

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, February 25, 2021

Please note that this is a virtual meeting. To join the Zoom meeting, click on the following link:

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

Meeting ID: 870 7168 4235

Password: 534099

Or call in at: 346 248-7799

AGENDA

- | | | |
|------|---|--|
| I. | Call to Order | Bobby Cruz and
Peta-gay Ledbetter,
Co-Chairs |
| | A. Moment of Reflection | |
| | B. Adoption of the Agenda | |
| | C. Approval of the Minutes | |
| | D. Nuts & Bolts, Petty Cash and Open Meetings Act Training | Tori Williams,
Office of Support |
| II. | Tentative Presentation:
Optional Committee Responses to the TDSHS* Program Budget Shortfalls | Charles Henley,
Consultant |
| III. | Public Comment and Announcements
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. <u>When signing in, guests are not required to provide their correct or complete names.</u> 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. All information from the public must be provided in this portion of the meeting.) | |
| IV. | Routine Committee Business | |
| | A. Committee description and Conflict of Interest Policy | Tori Williams |
| | B. Determine the FY 2021 Policy on Allocating Unspent Funds | |
| | C. Updates on FY 2020 and 2021 HRSA Grant Awards | Carin Martin |
| | D. Updates from The Resource Group | Sha'Terra Johnson |
| | The following items could be tabled until the March 2021 Committee meeting | |
| | E. 2021 Committee Goals | Tori Williams |
| | F. 2021 Critical Timeline and Committee Meeting Dates and Time | Tori Williams |
| | G. Determine the FY 2022 Principles & Criteria | |
| | H. Determine the FY 2022 Priority Setting Process | |
| | I. Continue the Subcategory Review Process? | Tori Williams |
| | J. Training in how to review Ryan White Part A/MAI reports | Carin Martin |
| | K. Training in how to review Ryan White Part B/SS reports | Sha'Terra Johnson |
| | L. Elect a Committee Vice Chair | |
| V. | Announcements | |
| VI. | Adjourn | |
| | • Optional: Meet with the Committee Mentor | Mauricia Chatman |

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

MINUTES

12:00 p.m., Thursday, October 22, 2020
Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Mauricia Chatman, excused	<i>The Resource Group</i>
Allen Murray, Co-Chair	Carol Suazo	Sha'Terra Johnson-Fairley
Roxane May		
Josh Mica		<i>Ryan White Grant Admin</i>
Niquita Moret		Carin Martin
Bruce Turner		Heather Keizman
Peta-gay Ledbetter		Rebecca Edwards
OTHERS PRESENT		<i>Office of Support</i>
Tana Pradia, RWPC Chair		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 12:09 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: *Motion #2:* it was moved and seconded (Turner, Murray) to approve the July 23, 2020 minutes. *Motion carried.* Abstentions: Ledbetter, May.

Public Comment: None.

Updates from the Ryan White Grant Administration: Martin said that all three MAI contracts are underspending but she did not sweep up MAI funds and there were no MAI requests. See the attached FY 2020 Ryan White Part A and MAI Procurement Report, dated 10/15/20.

Updates from the Resource Group: Johnson said they had no updates. She presented the attached reports:

- FY20/21 Part B Procurement Report, dated 08/26/20
- FY19/20 DSHS State Services Procurement Report, dated 08/26/20

- FY19/20 Health Insurance Assistance Program, dated 09/02/20.

Requests for increased funding from Ryan White Part A: The committee reviewed 3 requests for increased funds for Part A, see attached. They reviewed each request, made their final recommendations and justified their decisions (see attached chart for details). ***Motion #3:** it was moved and seconded (Ledbetter, Murray) to approve the attached allocation increase requests for FY 2020 Ryan White Part A funds. Motion carried.* Abstentions: May, Turner.

Plan for FY 2020 Carryover Funds and FY 2020 Unspent Funds:

***Motion #4:** it was moved and seconded (Mica, Turner) that if there are FY 2020 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating the full amount to Outpatient/Ambulatory Primary Medical Care. Motion carried.* Abstention: May.

***Motion #5:** it was moved and seconded (Mica, Turner) that in the final quarter of FY 2020 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the Texas Department of State Health Services. RWGA and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting. Motion carried.* Abstention: May.

Suggested Changes to Committee Reports for FY 2020: Williams asked the committee to look over the reports and let her know if there are any changes they would like made to them for the upcoming year.

Announcements: Williams said that this is the last committee meeting of the year and thanked committee members for their hard work during this wild and unpredictable year.

Adjournment: The meeting adjourned at 12:39 p.m.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

Ryan White Reallocations as of 10-22-20: Ryan White Part A Funding

Part A Funds Available for Reallocation: \$539,595				
Control Number	Service Category	Amount Requested	Recommended Reallocations Part A	Justification
1	Primary Medical Care – Community-based targeted to African American, Hispanic and White	\$388,000	\$330,455	#1 service priority and the services compliment EHE activities. But, this service received a significant amount of additional funding from the July 2020 reallocation process. Hence, the difference between the amount requested and the amount available will be taken from this request.
2	Primary Medical Care - Vision	\$112,000	\$112,000	Received much less than was requested during the July 2020 reallocation process.
3	Primary Medical Care – Community-based targeted to African American, Hispanic and White	\$97,140	\$97,140	#1 service priority. These services compliment EHE activities.
TOTALS		\$597,140	\$539,595	

Scribe: Beck

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

2020 Priority & Allocations Committee Voting Record for 10/22/20

MEMBERS	Motion #1 Agenda Carried				Motion #2 July 23, 2020 Minutes Carried				Motion #3 Part A Allocation Increase Requests Carried				Motion #4 Part A 2020 Carryover Funds Carried				Motion #5 Part A 2020 Unspent Funds Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair				C				C				C				C				C
Allen Murray, Co-Chair		X				X				X				X				X		
Mauricia E. Chatman	X				X				X				X				X			
Roxane May				X				X				X				X				X
Josh Mica		X				X				X				X				X		
Niquita Moret		X				X				X				X				X		
Carol Suazo	X				X				X				X				X			
Bruce Turner		X				X						X		X				X		
Peta-gay Ledbetter		X						X		X				X				X		

Nuts and Bolts for New Members

Please take into account that some of the procedures described below have been changed due to stay at home orders because of COVID-19.

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact Rod in the Office of Support. In the meantime, most reminder emails will include an electronic copy of the meeting packet.

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

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

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

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

Due to County budgeting policy, there may be no petty cash reimbursements in March and April. Please turn in your receipts to Rod but be prepared to receive a reimbursement check in late April.

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

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

MEMORANDUM

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

Copy: Carin Martin

From: Tori Williams, Director, Office of Support

Date: January 21, 2021

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2021. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and Affiliate Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 12, 2021.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2021 **will not be reimbursed at all if they are turned in after March 31, 2021.**
- 3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2021. If meetings are held in person during this time, then volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses incurred after March 1, 2021 but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2021.

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

(OVER FOR TIMELINE)

March 1

2020.....

Beginning of
fiscal year 2020

Feb 12

2021.....

Turn in all
receipts

Feb 28

2021.....

End of fiscal
year 2020. No
money available
to write checks until
possibly the end of
May

March 31

2021

Turn in all remaining receipts
for fiscal year 2020 or you
will not be reimbursed for
those expenses incurred between
March 1, 2020 and Feb. 28, 2021

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

Memorandum

To: Members, Houston Ryan White Planning Council
Affiliate Members, Ryan White Committees

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

Date: January 21, 2021

Re: Open Meetings Act Training

Please note that all Council members, and Affiliate Committee members, are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 31, 2021. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

<https://www.texasattorneygeneral.gov/og/oma-training>

If you do not have high-speed internet access, you are welcome to contact Rod in the Office of Support and we will see if we can help you access the information.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:

https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

**Department of State Health Services
HIV AIDS Drug Assistance Program
FY21 Deficit**

The HIV AIDS Drug Assistance Program (ADAP) is experiencing a significant deficit of **\$52 million** in Fiscal Year 2021. The program will be operating at a shortfall beginning in February.

ADAP provides life-saving and infection-reducing medications to 21,247 Texans who meet the eligibility criteria. To be eligible for ADAP assistance, a person must: a) be diagnosed as HIV-positive; b) be a Texas State resident; c) be at or under 200% FPL (federal poverty level); and d) be verifiable as uninsured or underinsured for prescription drug coverage. A few factors are playing into the anticipated gap, which have been exacerbated by the increase of program demand due to COVID-19 job loss. 2,700 new clients entered the program this year, which is 34% higher growth than in prior years. The program is federally funded, and the grant year is from April through March.

DSHS has taken internal measures to decrease the deficit and is working with federal partners to seek additional funds. At this time, DSHS is not requesting supplemental funding from the 87th Legislature.

COVID-19 Impact on the Shortfall:

Table 1, Increased Costs Due to COVID-19 in 2020, in millions	
Month	Increased Costs
March	\$8.7
April	\$1.0
May	\$4.4
June	\$3.5
July	\$5.0
August	\$3.3
September	\$4.6
October	\$0.0
November	\$0.2
December	\$3.7
Total	\$34.4

Beginning in March of 2020, DSHS ADAP participants increased at a higher rate likely due to the economic downturn due to COVID-19. ADAP had 2,919 new participants enter the program March through December of this year, which is 28% higher growth than in prior years. A higher percentage of participants are unemployed in fiscal years 2020 and 2021.

Additionally, DSHS implemented two policies to encourage social distancing and require minimal contact for participants to remain on the program continuing to receive medications.

- Increased the standard 30-day medication supply to a 60-day supply. This resulted in immediate increased monthly costs. This practice was discontinued October 12, 2020.
- No-contact emergency eligibility process which included an eligibility extension for those participants in need of recertification. This was discontinued on December 31, 2020.

Increased Medication Cost

Medications increased in cost by over \$1,000 per person annually, due to an increased usage in four high-cost single tablet regimens. The number of enrollees prescribed one of these medications increased from 68% to 80%.

Potential Solutions with Federal Partners

Internal Agency Transfers*	\$	12.3
Coronavirus Relief Fund**	\$	34.4
Federal Supplemental Award**	\$	15.0
Federal Carryforward**	\$	3.0
Total	\$	64.7

*Internal DSHS transfers began in January 2021.

**Amounts reflected are estimates and are not approved or guaranteed from the federal partners.

- Internal Agency Transfers. In January 2021, DSHS initiated multiple internal transfers, including allocating funds that may lapse from other programs, identifying expenditures that are eligible to be paid with Title V funds, and temporarily removing the cost of the agency's overhead from this program.
- Coronavirus Relief Fund (CRF). Met with the auditor that is reviewing the CRF funds and assisting with determining the eligibility of expenses. Since some of the shortfall is caused by an increase in clients due to COVID, and changes in policies due to COVID, the expenses may qualify. DSHS is requesting \$34.4 million in CRF. This request is not guaranteed and requires Governor office and federal approval that it is an allowable expense.
- Federal Supplemental Request – HRSA is likely to respond with the award in late February 2021. DSHS requested \$51 million in supplemental funds. In the past few years, DSHS has received approximately, \$15-18 million in supplemental funds each year. This request is not guaranteed and requires federal approval.
- Request to move forward \$3 million in federal funds from previous grant years to the current grant year. HRSA is likely to respond in late February. This request is not guaranteed and requires federal approval.

Internal steps to decrease the request:

- Remove the Premium Cap for Medicare Recipients. This will increase revenue through medication rebates by encouraging more enrollees. It will take 6-9 months to generate additional revenue.

- Eliminate the Hepatitis C (HCV) Medication Program for ADAP participants. New enrollments will cease by January 31st. Existing enrollees will complete treatment medications by April 30th. Savings will be realized after the first year.
- Elimination of 90-day medication fills. These will be discontinued with new enrollees by January 31st, and for existing enrollees by February 28th.
- Discontinue the spenddown calculation when determining eligibility. THMP currently applies a “spend down” equal to the cost of each participant’s yearly THMP medications as an income adjustment for those persons who are over the program’s 200% FPL requirement. Elimination of the spend down began in the ADAP program in December and in the other Texas HIV Medication Programs (SPAP and TIAP) in May. Savings will take six months to generate due to rolling eligibility periods.

Additionally, DSHS is reviewing longer term strategies that would decrease program cost in future fiscal years.

Texas Administrative Code Rule, § 98.115, Texas HIV Medication Program Fiscal Planning

The TAC rule indicates cost containment measures that DSHS may implement to make certain that expenditures do not exceed the program’s budget. The cost containment measures are:

- Initiate medical criteria to meet at minimum the most recent federal Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, which can be found at <http://aidsinfo.nih.gov/Guidelines>.
- Discontinue using the formula for adjusting the applicant's gross annual income described in §98.109(b) of this title (relating to Financial Eligibility Criteria).
- Lower the financial eligibility criteria described in §98.109(a)(4) of this title to a level that is not lower than 125% of federal poverty level.
- Cease enrollment of new applicants.

The AIDS Drug Assistance Program (ADAP)/Texas HIV Medication Program (THMP)

Why we're concerned?

Unexpected and Harmful Changes to Eligibility Requirements

Overview of HIV Prevalence in the State of Texas

As of the end of 2018, over 94,000 Texans were living with HIV. In 2018, 4,520 Texans were newly diagnosed with HIV, which means that every day about 12 Texans were diagnosed with HIV. ¹

What is the State's ADAP/THMP Program?

The Texas HIV Medication Program (THMP) provides medications for the treatment of HIV and its related complications for low-income Texans, generally those at 200% and below of the federal poverty level. To qualify for medications, potential clients who meet eligibility criteria complete an application for assistance. Once approved, a client receives medications at an assigned pharmacy in their community.

The THMP is the official AIDS Drug Assistance Program (ADAP) for the State of Texas. The THMP has been in existence since 1987 and provides medications approved by the Food and Drug Administration (FDA) for the treatment of illnesses caused by the human immunodeficiency virus (HIV) and other opportunistic infections in HIV-infected individuals as prescribed by their doctor. THMP also operates the Texas HIV State Pharmaceutical Assistance Program (SPAP) which helps HIV-positive individuals that do not qualify for the full Low-Income Subsidy (extra help) with their out-of-pocket costs associated with Medicare Part D prescription drug plans, including co-payments, deductibles, coinsurance, and during the coverage gap (the "donut hole").

Why is the ADAP/THMP Program important?

HIV drugs are costly, and many Persons Living with HIV (PLWH) in the U.S. are unable to pay for the medications without assistance through ADAP.

How is it funded?

The primary source of Federal funding for ADAPs is through the ADAP Base (formerly referred to as "earmark") award component within the Ryan White Part B Formula (X07) award. RWHAP ADAP Base funding is distributed using a funding formula based on the number of reported living cases of HIV/AIDS cases in the State or Territory in the most recent calendar year as confirmed by CDC.

Recipients can choose to allocate other funding to ADAP, including State/Territory, local and Federal resources. ADAP-generated program income and rebates can also be allocated back to the ADAP, since they must be used for RWHAP Part B allowable services, with (for rebates) priority given to ADAP. All funds allocated to ADAP are subject to HRSA HAB ADAP program expectations.

¹ <https://www.dshs.texas.gov/hivstd/reports/epiprofile/sec02.shtm>

Why we're concerned?

Unexpected and Harmful Changes to Eligibility Requirements

- A sudden and unexpected action taken was taken by the Department of State Health Services over the Christmas holiday. On December 28, 2020 the Department of State Health Services announced it would change the eligibility requirements of the AIDS Drug Assistance Program (ADAP), effectively eliminating thousands of Texans living with HIV from its program.
- This decision came following a 2019 HRSA finding that called into question the state's actions concerning the application of eligibility requirements. Due to this finding, DSHS believes there are many ADAP recipients who are no longer eligible and that in order to fall back into compliance, it would remove them from the program by changing the spend down approach to their eligibility. The finding claims that the state's established ADAP requirements were inconsistently applied across regions.
- **We believe the state took unnecessary and harmful actions to cut costs, not to meet HRSA's audit findings.**
- DSHS has always been an ally to people living with HIV, but this decision will completely setback the state's own efforts laid out in the Achieving Together plan, which sought to reduce new HIV transmissions throughout the state.

What is the spend down approach and what has THMP enacted?

- For decades, the state has taken into account the cost of medications when determining eligibility for the ADAP program. For instance, if an HIV positive individual was applying for the THMP program and was at 203% of the federal poverty limit, the cost of their medication would be deducted from their salary and they then could qualify for the program. The state is proposing to end all deductions associated with the cost of HIV medications and treatment, cutting thousands from the ADAP program and leaving the most vulnerable HIV positive patient populations to pay for these expensive medications. This action will certainly lead to many patients foregoing care and living with increased viral loads.

Fiscal Impact

According to the CDC, the lifetime treatment cost for people living with HIV is estimated at \$379,668 (in 2010 dollars), therefore a prevention intervention is deemed cost saving if its Cost Effectiveness (CE) ratio is less than \$379,668 per transmission averted.² **Even a 1% increase in the number of diagnosed people living with HIV in the Texas could result in a \$356.9 million increase in healthcare costs over the course of a lifetime.** Investment in prevention is key to avoiding these future healthcare costs.

What can be done?

- There was no input allowed from providers and patients, and the effective date of the changes was announced to be immediate. **DSHS must reverse this announcement and provide proper input from the community affected by these changes.**

²<https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

Houston Area HIV Services Ryan White Planning Council

Standing Committee Structure

(Reviewed 01-14-20)

1. Affected Community Committee

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

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

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

2. Comprehensive HIV Planning Committee

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

3. Operations Committee

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

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

4. Priority and Allocations Committee

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

5. Quality Improvement Committee

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

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

Ryan White Definition of Conflict of Interest

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

DRAFT

2020 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-27-20)

Background

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

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

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

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

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

- 1.) The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. The 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an \$800,000 service category is \$80,000. If a \$500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or \$50,000 into the receiving category, leaving \$30,000 unobligated.
- 2.) Due to procurement rules, it is difficult to RFP funds after the mid-point of any given fiscal year.

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

DRAFT

Recommendations for Addressing Unobligated and Carryover Funds:

- 1.) Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where The Agency Currently Has a Contract: These requests come at designated times during the year.

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

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

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

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

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

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

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

2020 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted October 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 2021 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 2021 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status:

6. *Review the FY 2020 priorities as needed.
Status:

7. *Review the FY 2020 allocations as needed.
Status:

8. Evaluate the processes used.
Status:

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

Status of Tasks on the Timeline:

Committee Chairperson

Date

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2021 Council Activities

(Revised 01-28-21)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

General Information: The following is a list of significant activities regarding the 2021 Houston Ryan White Planning Council. Consumers, providers and members of the general public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or review meeting agendas and support documents, please contact the Office of Support at 832 927-7926 or visit our website at: www.rwpchouston.org.

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

- Thurs. Jan. 21 Council Orientation. 2021 Committee meeting dates will be established at this meeting.
- Thurs. Feb. 4 12 noon. First Steering Committee meeting for the 2021 planning year.
- Tues. Feb. 9 11 am, Orientation for new 2021 Affiliate Committee Members.
- Thurs. Feb. 11 12 noon. First Council meeting for the 2021 planning year.

Mon. Feb. 15 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 17 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider funding a service that is not currently being funded in the Greater Houston area with Ryan White Part A, Part B or State Services dollars. The form requires documentation for why dollars should be used to fund a particular service and why it is not a duplication of a service already being offered through another funding source. Anyone can submit an Idea Form. Contact the Office of Support at 832 927-7926 to request required forms

Thurs. Feb. 25 12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2021 unspent funds, FY 2022 priority setting process** and more.

TBD in March EIIHA Workgroup meeting.

Tues. March 16 1:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2022 service categories** for Part A, Part B and *State Services* funding.

Mon. March 15 **Consumer Training** on the How to Best Meet the Need process.

Thurs. April 1 12 noon. Steering Committee meets.

Thurs. April 8 12 noon. Planning Council meets.

1:30 – 4:30 pm. **Council and Community Training for the How to Best Meet the Need process.** Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.

(Continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2021 Council Activities

(Revised 01-28-21)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

Mon. April 12	10 am – 5 pm, Special workgroup meetings. Topics to be announced.
Tues. April 20	10:30 am. How To Best Meet the Need Workgroup #1 at which the following services for FY 2022 will be reviewed: <ul style="list-style-type: none">• Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance – Pharmacy Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage – Adult and Rural)• Ambulatory/Outpatient Medical Care (including Medical Case Management and Service Linkage – Pediatric)• Referral for Health Care and Support Services• Clinical Case Management• Non-Medical Case Management (Service Linkage at Testing Sites)• Vision Care 1:30 pm. How To Best Meet the Need Workgroup #2 at which the following services for FY 2021 will be reviewed: <ul style="list-style-type: none">• Health Insurance Premium & Co-pay Assistance• Medical Nutritional Therapy (including Nutritional Supplements)• Mental Health• Substance Abuse Treatment/Counseling• Non-Medical Case Management (Substance Use)• Oral Health – Untargeted & Rural Call 832 927-7926 for confirmation and to receive meeting packets.
Wed. April 21	3:00 pm – 5:00 pm. How To Best Meet the Need Workgroup #3 at which the following services will be reviewed: <ul style="list-style-type: none">• Early Intervention Services• Emergency Financial Assistance - Other• Home & Community-based Health Services (Adult Day Treatment)• Hospice• Linguistic Services• Transportation (van-based - Untargeted & Rural) Call 832 927-7926 for confirmation and additional information.
Thurs. April 22	12 noon. Priority & Allocations Committee meets to allocate Part A unspent funds .
Mon. May 3	5:00 pm. Deadline for submitting Proposed Idea Forms to the Office of Support. (See February 15 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
Tues. May 18	11 am. How to Best Meet the Need Workgroup meets for recommendations on the Blue Book . The Operations Committee reviews the FY 2022 Council Support Budget.
Tues. May 18	1 pm. Quality Improvement Committee meets to approve the FY 2022 How to Best Meet the Need results and review subcategory allocation requests . Draft copies are forwarded to the Priority & Allocations Committee.

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2021 Council Activities

(Revised 01-28-21)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

Tues. May 25	7:00 pm., Public Hearing on the FY 2022 How To Best Meet the Need results.
Wed. May 26	Time TBD. Special Quality Improvement Committee meeting to review public comments regarding FY 2022 How To Best Meet the Need results.
Thurs. May 27	12 noon. Priority & Allocations Committee meets to recommend the FY 2022 service priorities for Ryan White Parts A and B and <i>State Services</i> funding.
Thurs. June 3	12 noon. Steering Committee meets to approve the FY 2022 How to Best Meet the Need results.
Thurs. June 10	12 noon. Council approves the FY 2022 How to Best Meet the Need results.
Week of June 14-18	Dates and times TBD. Special Priority & Allocations Committee meetings to draft the FY 2022 allocations for RW Part A and B and State Services funding.
In June or Aug.	1 pm. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
Thurs. June 24	12 noon. Priority & Allocations Committee meets to approve the FY 2022 allocations for RW Part A and B and State Services funding.
Mon. June 28	7 pm. Public Hearing on the FY 2022 service priorities and allocations.
Tues. June 29	Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the FY 2022 service priorities and allocations.
July/Aug.	Workgroup meets to complete the proposed FY 2022 EIIHA Plan.
Thurs. July 1	12 noon. Steering Committee approves the FY 2022 service priorities and allocations.
Thurs. July 8	12 noon. Council approves the FY 2022 service priorities and allocations.
Fri. July 9	5 pm. Deadline for submitting a Project LEAP application form. See July 28 for description of Project LEAP. Call 832 927-7926 for an application form.
Thurs. July 22	12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the FY 2022 priority & allocations. They also allocate FY 2020 carryover funds. (Allocate even though dollar amount will not be avail. until Aug.)
Wed. July 28	Project LEAP classes begin. Project LEAP is a free 17-week training course for individuals living with and affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.

(continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2021 Council Activities

(Revised 01-28-21)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

- Thurs. Aug. 5 12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2022 GRANT**. (Mail out date for the August Steering Committee meeting is July 22, 2021.)
- TBD in Aug. Time TBD. **Consumer Training** on Standards of Care and Performance Measures.
- Fri. Sept. 3 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 15 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
- Tues, Sept. 14 1 pm. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
- TBD in Sept. Time TBD. **Consumer-Only Workgroup** meeting to review FY 2022 Standards of Care and Performance Measures.
- Tues, Oct. 19 11 am. Review and possibly update the Memorandum of Understanding between all Part A stakeholders and the Letter of Agreement between Part B stakeholders.
- October or November Date & time TBD. Community Workgroup meeting to review **FY 2022 Standards of Care & Performance Measures** for all service categories.
- Thurs. Oct. 28 12 noon. Priority & Allocations Committee meets to allocate FY 2022 unspent funds.
- Tues. Nov. 9 or 30 9:30 am. Commissioners Court to receive the World AIDS Day Resolution.
- Thurs. Nov. 11 12 noon. Council recognizes all Affiliate Committee Members.
- Wed. Dec. 1 **World AIDS Day.**
- Thurs. Dec. 9 12 noon. Election of Officers for the 2022 Ryan White Planning Council.

2021 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/25/21)

AFFECTED COMMUNITY

TENTATIVE: Meetings are on the Monday after Council meets starting at 12 noon.

February 15	July 12
March 15	August 16
March 16*	September 13
April - no meeting	October 18
May 17**	November 15
June 14	December - no mtg

COMPREHENSIVE HIV PLANNING

Meetings are the second Thursday of the month starting at 2:00 pm:

February 11	August 12
March 11	September 9
April 8	October 14
May 13	November 11
June 10	December - no mtg
July 8	

OPERATIONS

Meetings are Tuesdays following the Council meeting starting at 11:00 am:

February 16	August 17
March 16	September 14
April 13	October 19
May 18	November 16
June 15	December 14
July 13	

PLANNING COUNCIL

Meetings are the second Thursday of the month starting at 12 noon:

February 11	August 12
March 11	September 9
April 8 - HRSA site visit	October 14
May 13	NOV 11 - LEAP presents
June 10	December 9
July 8	

PRIORITY & ALLOCATIONS

Meetings are the fourth Thursday of the month at 12 pm:

February 25	July 22
March 16*	August 26
March 25	September 23
April 22	October 28
May 27	November - no mtg
June 24	December - no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 1:00 pm:

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

STEERING

Meetings are the first Thursday of the month starting at 12 noon:

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

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

BOLD = Special meeting date, time or place

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.

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Priority and Allocations
FY 2021 Guiding Principles and Decision Making Criteria
(Priority and Allocations Committee approved 02-27-20)

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

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

Principles

- A. Ensure ongoing client access to a comprehensive system of core services as defined by HRSA
- B. Eliminate barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
- C. Meet the needs of diverse populations as addressed by the epidemiology of HIV
- D. Identify individuals newly aware of their status and link them to care. Address the needs of those that are aware of their status and not in care.

Allocations only

- E. Document or demonstrate cost-effectiveness of services and minimization of duplication
- F. Consider the availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies
- G. Reduce the time period between diagnosis and entry into HIV medical care to facilitate timely linkage.

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

(Continued)

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DECISION MAKING CRITERIA STEP 1:

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

DECISION MAKING CRITERIA STEP 2:

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

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

2021 Ryan White Planning Council

STANDING COMMITTEE MEMBERSHIP

(Updated 01-21-21)

Red = Committee Vice Chair **Yellow = Committee Mentor**

STEERING	
Allen Murray, RWPC Chair	Ronnie Galley, Co-Chair, Operations
Denis Kelly, Vice Chair	Veronica Ardoin , Co-Chair, Operations
Crystal Starr, Secretary	Bobby Cruz, Co-Chair, Priority and Allocations
Rosalind Belcher, Co-Chair, Affected Community	Peta-Gay Ledbetter, Co-Chair, Priority and Allocations
Tony Crawford, Co-Chair, Affected Community	Kevin Aloysius, Co-Chair, Quality Improvement
Daphne L. Jones, Co-Chair, Comprehensive HIV Planning	Steven Vargas , Co-Chair, Quality Improvement
Rodney Mills Co-Chair, Comprehensive HIV Planning	

AFFECTED COMMUNITY			
1. Rosalind Belcher, Co-Chair	8. Rodney Mills	<i>Affiliate Members:</i>	
2. Tony Crawford, Co-Chair	9. Holly McLean	1. Ashley Barnes	7.
3. Veronica Ardoin	10. Diana Morgan	2. Ms Dee Francis	8.
4. Ardry "Skeet" Boyle Jr.	11.	3. Josie Rodriguez	9.
5. Enrique Chavez	12.	4. Beto Ramirez	
6. Johnny Deal	13.	5. Trina Wright	
7. Ronnie Galley		6.	

COMPREHENSIVE HIV PLANNING			
1. Daphne L. Jones, Chair	8. Imran Shaikh	<i>Affiliate Members:</i>	
2. Rodney Mills, Chair	9. Robert Sliepka	1. Dominique Brewster	7.
3. Dawn Jenkins	10. Steven Vargas	2. Lisa Felix	
4. Deondre Moore		3. Herman Finley	
5. Tom Lindstrom		4. Esther Ogunjimi	
6. Shital Patel		5. Debra Reagans	
7. Faye Robinson		6.	

OPERATIONS			
1. Ronnie Galley, Co-Chair	4. Johnny Deal	7. Crystal Starr	
2. Veronica Ardoin, Co-Chair	5. Denis Kelly		
3. Bobby Cruz	6. Matilda Padilla		

PRIORITY AND ALLOCATIONS			
1. Bobby Cruz, Co-Chair	4. Mauricia E. Chatman	7. Josh Mica	<i>Affiliate Members:</i>
2. Peta-Gay Ledbetter, Co-Chair	5. Kimberley Collins	8. Robert Sliepka	1.
3. Ardry "Skeet" Boyle Jr.	6. Roxane May	9. Bruce Turner	

QUALITY IMPROVEMENT			
1. Kevin Aloysius, Co-Chair	8. Pete Rodriguez	<i>Affiliate Members:</i>	
2. Steven Vargas, Co-Chair	9. Gloria Sierra	1. Marcely Macias	
3. Johanna Castillo	10. Crystal Starr	2. Karla Mills	
4. Ahmier Gibson	11. Andrew Wilson	3. Cecilia Oshingbade	
5. Josh Mica		4. Tana Pradia	
6. Nkechi Onyewuenyi		5. Deborah Somoye	
7. Oscar Perez		6.	

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2021 Ryan White Part B
Procurement Report
April 1, 2020 - March 31, 2021



Reflects spending through September 2020

Spending Target: 50%

Revised 11/24/20

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)	\$1,758,878	52%	\$0	\$1,758,878	\$0	\$1,758,878	4/1/2020	\$484,000	28%
	Oral Health Care -Prosthodontics	\$460,000	14%	\$0	\$460,000	\$0	\$460,000	4/1/2020	\$197,055	43%
5	Health Insurance Premiums and Cost Sharing (2)	\$1,028,433	31%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2020	\$325,390	32%
8	Home and Community Based Health Services (3)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2020	\$36,880	33%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	\$0	\$0					
	Total Houston HSDA	3,360,626	100%	0	3,360,626	\$0	\$2,900,626		1,043,325	36%

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

- (1) OHC- Service utilization has decreased due to the interruption of COVID-19.
- (2) 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
- (3) HCB- Service utilization has decreased due to the interruption of COVID-19.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1920 DSHS State Services
Procurement Report
September 1, 2020- August 31, 2021



Chart reflects spending through September 2020

Spending Target: 8.33%

Revised 11/24/2020

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	9/1/2020	\$0	0%
6	Mental Health Services	\$300,000	15%	\$0	\$300,000	\$0	\$300,000	9/1/2020	\$9,273	3%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$10,185	6%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2020	\$20,460	8%
	Non Medical Case Management (2)	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2020	\$4,153	1%
15	Linguistic Services (3)	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2020	\$1,838	3%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	\$0						
Total Houston HSDA		2,017,338	100%	\$0	\$2,017,338	\$0	\$2,017,338		45,909	2%

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) N-Medical Case Management servicee is behind one month of submitting billing.
- (3) Linguistic- Service utilization has decreased due to the interruption of COVID-19.

2020-2020 Ryan White Part B Service Utilization Report
4/1/2020 - 6/30/2020 Houston HSDA (4816)
1st Quarter

Revised 8/5/2020

Funded Service	UDC		Gender			Race		Age Group			
		YTD	Female	MTF	White	Other	13-19	25-34	45-49	65+	
Health Insurance Premiums & Cost Sharing Assistance		209	15.32%	0.00%	32.06%	3.82%	0.00%	16.75%	32.53%	1.44%	
Home & Community Based Health Services		18	27.78%	0.00%	11.11%	0.00%	0.00%	0.00%	44.45%	11.11%	
Oral Health Care		1,225	26.69%	1.55%	13.38%	1.97%	0.00%	15.34%	27.34%	9.09%	
Unduplicated Clients Served By RW Part B Funds:		1,452	23.26%	0.52%	18.85%	1.93%	0.00%	10.70%	34.77%	7.21%	

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2020-12/31/20

Revised: 2/5/2021

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	370	\$37,075.31	240			0
Medical Deductible	0	\$0.00	0			0
Medical Premium	2242	\$762,323.63	694			0
Pharmacy Co-Payment	3614	\$94,732.35	513			0
APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	6227	\$894,631.29	1448	0	\$0.00	

Comments: This report represents services provided under all grants.

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2020-12/31/20

Revised: 2/5/2021

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	370	\$37,075.31	240			0
Medical Deductible	0	\$0.00	0			0
Medical Premium	2242	\$762,323.63	694			0
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APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	6227	\$894,631.29	1448	0	\$0.00	

Comments: This report represents services provided under all grants.

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

FY 2020 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,869,619	201,116	413,485	0	0	10,484,220	45.77%	10,335,560	148,660		3,436,575	33%	67%
1.a	Primary Care - Public Clinic (a)	3,591,064					3,591,064	15.68%	3,591,064	0	3/1/2020	\$288,133	8%	67%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	952,498		121,162			1,073,660	4.69%	1,073,660	0	3/1/2020	\$924,802	86%	67%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	798,473		121,162			919,635	4.02%	919,635	0	3/1/2020	\$747,626	81%	67%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,035,846		121,162			1,157,008	5.05%	1,157,008	0	3/1/2020	\$302,703	26%	67%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761		25,000			1,174,761	5.13%	1,174,761	0	3/1/2020	\$713,769	61%	67%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540					1,874,540	8.18%	1,874,540	0	3/1/2020	\$209,667	11%	67%
1.g	Primary Care - Pediatric (a.1)	15,437	1,116				16,553	0.07%	16,553	0	3/1/2020	\$5,100	31%	67%
1.h	Vision	452,000		25,000			477,000	2.08%	477,000	0	3/1/2020	\$244,775	51%	67%
1.x	Primary Care Health Outcome Pilot	0	200,000				200,000	0.87%	51,340	148,660	7/14/2020	\$0	0%	67%
2	Medical Case Management	2,185,802	-160,051	25,000	0	0	2,050,751	8.95%	2,050,751	0		854,636	42%	67%
2.a	Clinical Case Management	488,656		25,000			513,656	2.24%	513,656	0	3/1/2020	\$269,270	52%	67%
2.b	Med CM - Public Clinic (a)	427,722					427,722	1.87%	427,722	0	3/1/2020	\$50,549	12%	67%
2.c	Med CM - Targeted to AA (a) (e)	266,070					266,070	1.16%	266,070	0	3/1/2020	\$197,127	74%	67%
2.d	Med CM - Targeted to H/L (a) (e)	266,072					266,072	1.16%	266,072	0	3/1/2020	\$97,691	37%	67%
2.e	Med CM - Targeted to W/MSM (a) (e)	52,247					52,247	0.23%	52,247	0	3/1/2020	\$60,255	115%	67%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.20%	273,760	0	3/1/2020	\$103,199	38%	67%
2.g	Med CM - Women at Public Clinic (a)	125,311					125,311	0.55%	125,311	0	3/1/2020	\$36,024	29%	67%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	-160,051				0	0.00%	0	0	3/1/2020	\$0	#DIV/0!	67%
2.i	Med CM - Targeted to Veterans	80,025					80,025	0.35%	80,025	0	3/1/2020	\$30,891	39%	67%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.20%	45,888	0	3/1/2020	\$9,628	21%	67%
3	Local Pharmacy Assistance Program	3,157,166	0	0	0	0	3,157,166	13.78%	3,157,166	0		\$840,772	27%	67%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	610,360					610,360	2.66%	610,360	0	3/1/2020	\$55,042	9%	67%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	2,546,806					2,546,806	11.12%	2,546,806	0	3/1/2020	\$785,730	31%	67%
4	Oral Health	166,404	0	0	0	0	166,404	0.73%	166,404	0		75,200	45%	67%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404					166,404	0.73%	166,404	0	3/1/2020	\$75,200	45%	67%
5	Health Insurance (c)	1,339,239	43,898	0	0	0	1,383,137	6.04%	1,383,137	0		\$534,644	39%	67%
6	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
7	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
9	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.20%	45,677	0		\$1,850	0%	67%
10	Medical Nutritional Therapy (supplements)	341,395	0	40,000	0	0	381,395	1.67%	381,395	0		\$257,325	67%	67%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	420,000	0	0	0	0	420,000	1.83%	420,000	0		\$163,800	39%	67%
13	Emergency Financial Assistance	525,000	0	0	0	0	525,000	2.29%	525,000	0		\$230,896	44%	67%
14	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
15	Non-Medical Case Management	1,381,002	0	117,000	0	0	1,498,002	6.54%	1,498,002	0		604,063	40%	67%
15.a	Service Linkage targeted to Youth	110,793					110,793	0.48%	110,793	0	3/1/2020	\$24,088	22%	67%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000					100,000	0.44%	100,000	0	3/1/2020	\$24,330	24%	67%
15.c	Service Linkage at Public Clinic (a)	427,000					427,000	1.86%	427,000	0	3/1/2020	\$98,147	23%	67%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	743,209		117,000			860,209	3.76%	860,209	0	3/1/2020	\$457,498	53%	67%
16	Medical Transportation	424,911	0	0	0	0	424,911	1.86%	424,911	0		234,748	55%	67%
16.a	Medical Transportation services targeted to Urban	252,680					252,680	1.10%	252,680	0	3/1/2020	\$164,434	65%	67%
16.b	Medical Transportation services targeted to Rural	97,185					97,185	0.42%	97,185	0	3/1/2020	\$70,314	72%	67%
16.c	Transportation vouchers (bus passes & gas cards)	75,046					75,046	0.33%	75,046	0	3/1/2020	\$0	0%	0%
17	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
	Total Service Dollars	19,856,215	84,963	595,485	0	0	20,536,663	87.83%	20,388,003	148,660		7,234,510	35%	67%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	7.84%	1,795,958	0	N/A	0	0%	67%

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

FY 2020 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
	HCPHES/RWGA Section	1,271,050		0		0	1,271,050	5.55%	1,271,050	0	N/A		0%	67%
	RWPC Support*	524,908			0	0	524,908	2.29%	524,908	0	N/A		0%	67%
	Quality Management	412,940		0	0	0	412,940	1.80%	412,940	0	N/A		0%	67%
		22,065,113	84,963	595,485	0	0	22,745,561	97.47%	22,596,901	148,660		7,234,510	32%	67%
								Unallocated	Unobligated					
	Part A Grant Award:	22,309,011	Carry Over:	595,485		Total Part A:	22,904,496	158,935	148,660					
		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)	17,105,302	84,963	478,485	0	0	17,668,750	86.04%	5,464,508	81.58%				
	Non-Core (may not exceed 25% of total service dollars)	2,750,913	0	117,000	0	0	2,867,913	13.96%	1,233,508	18.42%				
	Total Service Dollars (does not include Admin and QM)	19,856,215	84,963	595,485	0	0	20,536,663		6,698,016					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	7.06%						
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.62%						

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	1,887,283	115,502	106,554	0	0	2,109,339	86.82%	2,109,339	0		831,875	39%	67%
1.b (MAI)	Primary Care - CBO Targeted to African American	954,912	58,441	53,277			1,066,630	43.90%	1,066,630	0	3/1/2020	\$482,625	45%	67%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	932,371	57,061	53,277			1,042,709	42.92%	1,042,709	0	3/1/2020	\$349,250	33%	67%
2	Medical Case Management	320,100	0	0	0	0	320,100	13.18%	320,100	0		\$96,618	30%	67%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	6.59%	160,050	0	3/1/2020	\$44,448	28%	67%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.59%	160,050	0	3/1/2020	\$52,170	33%	67%
	Total MAI Service Funds	2,207,383	115,502	106,554	0	0	2,429,439	100.00%	2,429,439	0		928,493	38%	67%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,207,383	115,502	106,554	0	0	2,429,439	100.00%	2,429,439	0		928,493	38%	67%
	MAI Grant Award	2,429,513	Carry Over:	106,554		Total MAI:	2,536,067							
	Combined Part A and MAI Original Allocation Total	24,272,496												

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

Priority	Service Category	Goal	Unduplicated Clients Served	Male	Female	Trans Gender	AA (non-Hispanic)	White (non-Hispanic)	Other Hispanic (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	5,378	73%	25%	2%	46%	12%	2%	39%	0%	0%	5%	27%	28%	12%	26%	2%	
1a	Primary Care - Public Clinic (a)	2,350	1,785	69%	30%	1%	47%	8%	2%	43%	0%	0%	2%	16%	27%	14%	38%	3%	
1b	Primary Care - CBO Targeted to AA (a)	1,060	1,475	66%	31%	3%	99%	0%	1%	0%	0%	6%	28%	28%	11%	17%	1%	3%	
1c	Primary Care - CBO Targeted to Hispanic (a)	960	1,197	81%	15%	4%	0%	0%	100%	0%	0%	1%	6%	32%	12%	18%	1%	1%	
1d	Primary Care - CBO Targeted to White and/or MSM (a)	690	466	87%	11%	2%	86%	0%	0%	0%	0%	3%	27%	24%	11%	32%	3%	1%	
1e	Primary Care - CBO Targeted to Rural (a)	400	542	70%	29%	1%	44%	2%	2%	30%	0%	6%	26%	13%	23%	1%	1%	1%	
1f	Primary Care - Women at Public Clinic (a)	1,000	495	0%	100%	0%	55%	6%	1%	38%	0%	1%	11%	28%	19%	36%	4%	4%	
1g	Primary Care - Pediatric (a)	7	8	75%	25%	0%	38%	0%	0%	63%	13%	38%	50%	0%	0%	0%	0%	0%	0%
1h	Vision	1,600	1,443	73%	26%	2%	50%	12%	2%	35%	0%	5%	24%	25%	13%	30%	3%	3%	
2	Medical Case Management (f)	3,075	3,816	76%	21%	2%	56%	14%	1%	29%	0%	4%	23%	26%	12%	31%	4%	4%	
2a	Clinical Case Management	600	691	76%	21%	2%	56%	14%	1%	29%	0%	4%	23%	26%	12%	31%	4%	4%	
2b	Med CM - Targeted to Public Clinic (a)	280	366	89%	10%	1%	54%	14%	1%	31%	0%	2%	27%	27%	10%	36%	3%	3%	
2c	Med CM - Targeted to AA (a)	550	1,149	68%	29%	3%	99%	0%	1%	0%	0%	1%	6%	35%	25%	20%	2%	2%	
2d	Med CM - Targeted to H/L(a)	550	545	79%	16%	5%	0%	0%	5%	0%	0%	0%	100%	12%	20%	3%	3%	3%	
2e	Med CM - Targeted to White and/or MSM (a)	260	353	89%	10%	2%	0%	0%	2%	0%	0%	3%	25%	21%	11%	34%	6%	6%	
2f	Med CM - Targeted to Rural (a)	150	400	68%	31%	1%	48%	27%	3%	23%	0%	6%	22%	12%	12%	35%	4%	4%	
2g	Med CM - Targeted to Women at Public Clinic (a)	240	166	0%	100%	0%	70%	8%	1%	1%	0%	2%	16%	31%	10%	38%	4%	4%	
2h	Med CM - Targeted to Pedit (a)	125	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
2i	Med CM - Targeted to Veterans	200	137	93%	7%	0%	68%	20%	0%	12%	0%	0%	1%	5%	1%	65%	28%	28%	
2j	Med CM - Targeted to Youth	120	99	67%	33%	0%	78%	11%	0%	0%	0%	11%	89%	0%	0%	0%	0%	0%	
3	Local Drug Reimbursement Program (a)	2,845	3,989	74%	23%	3%	47%	14%	2%	38%	0%	4%	28%	28%	14%	24%	1%	1%	
4	Oral Health	200	181	62%	37%	1%	41%	28%	1%	29%	0%	4%	20%	14%	34%	5%	5%	5%	
4a	Oral Health - Untargeted (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
4b	Oral Health - Rural Target	200	161	62%	37%	1%	41%	28%	1%	29%	0%	4%	20%	14%	34%	5%	5%	5%	
5	Mental Health Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
6	Health Insurance	1,700	1,279	78%	20%	1%	46%	24%	3%	28%	0%	2%	16%	18%	12%	42%	10%	10%	
7	Home and Community Based Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
8	Substance Abuse Treatment - Outpatient	40	6	100%	0%	0%	17%	67%	0%	0%	0%	0%	0%	33%	17%	17%	0%	0%	
9	Early Medical Intervention Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
10	Medical Nutritional Therapy/Nutritional Supplements	650	395	75%	24%	1%	40%	22%	4%	35%	0%	1%	11%	15%	12%	47%	14%	14%	
11	Hospice Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
12	Outreach	700	476	77%	20%	3%	60%	12%	1%	27%	0%	1%	6%	34%	24%	23%	2%	2%	
13	Non-Medical Case Management	7,045	5,437	72%	27%	1%	58%	3%	2%	38%	0%	14%	86%	0%	0%	0%	0%	0%	
13a	Service Linkage Targeted to Youth	320	109	72%	27%	1%	58%	3%	2%	38%	0%	14%	86%	0%	0%	0%	0%	0%	
13b	Service Linkage at Testing Sites	260	55	75%	22%	4%	64%	9%	0%	27%	0%	0%	58%	20%	11%	11%	0%	0%	
13c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,583	66%	33%	1%	56%	9%	1%	34%	0%	0%	16%	25%	14%	40%	4%	4%	
13d	Service Linkage at CBO Primary Care Programs (a)	2,765	2,680	75%	22%	3%	53%	15%	2%	31%	1%	1%	5%	29%	12%	25%	3%	3%	
14	Transportation	2,850	1,341	47%	22%	3%	53%	15%	2%	31%	1%	1%	5%	23%	12%	25%	3%	3%	
14a	Transportation Services - Urban	170	632	67%	30%	2%	58%	9%	2%	31%	0%	0%	4%	31%	27%	11%	4%	4%	
14b	Transportation Services - Rural	130	172	67%	31%	2%	36%	34%	2%	28%	0%	0%	5%	20%	24%	15%	5%	5%	
14c	Transportation Vouchering	2,550	597	23%	25%	2%	51%	14%	2%	33%	0%	1%	4%	24%	12%	30%	4%	4%	
15	Linguistic Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
16	Emergency Financial Assistance (e)	NA	217	74%	24%	2%	50%	14%	0%	35%	0%	0%	3%	23%	15%	27%	2%	2%	
17	Referral for Health Care - Non Core Service (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Net unduplicated clients served - all categories*		12,941	11,150	73%	25%	2%	51%	14%	2%	33%	0%	1%	4%	24%	12%	30%	4%	4%	
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	

FY 2019 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 2nd Quarter (03/01 -08/31)																		
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
Outpatient/Ambulatory Primary Care (excluding Vision)																		
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	803	70%	28%	2%	99%	0%	1%	0%	0%	0%	6%	34%	31%	11%	17%	0%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	633	82%	15%	4%	0%	0%	0%	100%	0%	0%	6%	33%	32%	13%	15%	1%
2 Medical Case Management (f)																		
2.c	Med CM - Targeted to AA (a)	1,060	392	79%	18%	3%	47%	16%	2%	35%	0%	1%	9%	33%	23%	14%	18%	2%
2.d	Med CM - Targeted to H/L(a)	960	319	86%	11%	2%	61%	23%	2%	14%	0%	0%	14%	32%	18%	11%	18%	7%
RW Part A New Client Service Utilization Report - 2nd Quarter (03/01-08/31)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/20 - 2/28/21)																		
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	634	76%	21%	3%	51%	13%	2%	34%	0%	1%	11%	36%	23%	11%	1%	18%
2	LPAP	1,200	359	79%	18%	3%	47%	16%	2%	35%	0%	1%	9%	33%	23%	14%	2%	18%
3.a	Clinical Case Management	400	44	86%	11%	2%	61%	23%	2%	14%	0%	0%	14%	32%	18%	11%	7%	18%
3.b-3.h	Medical Case Management	1,600	540	76%	21%	3%	51%	15%	2%	31%	0%	1%	11%	37%	21%	10%	1%	18%
3.i	Medical Case Management - Targeted to Veterans	60	19	89%	11%	0%	84%	11%	0%	5%	0%	0%	0%	5%	21%	0%	16%	58%
4	Oral Health	40	15	47%	53%	0%	40%	33%	7%	20%	0%	0%	13%	7%	20%	33%	0%	27%
12.a.	Non-Medical Case Management (Service Linkage)	3,700	798	72%	26%	2%	58%	13%	2%	27%	1%	2%	9%	29%	22%	12%	24%	2%
12.c.																		
12.d.																		
12.b	Service Linkage at Testing Sites	260	32	78%	19%	3%	69%	9%	0%	22%	0%	3%	19%	41%	19%	13%	6%	0%
<i>Footnotes:</i>																		
(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																	