

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
<http://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 Sha'Terra Johnson
Diane Beck Nancy Miertschin
Carin Martin Rodney Goodie
Heather Keizman Ann Robison
Mauricia Chatman Johnetta Evans-Thomas
Yvette Garvin

From: Tori Williams

Date: Thursday, May 19, 2022

Re: Meeting Announcement

Please note the following information:

Priority and Allocations Committee Meeting

12 noon, Thursday, May 26, 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=UDBqbitGUk14d081eDRUSCtBdGltZ09>

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.

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, May 26, 2022

Join the Zoom meeting at:

<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltz09>

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AGENDA

- I. Call to Order Bobby Cruz and
Peta-gay Ledbetter, Co-Chairs
- A. Moment of Reflection
 - B. Approval of Agenda
 - C. Approval of Minutes
 - D. See updated ADAP Report dated May 3, 2022
 - E. Determine June Meeting Dates – See attached calendar Tori Williams
 - 1) Special Meetings: June 6 – 17, 2022
 - 2) June Committee Meeting: 12 noon, Thurs. June 23, 2022
 - 3) Record Public Hearing: _____
 - 4) Special Meeting if comments: _____, Tues. June 28, 2022
- II. Public Comment
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. **When signing in, guests are not required to provide their correct or complete names.** All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: “I am a person living with HIV”, before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
- III. Reports from the Ryan White Grant Recipient Part A/MAI Carin Martin
- A. Review Reports
 - B. Update on FY 2021-22 Grants
- IV. Reports from the Grant Recipient, Ryan White Part B & SS Sha’Terra Johnson
- A. Review Reports
 - B. Update on FY 2021-22 Grants
- V. Training: Houston EMA Priority Setting Process Peta-gay Ledbetter
- VI. Priority Setting Process
- A. Review the policy for setting priorities
 - B. Determine FY 2023 Service Priorities
 - 1) Review 2020 Needs Assessment Data – see enclosed email
 - 2) Public Comment – must be directly related to either the midpoints or the numerical ranking of a particular service
 - 3) Vote on the FY 2023 service priorities

- VII. New Business
 - A. Quarterly Committee Report

VIII. Announcements

IX. Adjourn

FY 2023 How to Best Meet the Need Training – Updated May 3, 2022

ADAP updates

HRSA PCN 21-02

There is no news on eliminating the current six-month self-attestation requirement for ADAP. THMP estimates it could cost as much as **\$17m** per year to move to annual recertifications consistent with the new eligibility guidance.

(NEW) Part B Care Services may seek approval from Department leadership to eliminate the six-month self-attestation for care services only to align with Part A programs that have done so. If so, this would be separate from what ADAP may do.

Health Insurance

There will be **no expansion** of Health Insurance purchasing (per Imelda, “downtown” doesn’t want to even hear insurance expansion discussed).

Spenddown

The existing Spenddown policy continues at least through 10/31/22. The Standard Deduction – the spenddown replacement – is on track. By the end of August, DSHS will publish the standard deduction dollar amount with a 60-day comment period.

90-day Refills

Currently not on the table.

CABENUVA Injectable

No movement on adding Cabenuva – THMP cites concerns over long term costs.

Budget

Shortfalls are possible in State fiscal year 2024 and 2025.

Take Charge Texas (TCT)

For THMP, DSHS states they are “hoping for improvements by late May.”

Local concern

The Council may anticipate continued need for Emergency Financial Assistance (EFA) funding to cover medications while clients await processing of new applications, six-month attestations and annual recertifications. THMP said they are adding contract staff to help address this issue.

UPDATED:
02/14/22

All meetings subject to
change. Please call in
advance to confirm:
832 927-7926

Unless otherwise
noted, all meetings
will be held via
Zoom

June 2022

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1	2 12noon Steering Committee	3	4
5 Nat'l HIV Long-Term Survivor Awareness Day	6	7	8 Nat'l Caribbean American HIV Awareness Day	9 12noon Planning Council 2:00 p.m. Comp HIV Planning	10	11
12	13	14 11:00 a.m. Operations 2:00 p.m. Quality Improvement	15	16	17	18 National HIV & Aging Awareness Day
19	20 Juneteenth Office Closed	21	22 9:30 a.m. SIRR Meeting	23 12 noon Priority & Allocations	24	25
26	27 National HIV Testing Day 7:00 p.m. Public Hearing	28	29	30		

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 3rd Quarter (3/1-11/30)

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	7,274	75%	23%	2%	46%	13%	3%	39%	0%	0%	4%	28%	27%	12%	26%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,455	72%	27%	1%	44%	9%	2%	45%	0%	0%	3%	16%	26%	14%	37%	4%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	2,042	69%	28%	3%	99%	0%	1%	0%	0%	0%	6%	38%	28%	10%	16%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,607	81%	15%	4%	0%	0%	0%	100%	0%	0%	6%	31%	30%	12%	20%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	703	88%	11%	1%	0%	85%	15%	0%	0%	0%	3%	24%	26%	11%	33%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	654	69%	30%	1%	48%	22%	2%	29%	0%	0%	3%	31%	28%	11%	25%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	661	0%	99%	1%	53%	5%	2%	40%	0%	0%	1%	11%	26%	18%	39%	5%
1.g	Primary Care - Pediatric (a)	7	6	83%	17%	0%	50%	0%	0%	50%	17%	67%	17%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,240	73%	25%	2%	48%	12%	3%	37%	0%	0%	4%	25%	24%	13%	29%	5%
2	Medical Case Management (f)	3,075	4,462															
2.a	Clinical Case Management	600	747	73%	24%	3%	57%	12%	1%	30%	0%	0%	4%	23%	27%	12%	29%	5%
2.b	Med CM - Targeted to Public Clinic (a)	280	495	91%	6%	2%	54%	12%	2%	33%	0%	1%	2%	26%	23%	10%	33%	5%
2.c	Med CM - Targeted to AA (a)	550	1,321	68%	29%	3%	98%	0%	2%	0%	0%	1%	6%	31%	26%	11%	23%	3%
2.d	Med CM - Targeted to H/L(a)	550	706	79%	16%	5%	0%	0%	0%	100%	0%	0%	6%	27%	30%	12%	22%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	372	84%	14%	2%	0%	88%	12%	0%	0%	0%	3%	23%	22%	7%	37%	7%
2.f	Med CM - Targeted to Rural (a)	150	397	66%	33%	1%	47%	30%	2%	21%	0%	0%	2%	25%	25%	10%	31%	7%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	234	0%	100%	0%	73%	7%	2%	18%	0%	0%	2%	21%	33%	12%	29%	5%
2.h	Med CM - Targeted to Pedi (a)	125	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.i	Med CM - Targeted to Veterans	200	176	95%	5%	0%	71%	20%	1%	8%	0%	0%	0%	0%	4%	3%	51%	42%
2.j	Med CM - Targeted to Youth	120	14	86%	7%	7%	71%	0%	0%	29%	0%	21%	79%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	4,490	73%	23%	4%	47%	13%	2%	38%	0%	0%	4%	28%	28%	13%	26%	2%
4	Oral Health	200	331	69%	30%	1%	48%	25%	1%	27%	0%	0%	2%	24%	24%	14%	31%	5%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	331	69%	30%	1%	48%	25%	1%	27%	0%	0%	2%	24%	24%	14%	31%	5%
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	1,380	80%	18%	1%	43%	27%	2%	28%	0%	0%	1%	14%	17%	11%	43%	14%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	21	86%	5%	10%	33%	43%	0%	24%	0%	0%	0%	29%	38%	14%	19%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	505	75%	24%	1%	40%	19%	4%	37%	0%	0%	1%	11%	17%	10%	48%	13%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	880	74%	22%	4%	56%	13%	1%	30%	0%	1%	5%	34%	26%	11%	22%	2%
13	Non-Medical Case Management	7,045	6,155															
13.a	Service Linkage Targeted to Youth	320	149	79%	19%	1%	55%	6%	1%	38%	0%	19%	81%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	79	76%	22%	3%	52%	4%	1%	43%	0%	0%	0%	61%	22%	3%	14%	1%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,849	68%	31%	1%	54%	10%	2%	35%	0%	0%	0%	18%	24%	12%	39%	7%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,078	74%	23%	3%	53%	13%	2%	32%	1%	1%	5%	28%	24%	10%	27%	3%
14	Transportation	2,850	1,900															
14.a	Transportation Services - Urban	170	606	70%	29%	1%	57%	9%	1%	33%	0%	0%	3%	27%	26%	11%	27%	5%
14.b	Transportation Services - Rural	130	216	67%	32%	1%	31%	34%	1%	33%	0%	0%	4%	17%	25%	15%	32%	7%
14.c	Transportation vouchering	2,550	1,078															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	NA	763	71%	26%	3%	56%	9%	1%	34%	0%	0%	3%	26%	25%	12%	30%	3%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*		12,941	12,739	73%	24%	2%	50%	14%	2%	34%	0%	1%	4%	24%	24%	11%	30%	5%
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		NA	28,225	60%	21%		39%	18%	3%	20%	0%	5%		15%	22%	25%	15%	

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 3rd Quarter (03/01 -11/30)

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,496	70%	27%	3%	99%	0%	1%	0%	0%	0%	7%	36%	27%	11%	18%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,308	82%	14%	4%	0%	0%	0%	100%	0%	0%	6%	30%	31%	13%	19%	1%
2	Medical Case Management (f)																	
2.c	Med CM - Targeted to AA (a)	1,060	742	76%	20%	4%	53%	10%	1%	35%	0%	1%	9%	39%	26%	9%	15%	1%
2.d	Med CM - Targeted to H/L(a)	960	555	73%	24%	3%	72%	10%	3%	15%	0%	1%	4%	38%	27%	14%	14%	1%

RW Part A New Client Service Utilization Report - 3rd Quarter (03/01-11/30)

Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/20 - 2/28/21)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	1,373	80%	18%	3%	51%	11%	2%	35%	0%	1%	9%	40%	24%	8%	1%	16%
2	LPAP	1,200	536	76%	20%	4%	53%	10%	1%	35%	0%	1%	9%	39%	26%	9%	1%	15%
3.a	Clinical Case Management	400	78	73%	24%	3%	72%	10%	3%	15%	0%	1%	4%	38%	27%	14%	1%	14%
3.b-3.h	Medical Case Management	1,600	798	77%	20%	4%	54%	14%	2%	30%	0%	2%	8%	37%	25%	8%	3%	19%
3.i	Medical Case Management - Targeted to Veterans	60	33	94%	6%	0%	85%	12%	0%	3%	0%	0%	0%	0%	6%	9%	39%	45%
4	Oral Health	40	43	74%	26%	0%	49%	30%	0%	21%	0%	0%	2%	35%	23%	14%	5%	21%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	1,393	74%	24%	2%	56%	13%	2%	29%	1%	2%	6%	31%	23%	9%	23%	5%
12.b	Service Linkage at Testing Sites	260	69	78%	17%	4%	54%	1%	3%	42%	0%	6%	16%	51%	12%	1%	13%	1%

Footnotes:

(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																	
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Management																	
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	-75,776	1,415,641	60,600	0	12,366,253	51.76%	12,366,253	0		7,220,250	58%	92%
1.a	Primary Care - Public Clinic (a)	3,927,300	-27,177				3,900,123	16.33%	3,900,123	0	3/1/2021	\$1,624,811	42%	92%
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	\$1,383,479	79%	92%
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	\$1,182,227	83%	92%
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	\$611,515	39%	92%
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	\$889,773	87%	92%
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	\$1,156,539	55%	92%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.06%	15,437	0	3/1/2021	\$3,600	23%	92%
1.h	Vision	500,000	-3,460	90,000	-85,000		501,540	2.10%	501,540	0	3/1/2021	\$368,305	73%	92%
1.x	Primary Care Health Outcome Pilot	200,000	-1,384		-98,786		99,830	0.42%	99,830	0		\$0	0%	92%
2	Medical Case Management	1,730,000	-100,528	30,000	0	0	1,659,472	6.95%	1,659,472	0		1,303,825	79%	92%
2.a	Clinical Case Management	488,656	-3,381	30,000			515,275	2.16%	515,275	0	3/1/2021	\$321,267	62%	92%
2.b	Med CM - Public Clinic (a)	277,103	-1,918				275,185	1.15%	275,185	0	3/1/2021	\$217,703	79%	92%
2.c	Med CM - Targeted to AA (a) (e)	169,009	-1,170				167,839	0.70%	167,839	0	3/1/2021	\$223,684	133%	92%
2.d	Med CM - Targeted to H/L (a) (e)	169,011	-1,170				167,841	0.70%	167,841	0	3/1/2021	\$118,776	71%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186	-423				60,763	0.25%	60,763	0	3/1/2021	\$75,679	125%	92%
2.f	Med CM - Targeted to Rural (a)	273,760	-1,894				271,866	1.14%	271,866	0	3/1/2021	\$116,646	43%	92%
2.g	Med CM - Women at Public Clinic (a)	75,311	-521				74,790	0.31%	74,790	0	3/1/2021	\$130,594	175%	92%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051				0	0.00%	0	0	3/1/2021	\$0	#DIV/0!	92%
2.i	Med CM - Targeted to Veterans	80,025	0				80,025	0.33%	80,025	0	3/1/2021	\$58,009	72%	92%
2.j	Med CM - Targeted to Youth	45,888	0				45,888	0.19%	45,888	0	3/1/2021	\$41,467	90%	92%
3	Local Pharmacy Assistance Program	1,810,360	-12,528	22,920	0	0	1,820,752	7.62%	1,820,752	0		\$937,799	52%	92%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148				308,212	1.29%	308,212	0	3/1/2021	\$260,442	85%	92%
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	3/1/2021	\$677,357	45%	92%
4	Oral Health	166,404	-1,152	0	0	0	165,252	0.69%	165,252	0		149,300	90%	92%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	-1,152		0		165,252	0.69%	165,252	0	3/1/2021	\$149,300	90%	92%
5	Health Insurance (c)	1,383,137	-9,571	300,000	0	0	1,673,566	7.01%	1,673,566	0		\$1,305,834	78%	92%
6	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
7	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	Medical Nutritional Therapy (supplements)	341,395	-2,362	0	55,000	0	394,033	1.65%	394,033	0	3/1/2021	\$315,468	80%	92%
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
9.a	In-Home	0									N/A	\$0	0%	0%
9.b	Facility Based	0									N/A	\$0	0%	0%
10	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.19%	45,677	0		\$25,150	55%	92%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	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	\$958,125	78%	92%
13.a	Service Linkage targeted to Youth	110,793	-767		-20,600		89,426	0.37%	89,426	0	3/1/2021	\$79,723	89%	92%
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	\$56,791	115%	92%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560				367,440	1.54%	367,440	0	3/1/2021	\$373,442	102%	92%
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	\$448,168	62%	92%
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		316,768	75%	92%
14.a	Medical Transportation services targeted to Urban	252,680	-1,749				250,931	1.05%	250,931	0	3/1/2021	\$235,244	94%	92%
14.b	Medical Transportation services targeted to Rural	97,185	-673				96,512	0.40%	96,512	0	3/1/2021	\$81,524	84%	92%
14.c	Transportation vouchering (bus passes & gas cards)	75,046	-519				74,527	0.31%	74,527	0	3/1/2021	\$0	0%	92%
15	Emergency Financial Assistance	1,545,439	-10,694	0	-45,000	0	1,489,745	6.24%	1,489,745	0		986,085	66%	92%
16.a	EFA - Pharmacy Assistance	1,305,439	-9,034		75,000		1,371,405	5.74%	1,371,405	0	3/1/2021	\$913,437	67%	92%

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 <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
16.b	EFA - Other	240,000	-1,661		-120,000		118,339	0.50%	118,339	0	3/1/2021	\$72,648	61%	92%
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	\$259,504	0%	92%
BEU27516	Total Service Dollars	20,100,113	-227,226	1,808,561	0	0	21,681,448	90.75%	21,681,448	-1		13,778,108	64%	92%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	7.52%	1,795,958	0	N/A	1,263,365	70%	92%
BEU27517	HCPH/RWGA Section	1,271,050		0		0	1,271,050	5.32%	1,271,050	0	N/A	\$896,759	71%	92%
PC	RWPC Support*	524,908			0	0	524,908	2.20%	524,908	0	N/A	366,606	70%	92%
BEU27521	Quality Management	412,940	0	0	0	0	412,940	1.73%	412,940	0	N/A	\$279,210	68%	92%
		22,309,011	-227,226	1,808,561	0	0	23,890,346	100.00%	23,890,346	-1		15,320,683	64%	92%
									Unallocated	Unobligated				92%
	Part A Grant Award:	22,171,816	Carry Over:	1,718,511			Total Part A:		23,890,327	-19				92%

		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	16,442,761	-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 ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.48%						

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,002,860	-52,609	100,100	0	0	2,050,351	86.50%	2,050,351	0		1,627,450	79%	92%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	-26,601	50,050			1,036,149	43.71%	1,036,149	0	3/1/2021	\$866,250	84%	92%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	-26,009	50,050			1,014,201	42.79%	1,014,201	0	3/1/2021	\$761,200	75%	92%
2	Medical Case Management	320,100	0	0	0	0	320,100	13.50%	320,100	0		\$214,146	67%	92%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	6.75%	160,050	0	3/1/2021	\$119,733	75%	92%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.75%	160,050	0	3/1/2021	\$94,412	59%	92%
	Total MAI Service Funds	2,322,960	-52,609	100,100	0	0	2,370,451	100.00%	2,370,451	0		1,841,596	78%	92%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27516	Total MAI Funds	2,322,960	-52,609	100,100	0	0	2,370,451	100.00%	2,370,451	0		1,841,596	78%	92%
	MAI Grant Award	3,175,710	Carry Over:	905,361			Total MAI:							92%
	Combined Part A and MAI Original Allocation Total	24,631,971												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
(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.
FY 2021 Ryan White Part B
Procurement Report
April 1, 2021 - March 31, 2022



Reflects spending through January 2022

Spending Target: 83%

Revised

3/17/22

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	\$1,213,929	73%
4	Oral Health Care -Prosthodontics (1)	\$544,842	16%	\$0	\$544,842	\$0	\$544,842	4/1/2021	\$389,141	71%
5	Health Insurance Premiums and Cost Sharing (2)	\$1,028,433	31%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2021	\$426,148	41%
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		2,053,778	61%

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

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 January 2022

Spending Target: 42%

Revised 3/17/2022

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	\$39,400	13%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$64,159	37%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2020	\$84,920	33%
13	Non Medical Case Management (2)	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2020	\$79,416	23%
16	Linguistic Services	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2020	\$30,075	44%
Total Houston HSDA		2,005,969	100%	\$0	\$2,005,969	\$0	\$2,005,969		297,970	15%

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 03/29/2022 Houston HSDA

2nd Quarter

Revised 3/29/2022

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	700	337	85.79%	11.88%	0.00%	2.33%	62.62%	16.02%	19.58%	1.78%	0.00%	0.60%	5.35%	33.82%	24.33%	19.88%	14.54%	1.48%
Health Insurance Premiums	2,300	883	79.22%	19.44%	0.00%	1.34%	39.00%	29.60%	28.80%	2.60%	0.00%	0.00%	0.70%	9.51%	14.38%	23.78%	32.61%	19.02%
Hospice	35	16	81.25%	18.75%	0.00%	0.00%	68.75%	12.50%	18.75%	0.00%	0.00%	0.00%	0.00%	25.00%	18.75%	12.50%	31.25%	12.50%
Linguistic Services	50	47	51.02%	44.90%	0.00%	4.08%	46.80%	6.38%	10.65%	36.17%	0.00%	0.00%	0.00%	12.76%	23.40%	36.17%	21.27%	6.40%
Mental Health Services	250	63	95.40%	1.55%	0.00%	3.05%	28.58%	44.44%	26.98%	0.00%	0.00%	0.00%	3.16%	14.30%	12.70%	28.56%	31.75%	9.53%
Unduplicated Clients Served By State Services Funds:	NA	1,346	78.54%	19.30%	0.00%	2.16%	49.15%	21.79%	20.95%	8.11%	0.00%	0.12%	1.84%	19.08%	18.71%	24.18%	26.28%	9.79%

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2021-02/28/2022

Revised: 3/21/2022

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	669	\$71,835.00	320			0
Medical Deductible	27	\$14,101.44	20			0
Medical Premium	3835	\$1,006,289.91	856			0
Pharmacy Co-Payment	13526	\$762,663.13	1336			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	13	\$4,424.01	8	NA	NA	NA
Totals:	18070	\$1,850,465.47	2540	0	\$0.00	

Comments: This report represents services provided under all grants.



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

Principles and Criteria

Principles

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

- These principles are the basic ideals for action

Criteria

Criteria are the standards on which judgment will be based.

Priority Setting

Needs Assessment Data

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

Midpoint

When a service percentage is above the set median point it will rank as a high for that column, if below the midpoint then it will be a low rank. This will be done for each column.

High Low Score

E.g. Score: LLHL

Attached is a listing of each possible high low scenario.

Priority Setting

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

CORE

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

NON-CORE

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

Prioritization

Lets Try It!

Happy HSDA

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

Let's set our midpoints!

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

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

Prioritization

Happy HSDA

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

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

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

Prioritization

Tie Breaking and finalizing

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

Prioritization

What happens when there is NO new Needs Assessment data?

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

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

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

FY 2023 Priority Setting Process

(Priority and Allocations Committee approved 02-24-22)

1. Agree on the priority-setting process.
2. Agree on the principles to be used in the decision making process.
3. Agree on the criteria to be used in the decision making process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Improvement, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
 - Review documentation not included in the binder described above.
 - Review and adjust the midpoint scores.
 - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
 - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
 - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or ARIES.
 - By matching the rankings to the template, a numerical listing of services is established.
 - Justification for ranking categories is denoted by listing principles and criteria.
 - Categories that are not justified are removed from ranking.
 - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
 - The Committee votes upon all challenged categorical rankings.
 - At the end of challenges, the entire ranking is approved or rejected by the committee.

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

Williams, Victoria (County Judge's Office)

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

Hi Tori,

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

Core Medical Services:

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

Support Services:

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

Thank you,

Amber L. Harbolt, MA

Health Planner

Ryan White Planning Council

Office of Support

2223 West Loop South, Ste 240

Houston, TX 77027

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713 572-3740 fax

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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	HHH	2	1	1		
Medical Case Management	HHH	2	2	2		
Local Pharmacy Assistance Program	HHH	2	3	3		
Oral Health Services	HLL	3	4	4		
Health Insurance	HLL	3	5	5		
Mental Health Services	HLH	4	6	6		
Early Intervention Services (jail)	LLL	8	7	7		FY21 Justification: TRG and SIRR have prioritized improving coordination system in Early Intervention Services.
Medical Nutritional Therapy	LLH	7	10	8		FY21 Justification: Higher utilization for Medical Nutrition Therapy compared to Adult Day Treatment and Substance Abuse Treatment
Day Treatment	LLH	7	8	9		
Substance Abuse Treatment	LLH	7	9	10		
Hospice*	-	-	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		FY21 Justification: The ADAP Eligibility Workers funded through Referral for Health Care & Support Services support access to life-sustaining HIV medications.
Non-medical case management	HHH	2	15	13		
Medical Transportation	HLL	3	16	14		
Emergency Financial Assistance	HLH	4	13	15		
Linguistics Services	LLL	8	17	16		
Outreach	LLL	8	12	17		

*Hospice does not have HL Score or HL Rank.

DRAFT Key to Priority Setting Using 2016 Needs Assessment Data

(May 16, 2019)

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

Other Possible Criteria*

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

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

Needs Assessment Data for FY 2021 Priorities

04-27-20

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

HOUSTON EMA/HSDA Needs Assessment Rankings

Chart for Determining FY2021 Service Priorities

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

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

Midpoint=Highest Use+Lowest Use/2

High (H)=Use above the midpoint

Low (L)=Use below the midpoint

Setting Priorities

Table 1 below serves as an initial guide for the prioritization process. Services have been ranked based upon needs assessment survey information collected in 2020

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

2022 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted May 2022)

Status of Committee Goals and Responsibilities (* means mandated by HRSA):

1. Conduct training to familiarize committee members with decision-making tools.
Status:

2. Review the final quarter allocations made by the administrative agents.
Status:

3. *Improve the processes for and strengthen accountability in the FY 2023 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
Status:

4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
Status:

5. *Determine the FY 2023 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status:

6. *Review the FY 2022 priorities as needed.
Status:

7. *Review the FY 2022 allocations as needed.
Status:

8. Evaluate the processes used.
Status:

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

Status of Tasks on the Timeline:

Committee Chairperson

Date