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

### Office of Support

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http://rwpchouston.org

#### Memorandum

To: Members, Priority and Allocations Committee:

Bobby Cruz, Co-Chair Roxane May
Peta-Gay Ledbetter, Co-Chair Josh Mica
Mauricia Chatman Robert Sliepka
Kimberley Collins Bruce Turner

Copy: Carin Martin Ann Robison

Heather Keizman Johnetta Evans-Thomas

Yvette Garvin

Ricardo Mora

Diane Beck

Allen Murray

Katy Caldwell

Nancy Miertschin

Charlene Flash, MD

Rodney Goodie

From: Tori Williams

Date: Friday, June 18, 2021

Re: Meeting Announcement

This memo is a reminder that June is a busy month for the Priority and Allocations Committee. Enclosed you will find an agenda for the June 24<sup>th</sup> virtual meeting since agendas for all other meetings were sent previously. Do not hesitate to call our office if you have questions. Otherwise, we look forward to seeing you at the following meetings:

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

The whole Committee will vote on the FY 2022 allocations developed at the special meetings.

• 12 noon, Thursday, June 24, 2021

Join the Zoom meeting using this link:

https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltdz09

Meeting ID: 893 7471 3843

Passcode: 339238

Or, use your telephone to dial in at: 346 248 7799

#### Final Special Meeting (agenda sent earlier)

To review public comment and possibly amend the recommended FY 2022 priorities and allocations before they receive final approval at the July Steering Committee and Council meetings.

• 2 pm, Tuesday, June 29, 2021 – look for an email from Rod as this meeting will be cancelled if we receive no public comment.

Please let Rod know if you will or will not be in attendance. We appreciate your valuable time and look forward to seeing you several times in June!

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

12 noon, Thursday, June 24, 2021

Click the following link to join the Zoom meeting:

https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltdz09

Meeting ID: 893 7471 3843 Passcode: 339238

Or, use your telephone to dial in at: 346 248 7799

#### **AGENDA**

I. Call to Order Bobby Cruz and

A. Moment of Reflection Peta-gay Ledbetter, Co-Chairs

B. Approval of Agenda

C. Approval of the May 27, 2021 Minutes

D. Review Meeting Goals

Tori Williams, Director
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 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. Updates

A. ADAP

B. Ryan White Part A/MAI Administrative Agent
C. Ryan White Part B and State Services Admin. Agent

Charles Henley, Consultant
Carin Martin, RWGA
Yvette Garvin, TRG

- IV. Allocations for FY 2022 Part A/MAI, Part B & State Services Funding
  - A. Review the Proposed FY 2022 Level Funding Scenario
  - B. Review the FY 2022 Increase Funding Scenario
  - C. Review the FY 2022 Decrease Funding Scenario
- V. Announcements
  - A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:
    - Tentative: 2 pm, Tuesday, June 22, 2021 Review public comment
    - 12 noon, Thurs., July 22, 2021 Reallocate funds
  - B. See the public hearings on the website at: www.rwpchouston.org
- VI. Adjourn

## Houston Area HIV Services Ryan White Planning Council

### **Priority & Allocations Committee Meeting**

12:00 p.m., Thursday, May 27, 2021 Meeting Location: Zoom Teleconference

#### **MINUTES**

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Ardry Skeet Boyle	The Resource Group
Peta-gay Ledbetter, Co-Chair		Yvette Garvin
Mauricia E. Chatman		
Kimberley Collins	OTHERS PRESENT	Ryan White Grant Admin
Roxane May	Santos Vera, Avenue360	Carin Martin
Josh Mica		Heather Keizman
Robert Sliepka		Rebecca Edwards
Bruce Turner		
		Office of Support
		Tori Williams
		Ricardo Mora
		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 12:06 p.m. and asked for a moment of reflection.

**Adoption of the Agenda**: <u>Motion #1</u>: it was moved and seconded (Turner, Ledbetter) to adopt the agenda. Motion carried unanimously.

**Approval of the Minutes**: <u>Motion #2:</u> it was moved and seconded (Turner, Ledbetter) to approve the April 22, 2021 minutes. **Motion carried.** Abstentions: May, Sliepka

**Public Comment and Announcements:** None.

**Training: Houston Council Priority Setting Process:** Ledbetter presented the attached training slides.

#### **Old Business**

#### Report from the Administrative Agency - Part A/MAI

**Updates on the FY 2020 and 2021 Grant Awards:** See attached reports that were emailed separately from the meeting packet: FY2020 Procurement Report dated 05/26/21, FY2020 Service Utilization dated 03/16/21, and FY2021 Procurement Report reflecting the decrease funding scenario. Martin said that her office is still in the process of finalizing FY 2020 so the final

procurement report will be sent to the committee before the next meeting. As expected, the Houston EMA has significant underspending this year but all Ryan White Programs have received waivers so there will be no penalty for the underspending. The Houston EMA also has the option to send funds to the state ADAP program. For FY2021, Houston received a slight decrease overall for Part A/MAI funding, hence the decrease funding scenario has been implemented.

**Report from the Administrative Agency – Part B/State Services**: See attached reports included in the meeting packet. Garvin said they spent about 90% of the Part B grant which ended March 31, 2021. The final report will be sent to the committee before the next meeting. For the upcoming year the Houston area received level funding but, as a note, they may still need to implement a decrease.

**Determine June Meeting Dates:** The committee decided to hold the special meetings from 1:00-5:00 p.m. on June 16 and June 17. The June committee meeting will be at noon on June 24. The Committee Co-chairs will record the public hearing on June 21 and if there is significant public comment, the committee will meet on June 29, 2021.

#### **Priority Setting Process**

**Determine FY 2022 Service Priorities:** The committee reviewed the Policy for the FY 2022 Priorities Setting Process; there is no new needs assessment data to justify changes in the priorities. **Motion #3:** it was moved and seconded (Mica, Ledbetter) to keep the FY 2022 Ryan White Part A/Minority AIDS Initiative (MAI), Part B, and State Services funded service priorities the same as those in FY 2021. **Motion carried unanimously.** 

**Public Comment:** Santos Vera, Executive VP of Operations at Avenue 360 said he would like the committee to consider raising the priority of oral health. His organization would like the committee to consider medical as the top priority followed by oral health, pharmacy and then medical case management because this is how his agency prioritizes care. Mica said he would like to see the Health Insurance Assistance Program moved up to priority #4 from priority #5.

Final vote on the FY 2022 service priorities: <u>Motion #4</u>: it was moved and seconded (Mica, Chatman) to keep the FY 2022 Ryan White Part A/Minority AIDS Initiative (MAI), Part B, and State Services funded service priorities the same as those in FY 2021. Motion carried unanimously. (See page 4 of the minutes for the list of service priorities.)

#### **New Business**

**Announcements:** None.

**Proposed Idea Form:** See attached. <u>Motion #5:</u> it was moved and seconded (Turner, Mica) to approve page 2 of the Proposed Idea Form with no changes. **Motion carried.** 

Adjournment: Motion: it was moved and seconded (Turner, Ledbetter) to adjourn the meeting at 1:00 p.m. Motion Carried.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: Beck

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

### 2021 Priority & Allocations Committee Voting Record for 05/27/21

	I	Motion #1 Agenda Carried			Motion #2 Minutes Carried			Motion #3 Keep the same priorities for 2022 Carried			Motion #4 Keep the same priorities for 2022 Carried				Motion #5 New Idea form Carried					
MEMBERS	ABSENT	YES NO O ABSTAIN			ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair				С				С				С				С				С
Peta-gay Ledbetter, Co-Chair		X				X				X				X				X		
Ardry Skeet Boyle	X				X				X				X				X			
Mauricia E. Chatman ja 12:26pm	X				X					X				X				X		
Kimberley Collins		X				X				X				X				X		
Roxane May		X						X		X				X				X		
Josh Mica		X			X				X					X				X		
Robert Sliepka		X						X		X				X				X		
Bruce Turner		X			X				X					X				X		

# **Worksheet for Determining FY 2022 Service Priorities**

Core Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Ambulatory/Outpatient Medical Care	ННН	2	1	1	1	No new needs assessment or other data.
Medical Case Management	HHH	2	2	2	2	
Local Pharmacy Assistance Program	ннн	2	3	3	3	
Oral Health Services	HLL	3	4	4	4	
Health Insurance	HLL	3	5	5	5	
Mental Health Services	HLH	4	6	6	6	
Early Intervention Services (jail)	LLL	8	7	7	7	
Medical Nutritional Therapy	LLH	7	10	8	8	
Day Treatment	LLH	7	8	9	9	
Substance Abuse Treatment	LLH	7	9	10	10	
Hospice*	_	-	11	11	11	

Support Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Referral for Health Care & Support Services	HHH	2	14	12	12	
Non-medical case management	HHH	2	15	13	13	
Medical Transportation	HLL	3	16	14	14	
<b>Emergency Financial Assistance</b>	HLH	4	13	15	15	
Linguistics Services	LLL	8	17	16	16	
Outreach	LLL	8	12	17	17	

<sup>\*</sup>Hospice does not have HL Score or HL Rank.

### DRAFT

# Priority and Allocations FY 2022 Guiding Principles and Decision Making Criteria

(Council approved 04-08-21)

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)

#### DRAFT

#### **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.

# Houston Ryan White Planning Council Priority and Allocations Committee

# Proposed Ryan White Part A, MAI, Part B and State Services Funding FY 2022 Allocations

(Priority and Allocations Committee approved 06-16-21)

#### **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 2021 Level Funding Scenario for FY 2022.

#### **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. Primary Care-Pediatric, 2.h. Medical Case Management-Pediatric, 2.i. Medical Case Management-Veterans, 2.j. Medical Case Management-Youth, 10. Substance Abuse Services-Outpatient, 13.a. Service Linkage-Youth, and 13.b. Service Linkage-Newly Diagnosed/Not in Care 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 Local Pharmacy Assistance Program Untargeted (category 3.b).
- Step 2: Allocate the 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.

#### **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 the first \$200,000 to be divided evenly between Oral Health General Oral Health (category 4.a.) and Oral Health Prosthodontics (category 4.b.).
- Step 2: Allocate the 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.

								FY 2021 Allocations & Justification
	Remaining Funds to Allocate	SO SO	\$0 \$4	\$0	SEOSOMES 1		SOMETA.	FYZOZYWIOCKICA W JUSTICETICA
1	Ambulatory/Outpatient Primary Care	010.005.766	\$2,002,359	<b>39</b>	\$0/	VP	\$12,968,647	FY21 Part A: Increase Part A by \$879,962. Breakdown an justification across subcategories is shown below.
1.a	PC-Public Clinic	50,927,300	X19637				\$3,927,300	FY21 Part A: Increase Part A \$336,236 to accommodate projected increase due to COVID-19 related unemployment.
1.b	PC-AA	S1,0%1,573	\$1,012,700				\$2,077,276	Added \$57,788 per FY20 Part A Increase Scenario FY21 Part A: Increase Part A \$112,078 to accommodate projected increase due to COVID-19 related unemployment.
1.c	PC-Hisp - see 1.b above	S210,551	\$990,160				\$1,900,711	Added \$57,788 per FY20 Part A Increase Scenario FY21 Part A: Increase Part A \$112,078 to accommodate projected increase due to COVID-19 related unemployment.
1.d	PC-White - see 1.b above	S1 147,024	Teref company que quelle de la company que la comp la company que la company que				\$1,147,924	FY21 Part A: Increase Part A \$112,078 to accommodate projected increase due to COVID-19 related unemployment.
1.e	PC-Rural	FE S11.000000					\$1,100,000	FY21 Part A: Decrease \$49,761 due to underspending.
ı.f	PC-Women	52,100,000					\$2,100,000	FY21 Part A: Increase \$225,460 due to FY19 expenditures.
.g	PC-Pedi	85164,87	CONTRACTOR OF THE STATE OF THE		a foreign participate		\$15,437	
.h	Vision Care	£500,000					\$500,000	FY21 Part A: Increase \$48,000 due to repeated requests for increase.
.j	PC-Pay for Performance Pilot Project	\$200,000					\$200,000	Established at \$200,000 per FY20 Part A Increase Scenario
?	Medical Case Management	81,759.000	\$320,100	90	\$0	<b>(</b> 9)	\$2,050,100	FY21 Part A: Decrease Part A by \$385,802 due to underspending in FY19. Subcategory to be determined by the AA, with consideration to MAI allocations under MCM and final quarter adjustments.
.a	CCM-Mental/Substance	( SES) (SES)	77/79/1/198				\$488,656	
.b	MCM-Public Clinic	# \$27.70 <u>2</u> # .	44.446.5				\$427,722	
.c	MCM-AA	8236.070	\$160,050		are de la la la la caract		\$426,120	
.d	MCM-Hisp	- 843£07/2	\$160,050				\$426,122	
е	MCM-White	\$50,277	<b>计算写真同</b> 的				\$52,247	
.f	MCM-Rural	\$27/6.7(60)					\$273,760	
.g	MCM-Women	5(26,911)	41,764,573				\$125,311	
.h	MCM-Pedi	350,051	100 Sec. 100				\$90,051	FY21 Part A: Decrease Part A by \$70,000 (1 FTE) which Part D will fund.
2.j	MCM-Veterans	\$80,025	Company of the Park				\$80,025	

		Part A	MAL	Part Back	State Services	State Rebate	Total	FY 2021 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	indicated \$0 to began	\$0	\$0 - 1 a	Minds \$0 and	
2.j	MCM-Youth	(4 <b>5</b> 383			A district		\$45,888	
3	Local Pharmacy Assistance Program	661-810-860	\$0	(3)	\$0	(vi)	\$1,810,360	
3.a	LPAP-Public Clinic	- ESEXI(0).ESE(0)					\$310,360	FY21 Part A: Decrease Part A by \$300,000 due to underspending in FY19
3.b	LPAP-Untargeted	S1,500,000	taur property of the cour more residual constitution					FY21 Part A: Decrease Part A by \$1,046,806 due to underspending in FY19
4	Oral Health	## S166(404)	\$0	2218 078 m	\$0~~~		\$2,385,282	
4.a	General Oral Health			(31,658,878				FY21 Part B: Divided Oral Health Untargeted subcategory into General Oral Health (4.a) and Prosthodontics (4.b); decreased \$100,000 in General Oral Health to provide increase in Prosthodonics.
4.b	Prosthodontics			P560,000				FY21 Part B: Divided Oral Health Untargeted subcategory into General Oral Health (4.a) and Prosthodontics (4.b); increased \$100,000 for Prosthodonics.
4.c	Rural Dental	\$16641041					\$166,404	
5	Health Insurance Co-Pays & Co-Ins	51 <sub>1</sub> 838 <sub>5</sub> 197	\$0	S4023KF5	\$853,137	(H130-P116)	\$3,401,625	Added \$43,898 per FY20 Part A Increase Scenario Note from TRG: Increased State Rebate by \$11,918 and decreased Part B by \$11,918 due to decrease in Part B FY20 award amount. FY21 SS: Decrease \$11,369 in SS due to decrease in SS FY20 award amount.
6	Mental Health Services	=-60	\$0	<b>:</b>	\$300,000	50	\$300,000	
7	Early Intervention Services		\$0.5	ALUBBIA SOMBINE	\$175,000	f (f)	\$175,000	
3	Medical Nutritional Therapy	EKI EDE	\$0	(10)	\$0	(0)	\$341,395	
3	Home & Community Based Health Services	(0)	/=+ <b>\$0</b>	SKUR RAIG	\$0 S	. 30 m ≥ 10 m	\$113,315	·
9.a	In-Home (skilled nursing & health aide)		na mining salah kasi		retachique Succ		\$0	
).b	Facility-based (adult day care)			SN184816			\$113,315	
10	Substance Abuse Treatment - Outpatient	8.507	\$0	<b>(10</b> )	\$0	£0	\$45,677	
11	Hospice		\$0**	BARBARA S CHARACAN	\$259,832		\$259,832	
12	Referral for Health Care & Support Services	Œ	\$0	$\mathfrak{w}$	\$0	(KG)(M)	\$450,000	Note from TRG: Increased State Rebate by \$75,000 to support an AEW at each clinic (1 additional FTE).
3	Non-Medical Case Management	CH207002	\$0	<b>100</b> (10)	\$350,000	(M)	\$1,617,002	
3.a	SLW-Youth	\$110.798 <b>\$</b> 110.798					\$110,793	
3.b	SLW-Testing	\$100,000			tangga diganap al-16.		\$100,000	
13.c	SLW-Public	9270,000					*371111111	FY21 Part A: Decrease Part A by \$57,000 (1 FTE) due to budget shortfalls.

		Part A	MAI	humanian and tariff and a second administration	State Services	State Rebate	Total	FY 2021 Allocations & Justification
	Remaining Funds to Allocate	\$0	<b>\$</b> 0	\$0	\$0	\$0	\$0	
3.d	SLW-CBO, includes some Rural	9326-209			ing the second		\$686,209	FY21 Part A: Decrease Part A by \$57,000 (1 FTE) due to budget shortfalls.
3.e	SLW-Substance Use	\$00		Regulation (1980), in	\$350,000		\$350,000	
4	Transportation	(X2001)	\$0 74	(C)	\$0	XV	\$424,911	
4.a	Van Based - Urban	\$27257(690)					\$252,680	
4.b	Van Based - Rural	S97-185	在1000年度 1400年度	<b>30</b>			\$97,185	
4.c	Bus Passes & Gas Vouchers	S7600.0					\$75,046	
5	Emergency Financial Assistance	814878489	50	30	\$0	£0	\$1,545,439	
5.a	EFA - Pharmacy Assistance	91,205,459	3 17 776 AME (7				\$1,305,439	FY21 Part A: Increase Part A by \$780,439 to fund at the amount expended in FY19, and in light of unemploymersulting from the COVID-19 pandemic.
5.b	EFA - Other	5%K0,000					\$240,000	FY21 Part A: Fund at \$240,000 (new subcategory in FY
3	Linguistic Services	· 60	\$0	œ	\$68,000	<b>OD</b>	\$68,000	
,	Outreach Services	· KEO000	See \$0 Metal \$6	$\mathfrak{D}$	\$0.00	(0)	\$420,000	
	Total Service Allocation	\$20,100,113	\$2,322,959	EE,360,626	\$2,005,969	GEGAIS	\$28,376,585	
١	Quality Management	, 5/12/2/0		igagia arabata.			\$412,940	
<u> </u>	Administration	St 705,958					\$1,795,958	
4	Compassionate Care Program					9208.032	\$388,082	Note from TRG: Decrease State Rebate by \$11,918
		\$2,208,898	\$0	(3)	\$0	1883,032	\$2,596,980	
	Total Grant Funds	\$22,309,011	\$2,322,959	<b>\$3</b> .360,626	\$2,005,969	\$975.000	\$30,973,565	

Tips:

Core medical

\$16,442,761

82%

[For Staff Only]

the yellow row on top)

<sup>\*</sup>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.

<sup>\*</sup> 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

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

#### FY 2021 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Original Date	Expended	Percent	Percent
		Allocation RWPC Approved Level Funding Scenario	Reconcilation (b)	Adjustments (carryover)	Adjustments	Adjustments	Allocation	Grant Award	Procured (a)	ment Balance	Procured	YTD	YTD	Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	-75,776	0	0	0	10,890,012	49.12%	10,691,396	198,616			1	8%
1.a	Primary Care - Public Clinic (a)	3,927,300			_	_	3,900,123			0				8%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576					1,057,209			0				8%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	-6,301	•			904,250	4.08%	904,250	0	3/1/2020			8%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	-7,944		·		1,139,980	5.14%	1,139,980	0	3/1/2020			8%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	-7,612				1,092,388	4.93%	1,092,388	0	3/1/2020			8%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	-14,532				2,085,468	9.41%	2,085,468	0	3/1/2020			8%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.07%	15,437	0	3/1/2020			8%
1.h	Vision	500,000					496,540			0	** ** - * - *			8%
1.x	Primary Care Health Outcome Pilot	200,000					198,616			198,616				8%
2	Medical Case Management	1,730,000		0	0	0	1,719,523			0				8%
2.a	Clinical Case Management	488,656					485,275			0				8%
2.b	Med CM - Public Clinic (a)	303,920					301,817		301,817	0				8%
2.c	Med CM - Targeted to AA (a) (e)	160,070					158,962		158,962	0				8%
2.d	Med CM - Targeted to H/L (a) (e)	160,072					158,964		158,964	0	***************************************			8%
2.e	Med CM - Targeted to W/MSM (a) (e)	52,247					51,885		51,885	0				8%
	Med CM - Targeted to Rural (a)	273,760					271,866	1.23%	271,866	0	-, -, -, -, -,			8%
	Med CM - Women at Public Clinic (a)	75,311	-521				74,790	0.34%	74,790	.0	3/1/2020			8%
	Med CM - Targeted to Pedi (a.1)	90,051					90,051	0.41%	90,051	0				8%
	Med CM - Targeted to Veterans	80,025	0				80,025	0.36%	80,025	0				8%
	Med CM - Targeted to Youth	45,888	0				45,888	0.21%		0				8%
	Local Pharmacy Assistance Program	1,810,360	-12,528	0	0	0	1,797,832	8.11%		0				8%
	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148				308,212	1.39%	308,212	0				8%
	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	-10,380				1,489,620	6.72%	1,489,620	0				8%
	Oral Health	166,404	-1,152	0,	0	0	165,252	0.75%	165,252	0	0. 172020			8%
	Oral Health - Untargeted (c)	0					0	0.00%	0	Ö				0%
	Oral Health - Targeted to Rural	166,404	-1,152		0		165,252	0.75%	165,252	0				8%
	Health Insurance (c)	1,383,137	-9,571	0	0	0	1,373,566	6.20%	1,373,566	0	0			8%
	Mental Health Services (c)	0					0		0	0				0%
	Early Intervention Services (c)	0					0	0.00%	0	0	NA			0%
	Medical Nutritional Therapy (supplements)	341,395	-2,362				339,033	1.53%	339,033	0				0%
	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	3/1/2020			8%
9.a	In-Home	0												
	Facility Based	0				·								
	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0	3/1/2020			8%
	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA			0%
12	Referral for Health Care and Support Services (c)	0	0				0	0.00%	0	0	3/1/2020			8%
13	Non-Medical Case Management	1,267,002	-8,768	Ô	0	0	1,258,234	5.67%	1,258,234	0	3/1/2020			8%
	Service Linkage targeted to Youth	110,793	-767				110,026	0.50%	110,026	0	3/1/2020			8%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	-692		•		99,308	0,45%	99,308	0	3/1/2020			8%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560				367,440	1.66%	367,440	0				8%
	Service Linkage embedded in CBO Pcare (a) (e)	686,209	-4,749	<del></del> †		1	681,460	3.07%	681,460	0	-			8%
	SLW-Substance Use	0	0				0 (1,400	0.00%	0 1,100	Ö	3/1/2020			8%
	Medical Transportation	424,911	-2,940	0	0	0	421,971	1.90%	421,971	0				8%
	Medical Transportation services targeted to Urban	252,680	-1,749	-	•	-	250,931	1.13%	250,931		3/1/2020			8%
	Medical Transportation services targeted to Rural	97.185	-673	<del></del>			96,512	0.44%	96,512	ő				8%
	Transportation vouchering (bus passes & gas cards)	75,046	-519	+		<del></del>	74,527	0.34%	74,527	ő				8%
	Emergency Financial Assistance	1,545,439	-10,694	0	0	n	1,534,745	6,92%	1,534,745	0				8%
16.a	EFA - Pharmacy Assistance	1,305,439	-9.034				1,296,405	5.85%	1,296,405	0.				8%
· • • • • •	- · · · · · · · · · · · · · · · · · · ·	1,000,708	-5,034				1,230,400	0.0076	1,200,400	U	U11/2U2U			0 70 )

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

#### FY 2021 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Original Date	Expended	Percent	Percent
		Allocation RWPC Approved Level Funding Scenario	Reconcilation (b)	Adjustments (carryover)	Adjustments	Adjustments	Allocation	Grant Award	Procured (a)	ment Balance	Procured	YTD	YTD	Expected YTD
16.b	EFA - Other	240,000	-1,661		·		238,339	1.07%	238,339	0	3/1/2020		<u> </u>	8%
16	Linguistic Services (c)	0	0				0	0.00%	0	O				
17	Outreach	420,000	-2,906				417,094	1.88%		. 0	NA NA			0%
CE127/210	Total Service Dollars	20,100,113	-137,175	0	0	0	19,962,938	90.04%	19,764,322	198,615				8%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	8.10%	1,795,958	. 0	N/A			8%
Teoritin.	HCPH/RWGA Section	1,271,050		0		0	1,271,050	5.73%	1,271,050	0	N/A			8%
	RWPC Support*	524,908			0	0	524,908	2.37%	524,908	0	N/A			8%
BEU975217	Quality Management	412,940		0	0	0	412,940		412,940	0	N/A			8%
		22,309,011	-137,175	0	0	0	22,171,836	100.00%	21,973,220	198,615				8%
													<u> </u>	
								Unallocated						
	Part A Grant Award:	22,171,816	Carry Over:	0		Total Part A:	22,171,816	-20	198,615					
		Original	Award	July	October	Final Quarter	Total	Percent	Total	Percent				
		Allocation	Reconcilation (b)	Adjusments (carryover)	Adjustments	Adjustments	Allocation		Expended on Services					
	Core (must not be less than 75% of total service dollars)	16,442,761	-111,867	0	0	0	16,330,894	81.81%						
	Non-Core (may not exceed 25% of total service dollars)	3,657,352		0	0	0	3,632,043	18.19%						
	Total Service Dollars (does not include Admin and QM)	20,100,113		0	0	0	19,962,938							
			adota avacable.	aeska aba				ise 551						
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	7.35%			1			
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0		0	0	412,940							
<del></del>					MAI Procurer	<del></del>					n			
Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Date of	Expended	Percent	Percent
		Allocation  RWPC Approved  Level Funding  Scenario	Reconcilation (b)	Adjustments (carryover)	Adjustments	Adjustments	Allocation	Grant Award	Procured (a)	ment Balance	Procure-ment	YTD	YTD	Expected YTD
1	Outpatient/Ambulatory Primary Care	2,002,860	-52,609	0	0	0	1,950,251	85.90%	1,950,251	Ö	2013/01/02/02	•		8%
l.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	-26,601				986,099	43,43%	986,099	0	3/1/2020			8%
	Primary Care - CBO Targeted to Hispanic	990,160	-26,009				964,151	42.47%	964,151	0	3/1/2020			8%
	Medical Case Management	320,100	0	0	0	0	320,100							8%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.05%	160,050	0	3/1/2020			8%
														8%
	MCM - Targeted to Hispanic	160,050					160,050	7.05%	160,050	0				
	MCM - Targeted to Hispanic Total MAI Service Funds	160,050 <b>2,322,960</b>	-52,609	0		0	160,050 <b>2,270,351</b>	7.05% 100.00%	160,050 2,270,351	0				8%
	MCM - Targeted to Hispanic Total MAI Service Funds Grant Administration	160,050 <b>2,322,960</b> 0	. 0	0	0	0	160,050 <b>2,270,351</b> 0	7.05% <b>100.00%</b> 0.00%	160,050 <b>2,270,351</b> 0	0				0%
	MCM - Targeted to Hispanic Total MAI Service Funds Grant Administration Quality Management	160,050 <b>2,322,960</b> 0	0	0	0	0	160,050 <b>2,270,351</b> 0	7.05% 100.00% 0.00% 0.00%	160,050 2,270,351 0	0 0 0	Alexiones de Montres de Co Co To Dogo de C			0% 0%
	MCM - Targeted to Hispanic Total MAI Service Funds Grant Administration Quality Management Total MAI Non-service Funds	160,050 2,322,960 0 0	0 0 0	0 0	0 0	0	160,050 2,270,351 0 0	7.05% 100.00% 0.00% 0.00% 0.00%	160,050 2,270,351 0 0	0	Alexiones de Montres de Co Co To Dogo de C			0% 0% 0%
	MCM - Targeted to Hispanic Total MAI Service Funds Grant Administration Quality Management	160,050 <b>2,322,960</b> 0	0	0	0	0	160,050 <b>2,270,351</b> 0	7.05% 100.00% 0.00% 0.00%	160,050 2,270,351 0 0	0 0 0	Alexiones de Montres de Co Co To Dogo de C			0% 0%
	MCM - Targeted to Hispanic Total MAI Service Funds Grant Administration Quality Management Total MAI Non-service Funds Total MAI Funds	160,050 2,322,960 0 0 0 2,322,960	0 0 0 -52,609	0 0 0	0	0	160,050 2,270,351 0 0 0 2,270,351	7.05% 100.00% 0.00% 0.00% 0.00%	160,050 2,270,351 0 0	0 0 0	Alexiones de Montres de Co Co To Dogo de C			0% 0% 0%
	MCM - Targeted to Hispanic Total MAI Service Funds Grant Administration Quality Management Total MAI Non-service Funds Total MAI Funds  MAI Grant Award	160,050 2,322,960 0 0 0 2,322,960 2,270,349	0 0 0	0 0	0	0	160,050 2,270,351 0 0	7.05% 100.00% 0.00% 0.00% 0.00%	160,050 2,270,351 0 0	0 0 0	Alexiones de Montres de Co Co To Dogo de C			0% 0% 0%
	MCM - Targeted to Hispanic Total MAI Service Funds Grant Administration Quality Management Total MAI Non-service Funds Total MAI Funds	160,050 2,322,960 0 0 0 2,322,960	0 0 0 -52,609	0 0 0	0	0	160,050 2,270,351 0 0 0 2,270,351	7.05% 100.00% 0.00% 0.00% 0.00%	160,050 2,270,351 0 0	0 0 0	Alexiones de Montres de Co Co To Dogo de C			0% 0% 0%
ootnotes	MCM - Targeted to Hispanic Total MAI Service Funds Grant Administration Quality Management Total MAI Non-service Funds Total MAI Funds  MAI Grant Award Combined Part A and MAI Orginial Allocation Total s:	160,050 2,322,960 0 0 2,322,960 2,270,349 24,631,971	0 0 0 -52,609 Carry Over:	0 0	0	0 0 0 0 0 Total MAI:	160,050 2,270,351 0 0 0 2,270,351 2,270,349	7.05% 100.00% 0.00% 0.00% 0.00% 100.00%	160,050 2,270,351 0 0 0 2,270,351	0 0 0 0 0	Alexiones de Montres de Co Co To Dogo de C			0% 0% 0%
ootnotes	MCM - Targeted to Hispanic Total MAI Service Funds Grant Administration Quality Management Total MAI Non-service Funds Total MAI Funds  MAI Grant Award Combined Part A and MAI Orginial Allocation Total	160,050 2,322,960 0 0 2,322,960 2,270,349 24,631,971	0 0 0 0 -52,609 Carry Over:	0 0 0	0 0 0 0	Total MAI:	160,050 2,270,351 0 0 0 2,270,351 2,270,349	7.05% 100.00% 0.00% 0.00% 100.00%	160,050 2,270,351 0 0 0 2,270,351	0 0 0 0 0	Alexiones de Montres de Co Co To Dogo de C			0% 0% 0%

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

#### FY 2021 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation RWPC Approved Level Funding Scenario	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
(b)	Adjustments to reflect actual award based on Increase or Decrease fund												
(c)	Funded under Part B and/or SS												
(d)	Not used at this time		-		·								
(e)	10% rule reallocations	· · · · · · · · · · · · · · · · · · ·											
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#### Part A Reflects "Increase" Funding Scenario MAI Reflects "Increase" Funding Scenario

#### FY 2020 Ryan White Part A and MAI Procurement Report

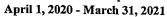
Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Original Date	Expended	Percent	Percent
- 11011119	Service Category	Allocation	Reconcilation	Adjustments	Adjustments	Adjustments	Allocation	Grant Award	Procured	ment	Procured	YTD	YTD	Expected
ľ		RWPC Approved	(b)	(carryover)	Aujustinents	Aujustilients	Allocation	Orant Award	(a)	Balance	11000100	115	,,,	YTD
		Level Funding	(6)	(carryover)		i			(4)	Dalarice				1
<u> </u>		Scenario							- 12 22 22		_	- 40T 400	000/	4000
	Outpatient/Ambulatory Primary Care	9,869,619	201,116	413,485	238,935	179,500	10,902,655	47.60%	10,902,655	0	La la la company and analysis for a	7,465,199	68%	
	Primary Care - Public Clinic (a)	3,591,064				-99,982	3,491,082	15.24%	3,491,082		<u></u>	\$1,175,419	34%	
	Primary Care - CBO Targeted to AA (a) (e) (f)	952,498		121,162	142,532	113,356	1,329,548	5.80%	1,329,548		··	\$1,829,713	138%	
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	798,473		121,162	142,532	113,356	1,175,523	5.13%	1,175,523	0	<del></del>	\$1,339,275 \$562,075	114% 40%	
	Primary Care - CBO Targeted to White/MSM (a) (e)	1,035,846	***	121,162	142,531	113,356 -60,586	1,412,895 1,038,175	6.17% 4.53%	1,412,895 1,038,175	0		\$1,040,831	100%	
	Primary Care - CBO Targeted to Rural (a) (e) Primary Care - Women at Public Clinic (a)	1,149,761 1,874,540		25,000	-76,000	-00,580	1,874,540		1,874,540	0		\$1,007,831	54%	
	Primary Care - Pediatric (a.1)	15,437	1,116			<del></del>	16,553	0.07%	16,553			\$7,500	45%	
	Vision	452,000	1,110	25,000	36,000		513,000	2.24%	513,000	. 0		\$502,555	98%	
	Primary Care Health Outcome Pilot	402,000	200,000	25,0001	-148,660		51,340	0.22%	51,340	ő		\$0	0%	100%
	Medical Case Management	2,185,802	-160,051	25,000	-5,000	-81,836	1,963,915	8.57%	1,963,915	Ŏ		1,646,935	84%	
	Clinical Case Management	488,656	,	25,000	0,000		513,656	2.24%	513,656	0	_ c _ pr = _ construence _ for all er ;	\$427,857	83%	
	Med CM - Public Clinic (a)	427,722		20,000	,		427,722	1.87%	427,722	0		\$216,746	51%	
	Med CM - Targeted to AA (a) (e)	266,070				-5,926	260,144	1.14%	260,144	0	3/1/2020	\$311,358	120%	100%
	Med CM - Targeted to H/L (a) (e)	266,072	1			-5,926	260,146	1.14%	260,146	0	3/1/2020	\$159,440	61%	100%
	Med CM - Targeted to W/MSM (a) (e)	52,247				-5,926	46,321	0.20%	46,321	0	3/1/2020	\$100,516	217%	100%
2.f	Med CM - Targeted to Rural (a)	273,760				-64,058	209,702	0.92%	209,702	0	3/1/2020	\$168,444	80%	100%
2.g	Med CM - Women at Public Clinic (a)	125,311					125,311	0.55%	125,311	0	3/1/2020	\$157,738	126%	100%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	-160,051				0	0.00%	0	0	3/1/2020		#DIV/0!	100%
2.i	Med CM - Targeted to Veterans	80,025			-5,000		75,025	0.33%	75,025	0		\$63,551	85%	
2.j	Med CM - Targeted to Youth	45,888					45,888	0.20%	45,888	0		\$41,285	90%	100%
	Local Pharmacy Assistance Program	3,157,166	0	0	0	-790,219	2,366,947	10.33%	2,366,947	0		\$1,725,024	73%	100%
	Local Pharmacy Assistance Program-Public Clinic (a) (e)	610,360				-231,873	378,487	1.65%	378,487	0		\$223,559	59%	100%
	Local Pharmacy Assistance Program-Untargeted (a) (e)	2,546,806				-558,346	1,988,460	8.68%	1,988,460	0		\$1,501,465	76%	100%
	Oral Health	166,404	0	0	-20,000	0	146,404	0.64%	146,404	0	<del></del>	146,350	100%	100%
	Oral Health - Untargeted (c)	0					0	0.00%	0	0		\$0	0%	0%
	Oral Health - Targeted to Rural	166,404			-20,000		146,404	0.64%	146,404	0		\$146,350	100%	100%
5	Health Insurance (c)	1,339,239	43,898	0	0	0	1,383,137	6.04%	1,383,137	0	<del></del>	\$1,382,419	100%	100%
	Mental Health Services (c)	0					0	0.00%	0	0		\$0	0%	0%
	Early Intervention Services (c)	0					0	0.00%	0	<u>0</u>		\$0	0%	0%
	Home and Community-Based Services (c)	0					0	0.00%	0	0		\$0	0%	0%
	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.20%	45,677	0		\$1,850	0%	100%
	Medical Nutritional Therapy (supplements)	341,395	0	40,000	0	0	381,395	1.67%	381,395	0	·	\$378,983	99%	100%
<del>-</del>	Hospice Services	0	0	0	0:	0	0	0.00%	0	0		\$0	0%	0%
	Outreach Services	420,000	0			13,996	433,996	1.89%	433,996	0		\$312,555	72%	100%
	Emergency Financial Assistance	525,000	0	0	0	745,288	1,270,288	5.55%	1,270,288	0		\$1,213,789	96%	100%
14	Referral for Health Care and Support Services (c)	0	0	0			0	0.00%	0 !	0		\$0	0%	0%
15	Non-Medical Case Management	1,381,002	0	117,000	-45,000	-66,731	1,386,271	6.05%	1,386,271	0	سے صدیقو انسم معرب آرائے سے پریا آتا ہے اس نے	1,317,009	95%	100%
	Service Linkage targeted to Youth	110,793					110,793	0.48%	110,793	0		\$79,929	72%	100%
	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			-45,000		55,000	0.24%	55,000	0		\$36,902	67%	100%
15.c	Service Linkage at Public Clinic (a)	427,000	<u> </u>			561	427,561	1.87%	427,561	0		\$415,430	97%	100%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	743,209	<u>_</u>	117,000		-67,292	792,917	3.46%	792,917	0			99%	100%
	Medical Transportation	424,911	0	0	. 0	0	424,911	1.86%	424,911	0	and the second of the second of the second	424,910	100%	100%
	Medical Transportation services targeted to Urban	252,680					252,680	1.10%	252,680	. 0		\$248,606	98%	100%
	Medical Transportation services targeted to Rural	97,185				<u>i</u> .	97,185	0.42%	97,185	0		\$101,258	104%	100%
	Transportation vouchering (bus passes & gas cards)	75,046					75,046	0.33%	75,046	0		\$75,046	100%	0%
	Linguistic Services (c)	0	54.555	867.107	100.00=		0 705 506	0.00%	0	0		\$0	0%	0%
BEU27516	Total Service Dollars	19,856,215	84,963	595,485	168,935	-2	20,705,596		20,705,596	0		16,015,024	77%	100%
<u> 1 14.                                  </u>	Grant Administration	1,795,958	0	0 :	0	0	1,795,958	7.84%	1,795,958	0	N/A	1,457,975	81%	100%

#### FY 2020 Ryan White Part A and MAI Procurement Report

	· · · · · · · · · · · · · · · · · · ·													
Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Original Date	Expended	Percent	Percent
1		Allocation	Reconcilation	Adjustments	Adjustments	Adjustments	Allocation	Grant Award	Procured	ment	Procured	YTD	YTD	Expected
		RWPC Approved	(b)	(carryover)	•				(a)	Balance				YTD
ŀ		Level Funding	\-'	(00.11)0101)					(4)	Dalalloo				.,_
		Scenario									, <u> </u>	<u>.</u>		
1-3500 LEVEL STAR ALM	HCPH/RWGA Section	1,271,050		0		0	1,271,050	5.55%	1,271,050	0	N/A	\$1,048,070	82%	100%
	RWPC Support*	524,908			0	0	524,908	2.29%	524,908	0	N/A	409,904		100%
BEU27521	Quality Management	412,940		0	0	0	412,940	1.80%	412,940	0		\$264,399	64%	100%
		22,065,113	84,963	595,485	168,935	-2	22,914,494	98.15%	22,914,494	0		17,737,398	77%	100%
				· · · · · · · · · · · · · · · · · · ·		,								
								Unallocated	Unobligated					
	Part A Grant Award:	22,309,011	Carry Over:	595,485		Total Part A:	22,904,496	-9,998						
			ourry over.	000,400		Total Turi A.	22,504,450	-0,000	<del> </del>	<del></del>				
		Original	Award	July	October	Final Quarter	Total	D	Total	D4		*****	J	
ļ		_						Percent		Percent				
		Allocation	Reconcilation	Adjusments	Adjustments	Adjustments	Allocation	•	Expended on					
			(b)	(carryover)					Services					
	Core (must not be less than 75% of total service dollars)	17,105,302	84,963	478,485	213,935	-692,555	17,882,685	86.37%	11,362,492	77.66%				
	Non-Core (may not exceed 25% of total service dollars)	2,750,913	0	117.000	-45.000		2.822,913		<del></del>	22.34%	7			
	Total Service Dollars (does not include Admin and QM)	19,856,215	84,963	595,485	168,935		20,705,598	HERTEN UNI	14,630,755					
-									14,000,100	1677日 Meg(阿惠, Y., 网) 663	<u> </u>			
	Total Admin (must be ≤ 10% of total Part A + MAI)						The Late of the Carlo			•				
	Total QM (must be ≤ 5% of total Part A + MAI)	1,795,958	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 Procurer	nent Report								
Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Date of	Expended	Percent	Percent
		Allocation	Reconcilation	Adjustments	Adjustments	Adjustments	Allocation	Grant Award	Procured	ment	Procure-	YTD	YTD	Expected
		RWPC Approved	(b)	(carryover)	, tajaotinonto	7 tajaon nonto	-	Orani rana, a	(a)	Balance	ment		••-	YTD
		Level Funding	(6)	(callyovel)					(a)	Dalance	ment			ן טיי
		Scenario							i i		<u> </u>			
	Outpatient/Ambulatory Primary Care	1,887,283	115,502	106,554	0	68,472	2,109,339	86.82%	2,109,339	0		1,314,775		100%
1.b (MAI)	Primary Care - CBO Targeted to African American	954,912	58,441	53,277			1,066,630	43.90%		0		\$760,375	71%	100%
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	\$554,400	53%	100%
2	Medical Case Management	320,100	0	0	0	-68.472	320,100	13,18%		C		\$209,219	65%	100%
2.c (MAI)	MCM - Targeted to African American	160.050					160.050	6.59%	160.050	C	3/1/2020	\$114.990	72%	100%
	MCM - Targeted to Hispanic	160.050					160.050			O		\$94,229		100%
不可能理例	Total MAI Service Funds	2.207.383	115,502	106,554	0	n	2,429,439				AT SAVETY PAR	1,523,994	,	100%
医原理性	Grant Administration	<u></u>	0	0	0	0	0			Č		0	0%	
	Quality Management	- 0	0	0								0		
and the state of	Total MAI Non-service Funds	0	0	0	0		0			<u>C</u>		0		0%
	Total MAI Funds					0								100%
A contract of the contract of		2,207,383	115,502	106,554	0	U	2,429,439	100.00%	2,429,439	u		1,523,994	03%	100%
		0 400 545		100 1										
	MAI Grant Award	2,429,513	Carry Over:	106,554		Total MAI:	2,536,067							
	Combined Part A and MAI Orginial Allocation Total	24,272,496												
												, <del></del>		
Footnote														
All	When reviewing bundled categories expenditures must be evaluated by	oth by individual se	rvice category and by	combined categorie	es. One category ma	ay exceed 100% of a	vailable funding so	long as other cate	gory offsets this o	verage.				
(a)	Single local service definition is four (4) HRSA service categories (Pca	re, LPAP, MCM, No	n Med CM). Expend	itures must be evalu	ated both by individ	ual service category	and by combined se	ervice categories.						
(a.1)	Single local service definition is three (3) HRSA service categories (do	es not include LPAF	). Expenditures mus	t be evaluated both	by individual service	e category and by co	mbined service cate	egories.						
(b)	Adjustments to reflect actual award based on Increase or Decrease ful	nding scenario.												
(c)	Funded under Part B and/or SS							٠			1	<del></del>		
	Not used at this time				i								<del> </del>	
	10% rule reallocations							<del></del>	<del> </del>		<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·	<del> </del>
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(e)	1076 folie realifolis								-					

# The Houston Regional HIV/AIDS Resource Group, Inc.

#### FY 2021 Ryan White Part B Procurement Report







Reflects spending through March 2021

ang Target: 100%

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Revised  Expended  YTD	Percent YTD
4	Oral Health Care (1)	\$1,758,878	52%	\$0	\$1,758,878	\$0	\$1,758,878	4/1/2020	\$1,069,700	61%
	Oral Health Care -Prosthodontics	\$460,000	14%	\$0	\$460,000	\$0	\$460,000	4/1/2020	\$458,889	100%
5	Health Insurance Premiums and Cost Sharing	\$1,028,433	31%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2020	\$1,031,163	100%
8	Home and Community Based Health Services (2)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2020	\$57,360	51%
	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	के विकास के स्टब्स स्टब्स	2,617,112	90%

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

<sup>(1)</sup> OHC- Service utilization has decreased due to the interruption of COVID-19. Expected increase in billing for final two months.

<sup>(2)</sup> HCB- Service utilization has decreased due to the interruption of COVID-19.

<sup>\*</sup>Note TRG may reallocated funds to avoid lapse in funds

## 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

			l 18						Revised	5/21/20
Priority		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					10070
	Total Houston HSDA	3,340,571	100%	0	3,372,544	-\$134,000	\$3,238,544	maga saman yan da saman Sa	3,117,186	96%

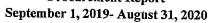
Note: Spending variances of 10% of target will be addressed:

<sup>\*</sup> Result of Increased Scenario for RWB award

<sup>\*\*</sup> 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

# The Houston Regional HIV/AIDS Resource Group, Inc. FY 1920 DSHS State Services

# **Procurement Report**





#### Chart reflects spending through August 2020

Spending Target: 100%

<u> </u>		Original	0/ .6	<del></del>					Revised	6/15/2021
Priority	Service Category	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	\$864,506	43%	\$0	\$864,506	\$230,000	\$1,094,506		\$1,155,819	106%
6	Mental Health Services	\$300,000	15%	\$0	\$300,000	-\$139,000	\$161,000	9/1/2019	\$144,296	90%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	-\$49,787	\$125,213	9/1/2019	\$154,987	124%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$55,000	\$314,832	9/1/2019	\$309,540	98%
15	Non Medical Case Management	\$350,000	17%	\$0	\$350,000	-\$91,000	\$259,000	9/1/2019	\$238,472	92%
	Linguistic Services (1)	\$68,000	3%	\$0	\$68,000	\$15,000	\$83,000	9/1/2019	\$47,663	57%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	-\$142,285						5170
	Total Houston HSDA	2,017,338	100%	-\$142,285	\$2,017,338	\$20,213	\$2,037,551		2,050,776	101%

#### Note

(1) Linguistic- Service utilization has decreased due to the interruption of COVID-19.