b>Total Grant Funds</b>	<b>\$22,065,113</b>	<b>\$2,207,383</b>	<b>\$3,372,544</b>	<b>\$2,017,338</b>	<b>\$975,000</b>	<b>\$30,637,378</b>	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Tips:

\* Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet will become "broken" and the totals will be incorrect.

\* It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from \$42,000 to \$40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you

[For Staff Only]

If needed, use this space to enter base amounts to be used for calculations

	RWA Amount Actual	MAI Amount Actual	Part B actual	State Service est.	SS-R estimated	
Total Grant Funds	\$22,065,113	\$2,207,383	\$3,372,544	\$2,017,338	\$975,000	\$30,637,378