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

Memorandum

To:	Members, Priority and Allocations Committee:					
	Bobby Cruz, Co-Chair	Josh Mica				
	Peta-gay Ledbetter, Co-Chair	Paul Richards				
	Kimberley Collins	Bruce Turner				
	Roxane May	Allen Murray				
Copy:	Crystal R. Starr Diane Beck Carin Martin Heather Keizman Mauricia Chatman Yvette Garvin	Sha'Terra Johnson Nancy Miertschin Rodney Goodie Ann Robison Johnetta Evans-Thomas				
From:	Tori Williams					
Date:	Wednesday, February 16, 2022					
Re:	Meeting Announcement					

Please note the following information:

Priority and Allocations Committee Meeting

12 noon, Thursday, February 24, 2022

Meeting Location: Online or via phone

Members are welcome to meet in our conference room if you call in advance and there is room for members to social distance. Otherwise, please use the following Zoom information to participate.

Join Zoom Meeting:

https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltdz09 Meeting ID: 893 7471 3843

Passcode: 339238

Or, use your telephone and dial in: 346 248 7799

Please be sure to RSVP to Rod, even if you cannot attend the meeting. She can be reached at: Rodriga.Avila@cjo.hctx.net or by telephone at 832 927-7926.

We look forward to seeing you next week.

Priority & Allocations Committee Meeting

12 noon, Thursday, February 24, 2022

Please note that this is a virtual meeting. To join the Zoom meeting, click on the following link: https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltdz09

Meeting ID: 893 7471 3843 Passcode: 339238 Or, use your telephone and dial in: 346 248 7799

AGENDA _____

- Call to Order I.
 - A. Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of the Minutes (08/26/21 and 10/28/21)
- II. 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. 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. All information from the public must be provided in this portion of the meeting.)

III. **Committee Orientation**

V.

- A. Petty Cash and Open Meetings Act Training Tori Williams B. Conflict of Interest Policy C. 2022 Critical Timeline and Committee Meeting Dates and Time D. Determine the FY 2022 Policy on Allocating Unspent Funds E. Determine the FY 2023 Principles & Criteria F. Determine the FY 2023 Priority Setting Process G. Continue the Subcategory Review Process? H. Elect a Committee Vice Chair IV. Reports from the Administrative Agencies A. Updates on FY 2021 and 2022 HRSA Grant Awards Carin Martin B. Training in how to review Ryan White Part A/MAI reports C. Data Reports from the Part A Administrative Agency D. Updates from The Resource Group Sha'Terra Johnson E. Training in how to review Ryan White Part B/SS reports F. Data Reports from the Part B Administrative Agency Announcements VI. Adjourn
 - Optional: Meet with the Committee Mentor

Bobby Cruz and Peta-gay Ledbetter, **Co-Chairs**

Peta-gay Ledbetter

Priority & Allocations Committee Meeting

12:00 p.m., Thursday, August 26, 2021 Meeting Location: Zoom Teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT		
Bobby Cruz, Co-Chair	Ardry Skeet Boyle	The Resource Group		
Peta-gay Ledbetter, Co-Chair	Roxane May, Excused	Sha'Terra Johnson		
Kimberley Collins	Bruce Turner, Excused			
Josh Mica		Ryan White Grant Admin		
Paul Richards		Carin Martin		
Robert Sliepka		Heather Keizman		
		Mauricia Chatman		
		Eric James		
		Office of Support		
		Tori Williams		
		Ricardo Mora		
		Diane Beck		

MINUTES

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. He asked the new committee member, Paul Richards, to introduce himself and then invited committee members and staff to introduce themselves.

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

Approval of the Minutes: <u>Motion #2:</u> it was moved and seconded (Ledbetter, Mica) to approve the May 27, 2021 minutes. **Motion carried.** Abstention: Richards.

Motion #3: it was moved and seconded (Mica, Sliepka) to approve the June 16, 2021 minutes. **Motion carried.** Abstentions: Collins, Richards.

<u>Motion #4:</u> it was moved and seconded (Mica, Ledbetter) to approve the June 24, 2021 minutes. Motion carried. Abstentions: Ledbetter, Richards.

Public Comment and Announcements: None.

Updates & Reports from the Ryan White Grant Administration: See attached reports included

in the meeting packet. Martin said that due to COVID-19, HRSA has waived the unspent funding penalty, and is allowing Ryan White Part A Programs to carryover all unspent funds. Martin has established an agreement to offer reimbursement to ADAP for medications provided to clients in the Houston EMA. They brought all funds for reallocation so there is a bigger pool for the agencies to request and any remaining funds can then be reimbursed to the State. Dallas did the same thing, and other jurisdictions in Texas may have as well. Providers are ramping back up and made requests for funds.

Updates & Reports from The Resource Group: See attached reports, which were included in the meeting packet. Johnson said they had no updates. There were no funding cuts expected for 2021 but did not know about 2022.

Reallocate Ryan White Part A funds: The committee reviewed three requests from April for increased funds for Part A unspent funds, six additional requests for increased funds for Part A and one for MAI, see attached. They reviewed each request, made their final recommendations and justified their decisions (see attached charts for details).

Reallocation of FY 2021 Unspent Funds: <u>Motion #5:</u> it was moved and seconded (Mica, Ledbetter) to fund request A3 in the amount available. See the attached chart for details. Motion carried unanimously.

Ledbetter assumed the role of Chair for the remainder of the meeting.

Allocation of FY 2020 Carryover Funds – Part A: <u>Motion #6</u>: it was moved and seconded (Cruz, Sliepka) to approve the attached allocation increase requests for FY 2020 Ryan White Part A carryover funds. Motion carried. Abstention: Collins.

Allocation of FY 2020 Carryover Funds - MAI: <u>Motion #7</u>: it was moved and seconded (Mica, Murray) to approve the attached allocation increase requests for FY 2020 Ryan White MAI carryover funds. Motion carried. Abstention: Collins.

Announcements: Williams said that the committee would not need to meet in September. In October, the committee will allocate unspent funds.

Adjournment: *Motion: it was moved and seconded (Sliepka, Cruz) to adjourn the meeting at 1:53 p.m.* **Motion Carried.**

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Ryan White Allocation Increases as of 08-26-21: Ryan White Part A Funding

A - Part A Funds Available for Reallocation: \$90,051									
Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification				
RYAN WHITE PART A FUNDS									
Control A1 Priority 5	No	Health Insurance Assistance	\$90,051	\$0	Will fund using carryover funds.				
Control A2 Priorities 1.b–1.d, 2.c- 2.e, 16.a	No	Community-based Primary Medical Care for AA, H & W, Medical Case Management for same populations, and Financial Assistance - Pharmacy	\$68,100	\$0	Will fund using carryover funds				
Control A3 Priorities 1.b–1.d	Vee	Community-based Primary Medial Care for AA, H & W	\$95,700	\$90,051	Priority 1. Did not make a second request for carryover funds so no other opportunity to receive funding. The request addresses service priorities #1 and 2 and concerns regarding new clients coming into care due to COVID-19 related unemployment.				
u		TOTALS	\$253 <i>,</i> 851	\$90,051					

Ryan White Allocation Increases as of 08-26-21: Ryan White Part A Funding

Part A Fund	s Availa	ble for Reallocation: \$ 1,718,510			
Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification
RYAN WHI	TE PAR	RT A FUNDS			
Control 1 Priorities 1.b–1.d, 2.c- 2.e, 3.b, 13.d, 16.a, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	\$515,420	\$357,200	Based upon the service utilization report, allocation amount is based upon a smaller volume of clients. Fund request since it addresses service priorities #1 and 2 and concerns regarding new clients coming into care due to COVID-19 related unemployment.
Control 2 Priority 1.h	Yes	Vision Care	\$90,000	\$90,000	Priority 1 with a history of regularly requesting additional funds.
Control 3 Priority 5	Yes	Health Insurance Assistance	\$300,000	\$300,000	Priority 5. Fund because of concerns regarding COVID- 19 related unemployment and PLWH losing health insurance from their employers.
Control 4 Priorities 1.b–1.d, 2.c- 2.e, 3.b, 13.d, 16.a, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	\$446,310	\$446,310	Fully fund request since it addresses service priorities #1 and 2 and concerns regarding new clients coming into care due to COVID-19 related unemployment.
Control 5 Priority 2.a	Yes	Clinical Case Management	\$ 30,000		Priority 2. Fully fund because case management is a high priority and clinical case managers are placed at mental health facilities.
Control 6 Priorities 1.b–1.d, 2.c- 2.e, 3.b, 13.d, 16.a, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	\$495,000	\$495,000	Fully fund request since it addresses service priorities #1 and 2 and concerns regarding new clients coming into care due to COVID-19 related unemployment.
		TOTALS	\$1,876,730	\$1,718,510	

Ryan White Allocation Increases as of 08-26-21: Ryan White Part A Funding

MAI - Part A	MAI - Part A Funds Available for Reallocation: \$ 905,361								
Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification				
RYAN WHI	RYAN WHITE PART A FUNDS								
Control M1 Priorities 1, 2		Primary Medical Care for AA & H; Medical Case Management for the same populations	\$ 100,100	\$100,100	Fund 100% of request since the request addresses service priorities #1 and 2 and because of concerns regarding new clients coming into care due to COVID-19 related unemployment.				
		TOTALS	\$ 100,100	\$100,100					

Scribe: Beck C = chaired the meeting; JA = just arrived; LM = left meeting

		Motion #1 Agenda Carried			Motion #2 Minutes 05/27/21 Carried			Motion #3 Minutes 06/16/21 Carried				Motion #4 Minutes 06/24/21 Carried				
MEMBERS	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	ON	ABSTAIN
Bobby Cruz, Co-Chair				С				С				С				С
Peta-gay Ledbetter, Co-Chair		Х				Χ				Х						Χ
Ardry Skeet Boyle	Х				Χ				Χ				Х			
Kimberley Collins		Х				Χ						Х		Х		
Roxane May	Х				Χ				Χ				Х			
Josh Mica		Х				Χ				Χ				Х		
Paul Richards		Х						Х				Х				Х
Robert Sliepka		Х				Х				Χ				Х		
Bruce Turner	Х				Х				Χ				Х			

		Motion #5 Allocation of Part A unspent funds Carried			Motion #6 Reallocation of Part A funds Carried				Motion #7 Reallocation of MAI funds Carried			
MEMBERS	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	ON	ABSTAIN
Bobby Cruz, Co-Chair				С		Х				Х		
Peta-gay Ledbetter, Co-Chair		Х						С				С
Ardry Skeet Boyle	Х				Х				Х			
Kimberley Collins		Χ						Х				Х
Roxane May	Х				Х				Х			
Josh Mica		Χ					Х			Х		
Paul Richards		Χ				Х				Χ		
Robert Sliepka		Χ				Χ				Χ		
Bruce Turner	Х				Χ				Х			

Priority & Allocations Committee Meeting

MINUTES

12:00 p.m., Thursday, October 28, 2021 Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Peta-gay Ledbetter, Co-Chair	Ardry Skeet Boyle	The Resource Group
Bobby Cruz, Co-Chair		Sha'Terra Johnson
Kimberley Collins		
Roxane May	OTHERS PRESENT	Ryan White Grant Admin
Josh Mica	Allen Murray, RWPC Chair	Carin Martin
Paul Richards		Heather Keizman
Robert Sliepka		
Bruce Turner		Office of Support
		Tori Williams
		Diane Beck

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

Call to Order: Peta-gay Ledbetter, Co-Chair, called the meeting to order at 12:13 p.m. and asked for a moment of reflection.

Adoption of the Agenda: <u>Motion #1</u>: it was moved and seconded (Mica, Sliepka) to approve the agenda. Motion carried. Abstention: May.

Public Comment: None.

Updates from the Ryan White Grant Administration: See the FY 2021 Ryan White Part A and MAI Procurement Report, dated 10/14/21 and the email from Martin regarding the estimated unobligated balance, attached. Martin said that no requests had been submitted for the \$185,000 available in MAI funds. She said there is no rush at this point on how the funds will be used. Options include: quality management and administrative costs or leave the funds unallocated until it is clear what is happening with the state ADAP program.

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

- FY21/22 Part B Procurement Report, dated 10/06/21
- FY20/21 DSHS State Services Procurement Report, dated 10/06/21
- FY20/21 DSHS State Services Service Utilization Report, dated 10/06/21
- FY21/22 DSHS State Services Procurement Report, dated 10/06/21
- FY20/21 Health Insurance Assistance Program, dated 09/06/21
- FY20/21 Health Insurance Assistance Program, dated 09/29/21.

Cruz assumed the role of Committee Chair at this point in the meeting.

Requests for increased funding from Ryan White Part A and MAI funds: 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). <u>Motion #2</u>: it was moved and seconded (Turner, Ledbetter) to fund each of the attached allocation increase requests for Ryan White Part A funds. Motion carried. Abstentions: May.

<u>Motion #3</u>: it was moved and seconded (Turner, Mica) to approve the attached allocation increase requests totaling \$449,386 in Ryan White Part A funds. Motion carried. Abstentions: May.

<u>Motion #4</u>: *it was moved and seconded (Mica, Sliepka) to not allocate approximately* \$185,000 *in MAI* funds so that they will be available in the fourth quarter of the fiscal year when more is known about the status of ADAP. Motion carried.* Abstentions: May, Turner.

Plan for FY 2021 Carryover Funds and FY 2020 Unspent Funds:

Williams said that per the attached email from Martin, the committee does not need to make a plan for carryover funds but will most likely need to make a plan next year.

Motion #5: it was moved and seconded (Turner, Ledbetter) that in the final quarter of FY 2021 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 2021: Williams asked members to look over the Ryan White data reports and let her know if they have suggestions that could improve the reports for next year.

Announcements: Williams said that this is the last committee meeting of the year. She thanked committee members for their hard work during another unusual year.

Adjournment: <u>*Motion*</u>: it was moved and seconded (Mica, Turner) to adjourn the meeting at 1:18 p.m. Motion carried.

Approved by:

Tori	Wil	liams,	Director
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Date

Committee Chair

Date

Ryan White Reallocations as of 10-28-21: Ryan White Part A Funding

A - Part A Fu	A - Part A Funds Available for Reallocation: \$									
Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification					
RYAN WHI	TE PAR	T A FUNDS								
1/1.b-1.d 1.c-2.e 3.b 13.d 16.a; 17	Y	Community-based Primary Medical Care and Medical Case Mgmt. targeted to AA, Hispanic and White. EFA – Pharmacy; LPAP; Outreach & SLW	\$200,000	\$150,000	High priority. Consumer need. Continued issues with ADAP, such as delays in eligibility determination for ADAP clients.					
2/8	Y	Medical Nutritional Therapy (supplements)	\$55,000	\$55,000	Documented consumer need					
3/1.b-1.d 1.c-2.e 3.b 13.d 16.a; 17	Y	Community-based Primary Medical Care and Medical Case Mgmt. targeted to AA, Hispanic and White. EFA – Pharmacy; LPAP; Outreach & SLW	\$295,600	\$244,386	High priority. Consumer need. Continued issues with ADAP, such as delays in eligibility determination for ADAP clients.					
		TOTALS	\$550,600	\$449,386						

Scribe: Beck

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

	I	Motio Age Car	nda	l		Motion Id all Car			Part	Moti t A A rease Car	lloca	tion	τ	Jnalle MAI	on #4 ocate Fund ried	d	F	art A	on #5 202 It Fur ried	1
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	ON	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair		Χ						С				С				С				С
Peta-gay Ledbetter, Co-Chair				С		Χ				Χ				Χ				Χ		
Ardry Skeet Boyle	Χ				Χ				Χ				Χ				Χ			
Kimberley Collins		Χ				Χ				X				Χ				Χ		
Roxane May		Χ						Χ				Χ				Χ				X
Josh Mica		X				Χ				X				Χ				Χ		
Paul Richards		X				Χ				X				Χ				Χ		
Robert Sliepka		X				Χ				X				Χ				Χ		
Bruce Turner		X				X				X						X		X		

2021 Priority & Allocations Committee Voting Record for 10/28/21

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

Revised:

1/7/2022

09/01/2021-11/30/2021

		Assisted			NOT Assisted	
Request by Type	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	360	\$39,512.64	218			0
Medical Deductible	7	\$453.31	6			0
Medical Premium	1753	\$388,354.00	691			0
Pharmacy Co-Payment	4820	\$167,028.54	648			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	4	\$693.77	8	NA	NA	NA
Totals:	6944	\$594,654.72	1571	0	\$0.00	

Comments: This report represents services provided under all grants.

The Houston Regional HIV/AIDS Resource Group, Inc. FY 2122 DSHS State Services Procurement Report September 1, 2021 - August 31, 2022

Chart reflects spending through December 2021

Spending Target: 33%

<u> </u>			- A/ - C	1					Revised	1/25/2022
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)	\$853,137	43%	\$0	\$853,137	\$0	\$853,137	9/1/2020	\$0	0%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	\$0	\$300,000	9/1/2020	\$27,750	9%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$51,279	29%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2020	\$69,960	27%
13	Non Medical Case Management (2)	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2020	\$53,357	15%
16	Linguistic Services	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2020	\$23,850	35%
	Total Houston HSDA	2,005,969	100%	\$0	\$2,005,969	\$0	\$2,005,969		226,196	11%

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) Subcontractors behind in reporting



2021 - 2022 DSHS State Services Service Utilization Report 9/1/2021 thru 11/30/2021 Houston HSDA 1st Quarter

	UI			Ger	der			D	ace			 .					Revised	1/3/2022
Funded Service	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	ge Grou				
Early Intervention Services	700	240	85.00%	12.08%	0.00%	2.92%	64.17%		20.83%	0.83%			29.59%	25-34 29.58%	35-44 0.00%	45-49 16.04%	50-64 16.04%	65+ 1.25%
Health Insurance Premiums	2,300	147	72.11%	25.85%	0.00%	2.04%	27.21%	42.86%	28.57%	1.36%	0.00%	0.00%	0.00%	16.33%	16.33%	27.55%	27.55%	12.24%
Hospice	35	8	75.00%	25.00%	0.00%	0.00%	50,00%	12.50%	37.50%	0.00%	0.00%	0.00%	0.00%	25.00%	25.00%	12.50%	12.50%	25.00%
Linguistic Services	50	28	50.00%	46.43%	0.00%	3.57%	42.86%	7.14%	17.86%	32.14%	0.00%	0.00%	0.00%	12.07%	16.07%	34.14%	34.15%	3.57%
Mental Health Services	250	73	77.00%	23.00%	0.00%	0.00%	31.09%	45.99%	22,92%	0.00%	0.00%	17.52%	17.53%	35.37%	17.69%	0.00%	0.00%	11.89%
Unduplicated Clients Served By State Services Funds:		496	71.82%	26.47%	0.00%	1.71%	43.07%	24.53%	25.54%	6.87%	0.00%	5.00%	9.42%	23.67%	15.02%	18.05%	18 05%	10.79%

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 27, 2022

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2022. 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 11, 2022.
- Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2022 <u>will not be reimbursed at all if they are turned in</u> <u>after March 31, 2022.</u>
- 3.) The Office of Support may not have access to petty cash funds between March 1 and March 31, 2022. 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, 2022 but the Office may not be able to reimburse volunteers for these expenses until early April 2022.

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)

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

То:	Members, Houston Ryan White Planning Council Affiliate Members, Ryan White Committees
From:	Tori Williams, Director, Ryan White Office of Support
Date:	January 27, 2022
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 <u>once in their lifetime</u>. 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 <u>before March 31, 2022</u>. 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: <u>https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php</u>

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.

March 1 2021.

Beginning of fiscal year 2021

Feb 11 2022. Turn in all

receipts

Feb 28 ...2022......

End of fiscal year 2021. No money available to write checks until possibly early April

March 31 2022

Turn in all remaining receipts for fiscal year 2021 or you will not be reimbursed for those expenses incurred between March 1, 2021 and Feb. 28, 2022

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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.

AFFECTED COMMUNITY

Meetings are on the second Monday after Council meets starting at 1:30 pm. February 21 July 25 March 15* August 22 March 21 September 19

April - no meeting October 24 May 23 November 21 June 20 December - no mtg

COMPREHENSIVE HIV PLANNING

Meetings are the second Thursday of the month starting at 1:30 pm:

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

OPERATIONS

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

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

(as of 01/28/21)

PLANNING COUNCIL

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

February 10 March 10 April 14 May 12 June 9 July 14

August 11 September 8 October 13 Nov 10 December 8

PRIORITY & ALLOCATIONS

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

February 24	July 28
March 15*	August 25
March 24	September 22
April 28	October 27
May 26	November - no mtg
June 23	December - no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 2:00 pm:

February 15 March 15* April - no meeting May 17 June 14 July 19

August 16 September 13 October 18 November 15 December - no mtg

STEERING

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

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

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

BOLD = Special meeting date, time or place

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Timeline of Critical 2022 Council Activities

(Revised 01-28-22)

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 check our website at <u>www.rwpchouston.org</u> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.

General Information: The following is a list of significant activities regarding the 2022 Houston Ryan White Planning Council. Consumers, providers and members of the 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 meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: http://rwpchouston.org.

All Ryan White Council and Committee meetings will be held virtually January through March 2022, possibly in the Spring as well. Routinely, the Ryan White 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. 27	Council Orientation. 2022 Committee meeting dates will be established at this meeting.
Thurs. Feb. 3	12 noon. First Steering Committee meeting for the 2022 planning year.
Feb. date TBD	10 am, Orientation for new 2022 Affiliate Committee Members.
Thurs. Feb. 10	12 noon. First Council meeting for the 2022 planning year.
Tues. 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 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 that justifies why a particular service should be funded 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. 24	12 noon. Priority & Allocations Committee meets to approve the policy on allocating FY 2022 unspent funds, FY 2023 priority setting process and more.
March date TBD	EIIHA Workgroup meeting.
Tues. March 15	2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the FY 2023 service categories for Part A, Part B and <i>State Services</i> funding.
Mon. March 21	1:30 pm. Consumer Training on the How to Best Meet the Need process.
Thurs. April 7	12 noon. Steering Committee meets.
Thurs. April 14	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.

Timeline of Critical 2022 Council Activities

(Revised 01-28-22)

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Mon. April 18	10 am – 5 pm, Special workgroup meetings. Topics to be announced.
April 19 - 27	The following workgroups will be scheduled to meet. Call 832 927-7926 for confirmation and to receive meeting packets.
	 10:30 am. <u>Date to be announced</u>. How To Best Meet the Need Workgroup #1 at which the following services for FY 2023 will be reviewed: 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. <i>Date to be announced</i>. How To Best Meet the Need Workgroup #2 at which the following services for FY 2023 will be reviewed: 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
	 3:00 pm - 5:00 pm. <i>Date to be announced</i>. How To Best Meet the Need Workgroup #3 at which the following services will be reviewed: Early Intervention Services Emergency Financial Assistance - Other Home & Community-based Health Services (Adult Day Treatment) Hospice Linguistic Services Transportation (van-based - Untargeted & Rural)
Thurs. April 28	12 noon. Priority & Allocations Committee meets to allocate Part A unspent funds.
Mon. May 2	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 17	11:00 am. How to Best Meet the Need Workgroup meets for recommendations on the Blue Book. The Operations Committee reviews the FY 2023 Council Support Budget.
Tues. May 17	2:00 pm. Quality Improvement Committee meets to approve the FY 2023 How to Best Meet the Need results and review subcategory allocation requests . Draft copies are forwarded to the Priority & Allocations Committee.

Timeline of Critical 2022 Council Activities

(Revised 01-28-22)

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 check our website at <u>www.rwpchouston.org</u> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.

Tues. May 24	7:00 pm., Public Hearing on the FY 2023 How To Best Meet the Need results.
Wed. May 25	Time TBD. Special Quality Improvement Committee meeting to review public comments regarding FY 2023 How To Best Meet the Need results .
Thurs. May 26	12 noon. Priority & Allocations Committee meets to recommend the FY 2023 service priorities for Ryan White Parts A and B and <i>State Services</i> funding.
Thurs. June 2	12 noon. Steering Committee meets to approve the FY 2023 How to Best Meet the Need results.
Thurs. June 9	12 noon. Council approves the FY 2023 How to Best Meet the Need results.
Week of June 13-16	Dates and times TBD. Special Priority & Allocations Committee meetings to draft the FY 2023 allocations for RW Part A and B and <i>State Services</i> funding.
June 12 or Aug. 16	2:00 pm. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
Thurs. June 23	12 noon. Priority & Allocations Committee meets to approve the FY 2023 allocations for RW Part A and B and <i>State Services</i> funding .
Mon. June 27	7 pm. Public Hearing on the FY 2023 service priorities and allocations.
Tues. June 28	Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the FY 2023 service priorities and allocations .
July/Aug.	Workgroup meets to complete the proposed FY 2023 EIIHA Plan.
Thurs. July 7	12 noon. Steering Committee approves the FY 2023 service priorities and allocations.
Thurs. July 14	12 noon. Council approves the FY 2023 service priorities and allocations.
Fri. July 15	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 28	12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the FY 2023 priority & allocations . They also allocate FY 2021 carryover funds . (Allocate even though dollar amount will not be avail. until Aug.)
Wed. July 27	Project LEAP classes begin. Project LEAP is a free 17-week training course for individuals living with or 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)

Timeline of Critical 2022 Council Activities

(Revised 01-28-22)

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Thurs. Aug. 4	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 2023 GRANT . (Mail out date for the August Steering Committee meeting is July 28, 2022.)
Mon. Aug. 22	1:30 pm. Consumer Training on Standards of Care and Performance Measures.
Fri. Sept. 2	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. 13	2:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
Mon. Sept. 19	1:30 pm. Consumer-Only Workgroup meeting to review FY 2023 Standards of Care and Performance Measures.
Tues. Oct. 18	11:00 am. Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & Letter of Agreement between Part B stakeholders.
October or November	Date & time TBD. Community Workgroup meeting to review FY 2023 Standards of Care & Performance Measures for all service categories.
Thurs. Oct. 27	12 noon. Priority & Allocations Committee meets to allocate FY 2022 unspent funds.
Tues. Nov. 15 or 29	10:00 am. Commissioners Court to receive the World AIDS Day Resolution.
Thurs. Nov. 10	12 noon. Council recognizes all Affiliate Committee Members.
Thurs. Dec. 1	World AIDS Day.
Thurs. Dec. 8	12 noon. Election of Officers for the 2023 Ryan White Planning Council.

2021 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-25-21)

Background

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

<u>Unobligated</u> 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 <u>unobligated</u>. 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.

<u>**Carryover</u>** 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.</u>

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.

Recommendations for Addressing Unobligated and Carryover Funds:

- 1.) <u>Requests from Currently Funded Agencies Requesting an Increase in Funds in Service</u> <u>Categories where The Agency Currently Has a Contract</u>: 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.) <u>Requests for Proposed Ideas</u>: 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.) <u>Committee Process</u>: 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.) <u>Projected Unspent Formula Funds</u>: 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.

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)

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.

FY 2022 Priority Setting Process

(Council approved 04-08-21)

- 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.

- 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.

2022 Ryan White Planning Council

WORKING STANDING COMMITTEE LIST

(Updated 02-04-22)

Green Text = Committee Mentor Blue Text = New Member

STEERING

51121	
Crystal Starr, RWPC Chair	Ronnie Galley, Co-Chair, Operations
Skeet Boyle, Vice Chair	Matilda Padilla, Co-Chair, Operations
Kevin Aloysius, Secretary	Bobby Cruz, Co-Chair, Priority and Allocations
Tony Crawford, Co-Chair, Affected Community	Peta Gay-Ledbetter, Co-Chair, Priority and Allocations
Holly Renee McLean, Co-Chair, Affected Community	Denis Kelly, Co-Chair, Quality Improvement
Josh Mica, Co-Chair, Comprehensive HIV Planning	Daphne Jones, Co-Chair, Quality Improvement
Steven Vargas, Co-Chair, Comprehensive HIV Planning	

AFFECTED COMMUNITY

1. Tony Crawford, Co-Chair	8. Cecilia Ligons	Affiliate	Members
2. Holly Renee McLean, Co-Chair	9. Diana Morgan	Deborah Hurd	
3. Veronica Ardoin	10. Rodney Mills	Veria Steptoe	
4. Rosalind Belcher	11. Andrew Wilson		
5. Cubby Crawford-Prado			
6. Johnny Deal, Mentor			
7. Ronnie Galley			

COMPREHENSIVE HIV PLANNING

1. Josh Mica, Co-Chair8. Rodney Mills, Mentor		Affiliate Members
2. Steven Vargas, Co-Chair	9. Matilda Padilla	Dominique Brewster
3. Titan Capri	10. Shital Patel	Bianca Burley
4. Johanna Castillo	11. Paul Richards	Allen Murray
5. Dawn Jenkins	12. Faye Robinson	
6. Cecilia Ligons	13. Imran Shaikh	
7. Timothy Mann	14. Robert Sliepka	

	OPERATIONS									
1. Ronnie Galley, Co-Chair	4. Ardry "Skeet" Boyle	7. Cecilia Ligons, Mentor	No Affiliate Members							
2. Matilda Padilla, Co-Chair	5. Johnny Deal	8. Peta-Gay Ledbetter								
3. Kevin Aloysius	6. Denis Kelly									

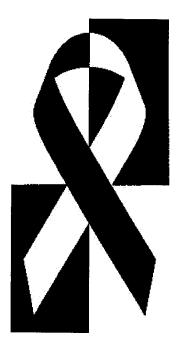
	PRIORITY AND ALLOCATIONS								
1. Bobby Cruz, Co-Chair	4. Roxane May	7. Bruce Turner	Affiliate Members						
2. Peta Gay-Ledbetter, Co- Chair & Mentor	5. Josh Mica		Allen Murray						
3. Kimberley Collins	6. Paul Richards								

QUALITY IMPROVEMENT									
1. Denis Kelly, Co-Chair	8. Nkechi Onyewuenyi	Affiliate Members							
2. Daphne Jones, Co- Chair	9. Oscar Perez	Gloria Sierra							
3. Kevin Aloysius	10. Tana Pradia, Mentor	Deborah Somoye							
4. Veronica Ardoin	11. Pete Rodriguez								
5. Ardry "Skeet" Boyle	12. Andrew Wilson								
6. Titan Capri									
7. Tom Lindstrom									

Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Original Date	Expended	Percent	Percent
		Allocation	Reconcilation	Adjustments	Adjustments	Adjustments	Allocation	Grant Award	Procured	ment	Procured	YTD	YTD	Expected
		RWPC Approved Level Funding	(b)	(carryover)					(a)	Balance				YTD
		Scenario												
1	Outpatient/Ambulatory Primary Care	10,965,788	-75,776	1,415,641	60,600	0	12,366,253	51.76%	12,366,253	0		6,059,134	49%	75%
1.a	Primary Care - Public Clinic (a)	3,927,300	-27,177		·		3,900,123	16.33%	3,900,123	0	3/1/2021	\$1,176,167	30%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	-7,367	441,880	244,386		1,743,475	7.30%	1,743,475	0	3/1/2021	\$1,256,181	72%	75%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	-6,301	441,880	75,000		1,421,130	5.95%	1,421,130	0	3/1/2021	\$1,051,140	74%	75%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	-7,944	441,880			1,581,861	6.62%	1,581,861	0	3/1/2021	\$562,384	36%	75%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	-7,612		-75,000		1,017,388	4.26%	1,017,388	0	3/1/2021	\$825,748	81%	75%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	-14,532				2,085,468	8.73%	2,085,468	0	3/1/2021	\$847,083	41%	75%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.06%	15,437	0		\$3,300	21%	
1.h	Vision	500,000	-3,460	90,000	-85,000		501,540	2.10%	501,540	0	3/1/2021	\$337,130	67%	
1.x	Primary Care Health Outcome Pilot	200,000	-1,384		-98,786		99,830	0.42%	99,830	0		\$0	0%	75%
2	Medical Case Management	1,730,000	-100,528	30,000	0	0	1,659,472	6.95%	1,659,472	0	- -	1,114,115	67%	75%
2.a	Clinical Case Management	488,656	-3,381	30,000			515,275		515,275	0		\$296,855	58%	75%
2.b	Med CM - Public Clinic (a)	277,103	-1,918				275,185	1.15%	275,185	0		\$147,291	54%	75%
2.c	Med CM - Targeted to AA (a) (e)	169,009	-1,170				167,839		167,839	0		\$205,280	122%	75%
2.d	Med CM - Targeted to H/L (a) (e)	169,011	-1,170				167,841		167,841	0		\$110,916	66%	75%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186	-423				60,763		60,763	0		\$68,844	113%	
2.f	Med CM - Targeted to Rural (a)	273,760	-1,894				271,866		271,866	0		\$107,450	40%	75%
2.g	Med CM - Women at Public Clinic (a)	75,311	-521				74,790		74,790	0		\$96,956	130%	75%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051				0	0.00%	0	0		\$0	#DIV/0!	75%
2.1	Med CM - Targeted to Veterans	80,025	0				80,025		80,025	0		\$52,469	66%	75%
2.j	Med CM - Targeted to Youth	45,888	0				45,888	0.19%	45,888	0		\$28,055	61%	
3	Local Pharmacy Assistance Program	1,810,360	-12,528	22,920	0	0	1,820,752		1,820,752	0		\$837,477	46%	
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148				308,212		308,212	0		\$180,226	58%	75%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	-10,380	22,920			1,512,540	6.33%	1,512,540	0		\$657,251	43%	
4	Oral Health	166,404	-1,152	0	0	0	165,252		165,252	0	3/1/2021	136,350	83%	
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	
4.b	Oral Health - Targeted to Rural	166,404	-1,152		0		165,252		165,252	0		\$136,350	83%	
5	Health Insurance (c)	1,383,137	-9,571	300,000	0	0	1,673,566		1,673,566	0	3/1/2021	\$1,206,478	72%	
6	Mental Health Services (c)	0					0	0.00%	0	0	NA	\$0	0%	
7	Early Intervention Services (c)	0					0	0.00%	0	0	NA	\$0	0%	
8	Medical Nutritional Therapy (supplements)	341,395	-2,362		55,000		394,033		394,033	0		\$279,588	71%	
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	
9.a	In-Home	0									N/A	\$0	0%	
9.b	Facility Based	0									N/A	\$0	0%	
10	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677		45,677	0	3/1/2021	\$24,700	54%	
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	
12	Referral for Health Care and Support Services (c)	0	0				0	0.00%	0	0	NA	\$0	0%	
13	Non-Medical Case Management	1,267,002	-8,768	40,000	-70,600	0	1,227,634	5.14%	1,227,634	0	3/1/2021	\$741,804	60%	
13.a	Service Linkage targeted to Youth	110,793	-767		-20,600		89,426	0.37%	89,426	0	3/1/2021	\$55,057	62%	75%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	-692		-50,000		49,308	0.21%	49,308	0	3/1/2021	\$50,459	102%	75%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560				367,440	1.54%	367,440	0	3/1/2021	\$234,883	64%	75%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	-4,749	40,000			721,460	3.02%	721,460	0	3/1/2021	\$401,405	56%	75%
13.e	SLW-Substance Use	0	0				0	0.00%	0	0	NA	\$0	0%	0%
14	Medical Transportation	424,911	-2,940	0	0	0	421,971	1.77%	421,971	0		287,816	68%	75%
14.a	Medical Transportation services targeted to Urban	252,680	-1,749				250,931		250,931	0	3/1/2021	\$214,376		

Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Original Date	Expended	Percent	Percent
		Allocation	Reconcilation	Adjustments	Adjustments	Adjustments	Allocation	Grant Award	Procured	ment	Procured	YTD	YTD	Expected
		RWPC Approved Level Funding Scenario	(b)	(carryover)					(a)	Balance				YTD
14.b	Medical Transportation services targeted to Rural	97,185	-673				96,512	0.40%	96,512	0	3/1/2021	\$73,440	76%	75%
14.c	Transportation vouchering (bus passes & gas cards)	75,046	-519				74,527	0.31%	74,527	0	3/1/2021	\$0	0%	75%
15	Emergency Financial Assistance	1,545,439	-10,694	0	-45,000	0	1,489,745	6.24%	1,489,745	0		802,866	54%	75%
16.a	EFA - Pharmacy Assistance	1,305,439	-9,034		75,000		1,371,405	5.74%	1,371,405	0	3/1/2021	\$736,959	54%	75%
16.b	EFA - Other	240,000	-1,661		-120,000		118,339	0.50%	118,339	0	3/1/2021	\$65,908	56%	75%
16	Linguistic Services (c)	0	0				0	0.00%	0	0	NA	\$0	0%	0%
17	Outreach	420,000	-2,906				417,094	1.75%	417,094	0	3/1/2021	\$230,728	0%	75%
BEU27516	Total Service Dollars	20,100,113	-227,226	1,808,561	0	0	21,681,448	90.75%	21,681,448	-1		11,721,056	54%	75%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	7.52%	1,795,958	0	N/A	1,263,365	70%	75%
	HCPH/RWGA Section	1,271,050		0	•	0	1,271,050			0		, ,	71%	75%
PC	RWPC Support*	524,908		U	0	0	524,908		524,908	0			70%	75%
	Quality Management	412,940		0	0	0	412,940			0			68%	75%
		22,309,011	-227,226	1,808,561	0	0	23,890,346			-1	1	13,263,631	56%	75%
				1,000,001	0		20,000,010			•	-	10,200,001	0070	
								Unallocated	Unobligated		-			75%
	Part A Grant Award:	22,171,816	Carry Over:	1,718,511		Total Part A:	23,890,327							75%
		22,171,010	Garry Over.	1,710,511			23,030,327	-13						7.576
		Original	Award	July	October	Final Quarter	Total	Percent	Total	Percent				
		Allocation	Reconcilation	Adjusments	Adjustments	Adjustments	Allocation	reicent	Expended on	reicent				
		Anocation	(b)	(carryover)	Adjustments	Aujustinents	Anocation		Services					
	Core (must not be less than 75% of total service dollars)	16,442,761	-201,918	1,768,561	115,600	0	18,125,004	83.60%						
	Non-Core (may not exceed 25% of total service dollars)	3,657,352	-25,309	40,000	-115,600	0	3,556,443	16.40%						
	Total Service Dollars (does not include Admin and QM)	20,100,113	-227,226	1,808,561	0	0	21,681,448				-			
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	6.42%						
	Total QM (must be \leq 5% of total Part A + MAI)	412,940	0	0	0	0	412,940							
		412,940	U	0	0	U	412,940	1.40 /0						
					MAI Procure	ment 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)	,, ,	,, ,			(a)	Balance	ment			YTD
		Level Funding	()	(
		Scenario												
	Outpatient/Ambulatory Primary Care	2,002,860	-52,609	100,100	0	0	2,050,351			0	_	1,479,500	72%	
,	Primary Care - CBO Targeted to African American	1,012,700	-26,601	50,050			1,036,149			0		\$780,725	75%	75%
. ,	Primary Care - CBO Targeted to Hispanic	990,160	-26,009	50,050			1,014,201	42.79%		0			69%	75%
	Medical Case Management	320,100	0	0	0	0	320,100			0		\$194,498	61%	75%
	MCM - Targeted to African American	160,050					160,050			0			68%	75%
	MCM - Targeted to Hispanic	160,050					160,050			0	3/1/2021		53%	75%
	Total MAI Service Funds	2,322,960	-52,609	100,100	0	0	2,370,451		2,370,451	0		1,673,998	71%	
	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%
BEO 27516	Total MAI Funds	2,322,960	-52,609	100,100	0	0	2,370,451	100.00%	2,370,451	0		1,673,998	71%	75%

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)	Procure- ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	MAI Grant Award	3,175,710	Carry Over:	905,361		Total MAI:	4,081,071							75%
	Combined Part A and MAI Orginial Allocation Total	24,631,971												
Footnote	S:													
All	When reviewing bundled categories expenditures must be evaluated I	both by individual ser	vice category and by	combined categorie	es. One category ma	y exceed 100% of av	ailable funding so	long as other catego	ory offsets this ov	erage.				
(a)	Single local service definition is four (4) HRSA service categories (Pca	are, LPAP, MCM, No	n Med CM). Expend	tures must be evalu	ated both by individe	ual service category a	and by combined s	ervice categories.						
(a.1)	Single local service definition is three (3) HRSA service categories (do	oes not include LPAP). Expenditures mus	t be evaluated both	by individual service	e category and by con	nbined service cate	egories.						
(b)	Adjustments to reflect actual award based on Increase or Decrease fu	Inding scenario.												
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule reallocations													



THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.

> HOW TO READ TRG REPORTS 2022

2022 TRG RWPC REPORT DUE

STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/21 - 8/31/22	Year 1: 4/1/21 - 3/31/22
Year 2: 9/1/22 - 8/31/23	Year 2: 4/1/22 - 3/31/23

Annual I (Delivered to g	
2021 CONSUMER INVOLVEMENT REPORT	2021 CHART REVIEW REPORTS
March 2022*	March 2022*

*Limited Data Collection due COVID-19 Restrictions and DSHS Waiver of Monitoring

All Monthly & Quarterly Reports delivered on a one-month delay to allow the finalization of data.

QUARTERLY REPORTS (Delivered to QI Committee)											
STATE SERVICES SERVICE UTILIZATION REPORTS RYAN WHITE PART B SERVICE UTILIZATION REPORTS											
MONTHS COVERED	REPORT DUE	MONTHS COVERED	MONTH DUE								
September – November	January	April – June	August								
September – February	April**	April – September	November								
September – May	July	April – December	February								
September – August	October	April – March	May								

**Potential impact due to TCT Transition

	Y REPORTS O QI COMMITTEE)
PROCUREMENT REPORTS	HEALTH INSURANCE ASSISTANCE REPORTS

Page 3 of 6

Quarterly Service Utilization Reports

Purpose:

Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

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2018-2019 Ryan White Part B Service Utilization Report 4/1/2018 - 3/31/2019 Houston HSDA (4816)

3rd Quarter - 4/1/2018 to 12/31/2018

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Revised	2/21/2019
corisou	22112019

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	ບ	DC			Ra	ce		Age Group						Iceviseu	2/21/2019			
Funded Service	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,250	3	100.00%	0.00%	0,00%	0.00%	75.00%	25.00%	0.00%	0.00%	0.00%	0.00%	8.82%				44.12%	
Home & Community Based Health Services	30	34	70.59%	26.47%	0.00%	2.94%	58.82%	8.82%	32.35%	0.00%	0.00%	0.00%	0.00%	66.67%	0.00%	33.33%	0.00%	0.00%
Oral Health Care	3,100	856	72.90%	25.93%	0.00%	1.17%	49.65%	17.06%	31.43%	1.87%	0.00%	0.12%	1.75%	14.84%	18.69%	13.79%	43.46%	7.36%
Unduplicated Clients Served By RW Part B Funds:		893	81.16%	17.47%	0.00%	1.37%	61.16%	16.96%	21.26%	0.62%	0.00%	0.11%	2.02%	14.78%				

COMMENT: The delay in Data Upload from CPCDMS into ARIES is the reason for the discrepancy in the HIP/HIA YTD Total. Please see HINS Report for review on HIP/HIA totals.

Items of Note:

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A. Header – this tells you three things:

- 1. Which grant is being reported (either Ryan White Part B or State Services),
- 2. What grant year is being reported, and

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- 3. What timeframe is being reported (the quarter and the dates of the quarter).
- B. Revision Date this tells you the last time that the report has updated.
- C. Service Categories being reported
- D. The Unduplicated Clients (UDC)
 - 1. Goal shows the number of PLWH that have been targeted to be served in the contract year by all funded agencies.
 - 2. Year-To-Date (YTD) number of PLWH who have been served and the progress toward achieving the goal based on the contract year.
- E. Comments This is where TRG will provide any notes that will help explain the information in the report.

Monthly Procurement Reports

Purpose:

Provide monthly updates on spending by service category.

	The Houston Regional HIV/AIDS Resource Group, Inc. FY 1819 Ryan White Part B Procurement Report April 1, 2018 – March 31, 2019													
		B. Reflects spending through December 2018	B E.		F.	G.	Spending Targ	et: 75%	Revised	2/19/2019	С.			
Priority	D.	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contra Amoi	l Grant	Date of Original Procurement	Expended	Percent YTD	1			
6	Oral Health Ca	re	\$2,085,565	62%	\$0	\$2,08		4/1/2018	\$1,333,620	64%	4			
7	Health Insuran	ce Premiums and Cost Sharing (1)	\$726,885	22%	\$0	\$72	5,885 22%	4/1/2018	\$393,976	54%	1			
¹ 94	Home and Con	munity Based Health Services (2)	\$202,315	6%	\$325,806	\$52	8,121 16%	4/1/2018	\$103,920	51%	1			
	Unallocated fu	nds approved by RWPC for Health Insurance	\$325,806	10%	-\$325,806		\$0 0%	4/1/2018	\$0	0%	1			
		Total Houston HSDA	3,340,571	100%	\$0	\$3,34	0,571 100%		1,831,516	55%	1			

Note: Spending variances of 10% will be addressed:

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. Agency usually expends all funds.

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Items of Note:

J.

- A. Header this tells you three things:
 - 1. Which grant is being reported (either Ryan White Part B or State Services),
 - 2. What grant year is being reported, and
- B. What timeframe is being reported (the quarter and the dates of the quarter).
- C. Revision Date this tells you the last time that the report has updated.
- D. Service Categories being reported
- E. Original Allocation from the P&A Process
- F. Amendment Tracks any change in the allocation.

- G. Contractual Amount the amount of money that has been contracted to service providers.
- H. Expended YTD the amount of money that has been spend year-to-date based on the contract year.
- I. Percentage YTD the percentage of money that has been spent based on the contract year. (TRG considers +/- 10% to be on target for spending.)
- J. Comments This is where TRG will provide any notes that will help explain the information in the report.

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Quarterly Service Utilization Reports

Purpose:

Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

	A Period Reported: B. Revised:	2/4/2019	09/01/2018-12/31/2018 2/4/2019										
			Assisted		NOT Assisted								
C.	Request by Type	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)						
	Medical Co-Payment	785	\$72,937.77	509			0						
	Medical Deductible	70	\$23,424.75	.50			0						
	Medical Premium	2447	\$984,144.70	686			0						
	Pharmacy Co-Payment	1345	\$135,910.80	651			0						
	APTC Tax Liability	0	\$0.00	0			0						
	Out of Network Out of Pocket	0	\$0.00	0			0						
	ACA Premium Subsidy Repayment	9	\$1,042.00	8	NA	NA	NA						
	G Totals:	4656	\$1,215,376.02	1904	0	\$0.00							
	Comments: This report represents servi	ces D. und	er all gi E.	F.									

Houston Ryan White Health Insurance Assistance Service Utilization Report

Items of Note:

- A. Period Reported What timeframe is being reported.
- B. Revision Date this tells you the last time that the report has updated.
- C. Type of Request tells you the sub-services that was provided
- D. The number of the request that received service.
- E. The amount spent to provide the service.
- F. The number of unduplicated people living with HIV that have received service.
- G. Comments This is where TRG will provide any notes that will help explain the information in the report.

The Houston Regional HIV/AIDS Resource Group, Inc. FY 2021 Ryan White Part B Procurement Report April 1, 2021 - March 31, 2022



Reflects spending through December 2021

Spending Target: 75%

									Revised	1/25/22
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)	\$1,674,036	50%	\$0	\$1,674,036	\$0	\$1,674,036	4/1/2021	\$1,074,738	64%
4	Oral Health Care -Prosthodontics (1)	\$544,842	16%	\$0	\$544,842	\$0	\$544,842	4/1/2021	\$364,162	67%
5	Health Insurance Premiums and Cost Sharing (2)	\$1,028,433	31%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2021	\$273,355	27%
9	Home and Community Based Health Services (3)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2021	\$24,560	22%
	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	\$3,360,626		1,736,814	52%

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

(1) Working with agency on spending and looking into possible reallocation

(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) Demand is still down because of COVID & Category is two months behind in reporting

4/1/2021-12/31/2021 Houston HSDA (4816) 3rd Quarter

																	Revised	2/1/2022
	U	DC		Gen	der			R	ace					Age Gr	oup			
Funded Service	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24		35-44	45-49	50-64	65+
Health Insurance Premiums	1,600	614	82.25%	17.26%	0.00%	0.49%	36.97%	26.87%	33.87%								27.68%	6.51%
Home and Communiy Based Health Services	38	18	52.63%	42.10%	0.00%	5.27%	77.77%	11.11%	11.12%	0.00%	0.00%	0.00%	5.55%	0.00%	0.00%	27.77%	44.44%	22.24%
Oral Health Care	3,510	2,451	72.59%	27.19%	0.00%	0.22%	53.69%	12.81%	31.57%	1.93%	1.91%	0.08%	1.99%	17.05%	21.54%	25.09%	25.66%	6.68%
Unduplicated Clients Served By State Services Funds:		1,839	69,16%	28.85%	0.00%	1.99%	56.14%	16.93%	25.52%	1.41%	0.64%	0.03%	2.85%	12.14%	13.15%	26.79%	32.59%	11.81%

The Houston Regional HIV/AIDS Resource Group, Inc. FY 2122 DSHS State Services **Procurement Report** September 1, 2021 - August 31, 2022



Chart reflects spending through December 2021

Spending Target: 33%

									Revised	1/25/2022
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)	\$853,137	43%	\$0	\$853,137	\$0	\$853,137	9/1/2020	\$0	0%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	\$0	\$300,000	9/1/2020	\$27,750	9%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$51,279	29%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2020	\$69,960	27%
13	Non Medical Case Management (2)	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2020	\$53,357	15%
16	Linguistic Services	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2020	\$23,850	35%
	Total Houston HSDA	2,005,969	100%	\$0	\$2,005,969	\$0	\$2,005,969		226,196	11%

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) Subcontractors behind in reporting

2021 - 2022 DSHS State Services Service Utilization Report 9/1/2021 thru 11/30/2021 Houston HSDA 1st Quarter

	UI	DC		Gender				D	ace		<u></u>						Revised	1/3/2022
Funded Service	Goal	YTD	Male	Female		MTF	AA	White	Hisp	04	0.10	- 10 10		ge Grou				
Early Intervention Services	700	240	85.00%	12.08%	0.00%	2.92%	64.17%		20.83%	Other 0.83%	0-12 0.00%	13-19 7.50%	20-24 29.59%	25-34 29.58%	35-44 0.00%	45-49 16.04%	50-64 16.04%	65 + 1.25%
Health Insurance Premiums	2,300	147	72.11%	25.85%	0.00%	2.04%	27.21%	42.86%	28.57%	1.36%	0.00%	0.00%	0.00%	16.33%	16.33%	27.55%	27.55%	12.24%
Hospice	35	8	75.00%	25.00%	0.00%	0.00%	50.00%	12.50%	37.50%	0.00%	0.00%	0.00%	0.00%	25.00%	25.00%	12.50%	12.50%	25.00%
Linguistic Services	50	28	50.00%	46.43%	0.00%	3.57%	42.86%	7.14%	17.86%	32.14%	0.00%	0.00%	0.00%	12.07%	16.07%	34.14%	34.15%	3.57%
Mental Health Services	250	73	77.00%	23.00%	0.00%	0.00%	31.09%	45.99%	22.92%	0.00%	0.00%	17.52%	17.53%	35.37%	17,69%	0.00%	0.00%	11.89%
Unduplicated Clients Served By State Services Funds:		496	71.82%	26.47%	0.00%	1.71%	43.07%	24.53%	25.54%	6.87%	0.00%	5.00%	9:42%	23.67%	15.02%	18.05%	18.05%	10.79%

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported:

09/01/2021-11/30/2021

Revised: 1/7/2022

		Assisted			NOT Assisted	
Request by Type	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	360	\$39,512.64	218			0
Medical Deductible	7	\$453.31	6			0
Medical Premium	1753	\$388,354.00	691			0
Pharmacy Co-Payment	4820	\$167,028.54	648			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	4	\$693.77	8	NA	NA	NA
Totals:	6944	\$594,654.72	1571	0	\$0.00	

Comments: This report represents services provided under all grants.

