

Houston Area HIV Services Ryan White Planning Council
Office of Support
1440 Harold Street, Houston, Texas 77006
832 927-7926 telephone; <http://rwpchouston.org>

Memorandum

To: Members, Priority and Allocations Committee:
Peta-gay Ledbetter, Co-Chair Priscilla Willridge
Rodney Mills, Co-Chair *Rebecca Chapa Garcia*
Jay Bhowmick *Bobby Cruz*
Roxane May *Ronnie Galley*
Bill Patterson *Roxana Guzman*
Paul Richards *Bruce Turner*
Megan Rowe

Copy: Josh Mica Tiffany Shepherd
Diane Beck Sha'Terra Johnson
Glenn Urbach Carin Martin
Mauricia Chatman Rodney Goodie
Frank Ruiz Talice Thomas, Nashville PC staff

From: Tori Williams

Date: Tuesday, December 10, 2024

Re: Meeting Announcements

Because the Texas HIV Medication Program (THMP) recently announced that they will be paying for health insurance premiums for consumers who prefer to have some of their care and medication paid for through private insurance, Charles Henley will be meeting with the Priority and Allocations Committee next week to discuss how this could impact the FY 2025 and FY 2026 allocations. All Ryan White Council and Affiliate members are invited so please attend the meeting if possible. Details are as follows:

Special Priority and Allocations Committee Meeting
12 noon, Thursday, December 19, 2024

Click the following link to join the Zoom meeting:
<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltZ09>

Meeting ID: 893 7471 3843 Passcode: 339238

Or call: 346 248 7799

In person option (must rsvp)
Bering Church, 1440 Harold St., Houston, Texas 77027
Please enter the building from the parking lot behind the building

Please respond to Rod's emails reminders to let her know if you will or will not be in attendance. If you will be in attendance, will we see you in person or virtually? We appreciate your valuable time and look forward to seeing you next Thursday!

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

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AGENDA

-
- I. Call to Order Peta-gay Ledbetter and
Rodney Mills, Co-Chairs
 - A. Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of the Minutes

 - 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. Updates & Reports from Ryan White Grant Administration Glenn Urbach

 - IV. Updates & Reports from The Resource Group Sha'Terra Johnson

 - V. Presentation: The Impact of Recent THMP* Changes" Charles Henley,
Contractor

 - VI. Appreciations

 - VII. Announcements

 - VIII. Adjourn

* = Texas HIV Medication Program

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12:00 p.m., Thursday, October 24, 2024

Meeting Location: Bering Church, 1440 Harold Street and Zoom Teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Peta-gay Ledbetter, Co-Chair	Rebecca Chapa Garcia	<i>The Resource Group</i>
Jay Bhowmick	Ronnie Galley, excused	Tiffany Shepherd
Bobby Cruz	Roxana Guzman	Sha'Terra Johnson
Bill Patterson	Roxane May	
Megan Rowe	Rodney Mills, excused	<i>Ryan White Grant Admin</i>
Bruce Turner	Priscilla Willridge	Glenn Urbach
		Eric James
		Mauricia Chatman
	OTHERS PRESENT	Frank Ruiz
	Josh Mica, he/him/él, RWPC Chair	James Supak
		<i>Office of Support</i>
		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 12:04 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1:** it was moved and seconded (Patterson, Bhowmick) to approve the agenda. Motion carried.*

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Bhowmick, Patterson) to approve the July 15, 2024 minutes. Motion carried.*

Public Comment: None.

Updates from the Ryan White Grant Administration: See the attached reports. Urbach said that they just received the notice of carryover award for the funds that were allocated over the summer. It was approximately \$600,000, which will decrease after the committee reallocates funds at today's meeting. The Geriatric Medical Case Management service began in August.

Updates from the Resource Group: See the attached reports. Regarding the TDSHS (Texas Department of State Health Services) funded Health Insurance Assistance Program, TDSHS still

highly recommends that clients move onto private insurance, with premium payments underwritten by THMP Health Insurance Assistance (HIA) funding. DSHS recommends that local communities keeping HIA fully funded, or increased as well.

Requests for increased funding from Ryan White Part A funds: The committee reviewed 8 requests for increased funds, see attached. They reviewed each request, made their final recommendations and justified their decisions (see attached chart for details). Urbach said that the MAI unspent funds were from one contract and there were no requests submitted for increased MAI funds. He contacted the other MAI contractors and they all agreed to take a portion of the unspent money. ***Motion #3:*** *it was moved and seconded (Patterson, Bhowmick) to approve the attached allocation increase requests for FY 2024 Ryan White Part A funds. Motion carried.* ***Motion #4:*** *it was moved and seconded (Patterson, Bhowmick) to approve the redistribution of FY 2024 Ryan White MAI funds as recommended by the Ryan White Grant Administration. Motion carried.*

Plan for FY 2024 Carryover Funds and FY 2024 Unspent Funds:

Motion #5: *it was moved and seconded (Patterson, Bhowmick) that if there are FY 2024 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating the full amount to Outpatient/Ambulatory Primary Medical Care. Motion carried.*

Motion #5: *It was moved and seconded (Bhowmick, Patterson) that in the final quarter of FY 2024 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.*

Suggested Changes to Committee Reports for FY 2025: 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.

Adjournment: The meeting was adjourned at 1:35 p.m.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Ryan White Allocation Increases as of 10-24-24: Ryan White Part A Funding

A - Part A Funds Available for Reallocation: \$ 420,000					
Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification
RYAN WHITE PART A FUNDS					
Control 1 Priorities 1.e, 2.f, 3.b, 10.b, 12.c	M	Community-based Primary Medical Care targeted; Medical Case Management, Emergency Financial Assistance – Pharmacy; LPAP, and Service Linkage Workers - Targeted to Rural	\$ 60,000	0	The requestor started FY24 with more than they received in FY23
Control 2 Priority 3.b	Y	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	\$600,000	\$ 177,096	Step 1: Fund core services before non-core or administrative costs. Therefore, fund the medication portion of the request only. Step 2: Fund Control #2, 3 and 4 with the balance of \$366,000 divided proportionately based upon their FY24 grant.
Control 3 Priorities 1.b–1.d, 3.b	Y	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	\$173,750	\$ 110,000	Step 1: Fund core services before non-core or administrative costs. Therefore, fund the primary medical care portion of the request only. Step 2: Fund Control #2, 3 and 4 with the balance of \$366,000 divided proportionately based upon their FY24 grant.
Control 4 Priorities 1.b–1.d, 3.b, 12.c	Y	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	\$508,865	\$ 81,854	Step 1: Fund core services before non-core or administrative costs. Therefore, fund the primary medical care portion of the request only. Step 2: Fund Control #2, 3 and 4 with the balance of \$366,000 divided proportionately based upon their FY24 grant.
Control 5 Priority 2.a	M	Clinical Case Management	\$ 20,000	\$ 8,000	Fund core services before non-core or administrative costs.
Control 6 Priority 2.a	Y	Clinical Case Management	\$ 8,000	\$ 8,000	Fund core services before non-core or administrative costs.
Control 7 Priority 4.c	Y	Oral Health - Rural	\$ 10,050	\$ 10,050	Fund core services before non-core or administrative costs.
Control 8 Priority 1.h	Y	Vision Care	\$ 25,000	\$ 25,000	Fund core services before non-core or administrative costs.
TOTALS			1,405,665	\$420,000	

MAI - Funds Available for Reallocation: \$ 60,000

RYAN WHITE MAI FUNDS

		\$60,000 available from 1 Subrecipient contract out of 4 total MAI Subrecipients.	0	\$60,000	Per a staff recommendation, reallocate the funds equally between the 3 subrecipients who do not have FY24 unspent funds. This equals \$20,000 each. The reallocation will be proportional between the Outpatient/Ambulatory Health Services (OAHS) and Medical Case Management allocation amounts in the contracts
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Scribe: Beck

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

2024 Priority & Allocations Committee Voting Record for 10/24/24

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Part A Allocation Increase Requests Carried				Motion #4 MAI Allocation Increase Carried				Motion #5 2024 Carryover Funds Carried				Motion #6 2024 Unspent Funds Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Peta-gay Ledbetter, Co-Chair				C				C				C				C				C				C
Rodney Mills, Co-Chair	X				X				X				X				X				X			
Jay Bhowmick		X				X				X				X				X				X		
Roxane May	X				X				X				X											
Bill Patterson		X				X				X				X				X				X		
Megan Rowe		X						X		X				X				X				X		
Priscilla Willridge	X				X				X				X				X				X			
Rebecca Chapa Garcia	X				X				X				X				X				X			
Bobby Cruz		X				X				X				X				X				X		
Ronnie Galley	X				X				X				X				X				X			
Roxana Guzman	X				X				X				X				X				X			
Bruce Turner	X				X					X				X				X				X		

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	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
1	Outpatient/Ambulatory Primary Care	11,169,413	370,766	134,765	-12,085	79,623	0	11,742,482	46.59%	11,742,482	0		\$6,979,937	59%	75%
1.a	Primary Care - Public Clinic (a)	4,109,697	144,599					4,254,296	16.88%	4,254,296	0	3/1/2024	\$2,840,787	67%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,114,019	37,077	45,820		191,854		1,388,770	5.51%	1,388,770	0	3/1/2024	\$913,064	66%	75%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	952,840	33,369	39,082				1,025,291	4.07%	1,025,291	0	3/1/2024	\$998,973	97%	75%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,201,238	40,784	49,863				1,291,885	5.13%	1,291,885	0	3/1/2024	\$409,795	32%	75%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,151,088	40,784		-12,085	-137,231		1,042,556	4.14%	1,042,556	0	3/1/2024	\$594,939	57%	75%
1.f	Primary Care - Women at Public Clinic (a)	2,090,531	74,153					2,164,684	8.59%	2,164,684	0	3/1/2024	\$851,038	39%	75%
1.g	Primary Care - Pediatric (a.1)														
1.h	Vision	500,000				25,000		525,000	2.08%	525,000	0	3/1/2024	\$371,340	71%	75%
1.x	Primary Care Health Outcome Pilot	50,000	0					50,000	0.20%	50,000	0	3/1/2024	\$0	0%	75%
2	Medical Case Management	2,183,040	0	0	0	-92,938	0	2,090,102	8.29%	2,090,102	0		\$910,161	44%	75%
2.a	Clinical Case Management	531,025	0			16,000		547,025	2.17%	547,025	0	3/1/2024	\$371,903	68%	75%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.19%	301,129	0	3/1/2024	\$131,022	44%	75%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.73%	183,663	0	3/1/2024	\$97,053	53%	75%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.73%	183,665	0	3/1/2024	\$55,989	30%	75%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2024	\$25,857	39%	75%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-38,914		258,582	1.03%	258,582	0	3/1/2024	\$104,903	41%	75%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2024	\$95,300	116%	75%
2.h	Med CM - Targeted Geriatrics	400,899	0					400,899	1.59%	400,899	0	3/1/2024	\$2,670	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0			-70,024		16,940	0.07%	16,940	0	3/1/2024	\$0	0%	75%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2024	\$25,465	51%	75%
3	Local Pharmacy Assistance Program	2,067,104	0	33,513	12,085	140,880	0	2,253,582	8.94%	2,253,582	0		\$1,319,854	59%	75%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.46%	367,104	0	3/1/2024	\$173,593	47%	75%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0	33,513	12,085	140,880		1,886,478	7.48%	1,886,478	0	3/1/2024	\$1,146,260	61%	75%
4	Oral Health	166,404	0	0	0	10,050	0	176,454	0.70%	176,454	0		\$111,150	63%	75%
4.b	Oral Health - Targeted to Rural	166,404	0			10,050		176,454	0.70%	176,454	0	3/1/2024	\$111,150	63%	75%
5	Health Insurance (c)	1,583,137	0	311,204	0	0	0	1,894,341	7.52%	1,894,341	0		\$1,068,127	56%	75%
7	Medical Nutritional Therapy (supplements)	341,395	0	0	0	-5,000	0	341,395	1.35%	341,395	0		\$228,690	67%	75%
8	Substance Abuse Services - Outpatient (c)	25,000	0	0	0	-5,000	0	20,000	0.08%	20,000	0		\$11,640	58%	75%
10	Emergency Financial Assistance	2,139,136	0	11,722	0	-39,204	0	2,111,654	8.38%	2,111,654	0		\$1,075,928	51%	75%
10.a	EFA - Pharmacy Assistance	2,039,136	0	11,722		-19,204		2,031,654	8.06%	2,031,654	0	3/1/2022	\$1,027,698	51%	75%
10.b	EFA - Other	100,000	0			-20,000		80,000	0.32%	80,000	0	3/1/2024	\$48,230	60%	75%
12	Non-Medical Case Management	1,267,002	0	0	0	-93,411	0	1,173,591	4.66%	1,173,591	0		\$759,847	65%	75%
12.a	Service Linkage targeted to Youth	110,793	0			-60,000		50,793	0.20%	50,793	0	3/1/2024	\$50,871	100%	75%
12.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-20,000		80,000	0.32%	80,000	0	3/1/2024	\$39,051	49%	75%
12.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.47%	370,000	0	3/1/2024	\$232,534	63%	75%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-13,411		672,798	2.67%	672,798	0	3/1/2024	\$437,391	65%	75%
13	Medical Transportation	424,911	0	0	0	0	0	424,911	1.69%	424,911	0		\$230,584	54%	75%
13.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.00%	252,680	0	3/1/2024	\$149,968	59%	75%
13.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.39%	97,185	0	3/1/2024	\$80,616	83%	75%
13.c	Transportation vouchering (bus passes & gas cards)	75,046	0					75,046	0.30%	75,046	0	3/1/2024	\$0	0%	75%
15	Outreach	320,000	0	0	0	0	0	320,000	1.27%	320,000	0		\$90,202	28%	75%
FY23_RW_DIR	Total Service Dollars	21,686,542	370,766	491,204	0	0	0	22,548,512	89.46%	22,548,512	0		\$12,786,120	57%	75%
									Unallocated	Unobligated					75%
	Part A Grant Award:	25,204,121	Carryover:	491,204			Total Part A:	25,204,121		1	0				75%
		Original Allocation	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent	Award Category	Award Amount	Amount Spent	Balance
	Core (must not be less than 75% of total service dollars)	17,535,493	370,766	479,482	0	132,615	0	18,518,356	82.13%	9,561,431	82.23%	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	4,151,049	0	11,722	0	-132,615	0	4,030,156	17.87%	2,066,359	17.77%	Supplement			0

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	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
	Total Service Dollars (does not include Admin and QM)	21,686,542	370,766	491,204	0	0	0	22,548,512		11,627,790		Carry Over	0		0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,133,394	0	0	0	0	0	2,133,394	7.71%			Totals	0	0	0
	Total QM (must be ≤ 5% of total Part A + MAI)	522,214	0	0	0	0	0	522,214	1.89%						
MAI Procurement Report															
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment Balance	Date of Procure- ment	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,068,055	30,356	47,459	0	0	0	2,145,870	87.07%	2,145,870	0		\$1,370,275	64%	75%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,045,669	15,482	24,204	0			1,085,355	44.04%	1,085,355	0	3/1/2024	\$756,840	70%	75%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,022,386	14,874	23,255	0			1,060,515	43.03%	1,060,515	0	3/1/2024	\$613,435	58%	75%
2	Medical Case Management	314,060	4,536	0	0	0	0	318,596	12.93%	318,596	0		\$103,309	32%	75%
2.c (MAI)	MCM - Targeted to African American	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	\$73,016	46%	75%
2.d (MAI)	MCM - Targeted to Hispanic	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	\$30,293	19%	75%
	Total MAI Service Funds	2,382,115	34,892	47,459	0	0	0	2,464,466	100.00%	2,464,466	0		\$1,473,584	60%	75%
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
	Quality Management	0	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	0.00%	0	0		\$0	0%	0%
	Total MAI Funds	2,382,115	34,892	47,459	0	0	0	2,464,466	100.00%	2,464,466	0		\$1,473,584	60%	75%
	MAI Grant Award	2,464,466	Carry Over:	47,459				Total MAI: 2,464,466							75%
	Combined Part A and MAI Original Allocation Total	26,724,265							Unallocated	Unobligated					
									0	0		MAI Award	2,464,466		
												Total Part A & MAI Award	27,668,587		
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 multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.														
(c)	Funded under Part B and/or SS														
(e)	10% rule reallocations														

FY 2024 Ryan White Part A and MAI Service Utilization Report

Date Range: 03/01/2024 - 11/30/2024 23:59:00

RW PART A Service Utilization Report																		
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	45-54	55-64	65+
1	Outpatient/Ambulatory Primary Care (excluding Vision)	9,780	7,861	74%	23%	2%	43%	10%	2%	44%	0%	0%	5%	27%	27%	22%	15%	3%
1.a	Primary Care - Public Clinic (A)	3,113	2,716	69%	30%	1%	42%	7%	2%	49%	0%	0%	3%	17%	25%	27%	22%	5%
1.b	Primary Care - CBO Targeted to AA (A)	2,335	2,093	71%	26%	3%	99%	0%	1%	0%	0%	0%	6%	36%	28%	16%	10%	2%
1.c	Primary Care - CBO Targeted to Hispanic (A)	1,934	1,946	82%	14%	4%	0%	0%	0%	100%	0%	1%	6%	32%	29%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (A)	774	637	85%	13%	2%	0%	83%	17%	0%	0%	0%	3%	25%	26%	23%	19%	3%
1.e	Primary Care - CBO Targeted to Rural (A)	752	605	73%	26%	1%	40%	18%	2%	40%	0%	0%	4%	25%	30%	23%	15%	3%
1.f	Primary Care - Women at Public Clinic (A)	872	813	0%	99%	1%	52%	5%	1%	42%	0%	0%	3%	14%	27%	29%	20%	6%
1.g	Primary Care - Pediatric (A)																	
1.h	Vision	2,663	1,994	72%	26%	2%	45%	11%	3%	42%	0%	0%	3%	21%	25%	25%	21%	6%
2	Medical Case Management	5,719	3,046	69%	28%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2.a	Clinical Case Management	967	595	73%	24%	2%	57%	14%	2%	28%	0%	1%	3%	27%	23%	19%	21%	7%
2.b	Med CM - Targeted to Public Clinic (A)	578	401	90%	7%	3%	50%	12%	1%	37%	0%	0%	2%	28%	25%	19%	20%	5%
2.c	Med CM - Targeted to AA (A)	1,479	721	67%	30%	4%	98%	0%	1%	0%	0%	0%	3%	29%	31%	20%	13%	3%
2.d	Med CM - Targeted to H/L (A)	728	411	81%	15%	5%	0%	0%	0%	100%	0%	0%	6%	28%	30%	21%	11%	3%
2.e	Med CM - Targeted to White and/or MSM (A)	460	158	84%	15%	1%	0%	86%	14%	0%	0%	0%	2%	17%	22%	28%	23%	8%
2.f	Med CM - Targeted to Rural (A)	554	462	69%	31%	0%	51%	24%	2%	22%	0%	0%	2%	21%	23%	23%	22%	9%
2.g	Med CM - Targeted to Women at Public Clinic (A)	259	219	1%	99%	0%	65%	7%	1%	26%	0%	0%	0%	26%	31%	23%	15%	4%
2.h	Med CM - Targeted to Geriatrics	532	68	60%	35%	4%	69%	9%	1%	21%	0%	0%	1%	6%	7%	4%	46%	35%
2.i	Med CM - Targeted to Veterans	148																
2.j	Med CM - Targeted to Youth	14	11	82%	9%	9%	73%	0%	0%	27%	0%	18%	82%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (A)	5,781	5,059	75%	22%	3%	41%	11%	2%	46%	0%	0%	4%	25%	27%	24%	16%	3%
4	Oral Health	348	296	68%	32%	1%	39%	27%	2%	32%	0%	0%	1%	18%	26%	29%	17%	9%
4.a	Oral Health - Untargeted (D)	NA	NA															
4.b	Oral Health - Rural Target	348	296	68%	32%	1%	39%	27%	2%	32%	0%	0%	1%	18%	26%	29%	17%	9%
5	Health Insurance (D)	2,034	1,910	78%	20%	2%	45%	21%	3%	31%	0%	0%	2%	14%	22%	20%	28%	14%

6	Mental Health Services (D)	NA	NA																
7	Medical Nutritional Therapy/Nutritional Supplements	515	393	77%	22%	2%	40%	17%	5%	38%	0%	0%	1%	6%	10%	28%	35%	20%	
8	Substance Abuse Treatment - Outpatient	19	9	100%	0%	0%	22%	22%	0%	56%	0%	0%	0%	44%	44%	0%	11%	0%	
9	Hospice Services	NA	NA																
10	Emergency Financial Assistance	3,218	1,052	75%	23%	3%	45%	9%	2%	45%	0%	0%	6%	25%	29%	23%	15%	3%	
10.a	Emergency Financial Assistance-Pharmacy Assistance	3,105	952	75%	22%	3%	43%	8%	2%	47%	0%	0%	6%	25%	30%	24%	13%	2%	
10.b	Emergency Financial Assistance - Other (MCC only)	113	101	71%	27%	2%	61%	12%	2%	25%	0%	0%	3%	19%	17%	19%	33%	10%	
11	Referral for Health Care - Non Core Service (D)	NA	NA																
12	Non-Medical Case Management	8,568	6,039																
12.a	Service Linkage Targeted to Youth	179	158	65%	30%	6%	54%	3%	3%	41%	0%	11%	89%	0%	0%	0%	0%	0%	
12.b	Service Linkage at Testing Sites	132	109	71%	26%	4%	56%	5%	7%	32%	0%	0%	0%	55%	25%	10%	7%	3%	
12.c	Service Linkage at Public Clinic Primary Care Program (A)	3,621	2,708	65%	34%	1%	49%	8%	2%	42%	0%	0%	0%	17%	25%	26%	24%	8%	
12.d	Service Linkage at CBO Primary Care Programs (A)	4,636	3,064	72%	25%	2%	49%	10%	2%	39%	0%	0%	4%	27%	29%	21%	14%	5%	
13	Transportation	2,358	1,257	69%	28%	3%	60%	9%	2%	29%	0%	0%	2%	15%	21%	25%	28%	8%	
13.a	Transportation Services - Urban	687	285	65%	33%	2%	54%	8%	5%	34%	0%	0%	1%	20%	25%	22%	20%	10%	
13.b	Transportation Services - Rural	195	95	65%	34%	1%	33%	33%	2%	33%	0%	0%	1%	17%	16%	29%	25%	12%	
13.c	Transportation vouchersing	1,476	987	70%	28%	3%	66%	6%	1%	27%	0%	0%	2%	13%	20%	26%	32%	8%	
14	Linguistic Services (D)	NA	NA																
15	Outreach Services	955	448	71%	25%	4%	60%	10%	2%	28%	0%	1%	6%	32%	27%	18%	15%	3%	
	Net unduplicated clients served - all categories	15,378	13,455	73%	24%	2%	47%	12%	2%	39%	0%	0%	4%	24%	26%	22%	18%	6%	
	Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (B)	NA	30,198	75%	25%	0%	48%	17%	5%	30%	0%		4%	21%	23%	25%	20%	0%	

RW MAI Service Utilization Report																		
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	45-54	55-64	65+
	Outpatient/Ambulatory Primary Care (excluding Vision)	3,129																
1.b	Primary Care - MAI CBO Targeted to AA (F)	1,676	1,644	71%	26%	3%	99%	0%	1%	0%	0%	0%	6%	35%	29%	17%	10%	3%
1.c	Primary Care - MAI CBO Targeted to HL (F)	1,453	1,473	83%	14%	3%	0%	0%	0%	100%	0%	0%	5%	33%	29%	21%	11%	2%
2	Medical Case Management (E)	1,535																
2.c	Med CM - MAI Targeted to AA (A)	907	307	67%	28%	5%	100%	0%	0%	0%	0%	1%	3%	41%	28%	12%	13%	3%
2.d	Med CM - MAI Targeted to H/L (A)	628	147	76%	17%	7%	0%	0%	0%	100%	0%	1%	6%	36%	29%	18%	8%	1%

RW Part A New Client Service Utilization Report																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months																		
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	45-54	55-64	65+
1	Primary Medical Care	1,929	1,468	76%	21%	3%	49%	11%	2%	38%	0%	1%	9%	35%	27%	15%	10%	3%
2	LPAP	969	662	78%	18%	4%	44%	11%	3%	42%	0%	0%	8%	32%	26%	20%	12%	2%
3.a	Clinical Case Management	110	39	79%	18%	3%	64%	13%	3%	21%	0%	0%	5%	33%	23%	15%	18%	5%
3.b-3.h	Medical Case Management (E)	1,050	508	70%	28%	2%	56%	13%	2%	29%	0%	1%	4%	31%	27%	19%	14%	4%
3.i	Medical Case Management - Targeted to Veterans	28																
4	Oral Health	49	22	77%	23%	0%	41%	27%	5%	27%	0%	0%	5%	23%	14%	27%	23%	9%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	1,981	1,085	68%	30%	2%	55%	9%	3%	33%	0%	1%	7%	25%	25%	20%	17%	6%
12.b	Service Linkage at Testing Sites	100	108	69%	26%	6%	56%	4%	7%	32%	0%	3%	15%	44%	19%	8%	7%	3%

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

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2425 Ryan White Part B
Procurement Report
April 1, 2024 - March 31, 2025



Reflects spending through October 2024

Spending Target: 58.3%

Revised

12/5/24

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General	\$2,101,048	59%		\$2,101,048		\$2,101,048	4/1/2024	\$875,815	42%
4	Oral Health Service -Prosthodontics	\$631,145	18%		\$631,145		\$631,145	4/1/2024	\$417,439	66%
5	Health Insurance Premiums and Cost Sharing (1)	\$805,845	23%		\$805,845		\$805,845	4/1/2024	\$773,159	96%
				\$0	\$0		\$0			
		\$0	0%	\$0	\$0					
Total Houston HSDA		3,538,038	100%	0	3,538,038	\$0	\$3,538,038		2,066,413	58%

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

- (1) Increase due to costs in spending

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2324 DSHS State Services
Procurement Report
September 1, 2024 - August 31, 2025



Chart reflects spending through October 2024

Spending Target: 16.67%

Revised 12/5/2024

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$1,114,689	38%	\$0	\$1,114,689	\$0	\$1,114,689	9/1/2024	\$503,679	45%
6	Mental Health Services	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2024	\$0	0%
11	Hospice	\$293,832	10%	\$0	\$293,832	\$0	\$293,832	9/1/2024	\$42,900	15%
13	Non Medical Case Management	\$275,000	9%	\$0	\$275,000	\$0	\$275,000	9/1/2024	\$0	0%
16	Linguistic Services	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2024	\$0	0%
	Referral for Healthcare-Incarcerated	\$0	0%	\$0	\$0	\$0	\$0	9/1/2024	\$0	0%
	ADAP/Referral for Healthcare	\$525,000	18%	\$0	\$525,000	\$0	\$525,000	9/1/2024	\$9,968	2%
	Food Bank	\$6,120	0.2%	\$0	\$6,120	\$0	\$6,120	9/1/2024	\$371	6%
	Medical Transportation	\$83,880	3%	\$0	\$83,880	\$0	\$83,880	9/1/2024	\$4,774	6%
	Emergency Financial Assistance (Compassionate Care)	\$279,052	9%	\$0	\$279,052	\$0	\$279,052	9/1/2024	\$31,084	11%
		2,945,573	100%	\$0	\$2,945,573	\$0	\$2,945,573		592,776	20%

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.

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2024-10/31/2024

Revised: 11/26/2024

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	171	\$17,852.92	107	0	\$0.00	0
Medical Deductible	64	\$31,321.34	43	0	\$0.00	0
Medical Premium	1166	\$475,551.62	609	0	\$0.00	0
Pharmacy Co-Payment	3142	\$173,789.50	767	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	4543	\$698,515.38	1526	0	\$0.00	

Comments: This report represents services provided under all grants.

New Health Insurance Assistance Program in the Texas HIV Medication Program

Ann Robbins
10/23/2024

The Texas HIV Medication Program (THMP) will begin purchasing insurance listed on the Health Insurance Marketplace (Marketplace) for eligible AIDS Drug Assistance Program (ADAP) clients and applicants during the annual open enrollment period (November 1, 2024, to January 15, 2025). For people who enroll through open enrollment, insurance coverage will start in January 2025. You can find more information on the Marketplace at healthcare.gov.

This quick rollout is due to the financial difficulties the THMP is facing. Annual shortfalls are predicted to be at least \$35 million starting in FY 2025.¹ The THMP expects almost \$24 million in drug copayment rebates for FY 2024. The expected rebates fall to about \$7 million in FY 2025 and to \$3.2 million in FY 2026 and 2027.

The THMP's analyses show that rebates on drug copayments made on Marketplace health insurance plans can close the funding gap and stabilize the finances of the THMP. The new insurance program must start immediately.

While the THMP will pay premiums and drug copayments, it is not allowed to use THMP funds to make copayments for medical services. Local health insurance assistance programs are allowed to cover these costs. Understanding the scope and size of local HIA programs and an area's financial flexibility will help guide the THMP's program implementation.

As mentioned above, the THMP faces financial difficulties. We would like to ask for Part A donations to the THMP.

¹ State fiscal year 2025 starts in September 2024 and runs through August 2025.

		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$11,490,679	\$2,098,411	\$0	\$0	\$13,589,090	FY25: Level fund since EHE Rapid Start Program brings ~ 1,000 new clients into the system annually.
1.a	PC - Public Clinic	\$4,254,296				\$4,254,296	
1.b	PC - AA	\$1,151,096	\$1,061,151			\$2,212,247	
1.c	PC - Hisp - see 1.b above	\$986,209	\$1,037,260			\$2,023,469	
1.d	PC - White - see 1.b above	\$1,242,022				\$1,242,022	
1.e	PC - Rural	\$1,191,872				\$1,191,872	
1.f	PC - Women at Public Clinic	\$2,164,684				\$2,164,684	
1.g	PC - Pedi						
1.h	Vision Care	\$450,500				\$450,500	FY25: reduce by \$49,500 due to underspending in FY23
1.j	PC - Pay for Performance Pilot Project	\$50,000				\$50,000	
2	Medical Case Management	\$2,183,040	\$318,597	\$0	\$0	\$2,501,637	
2.a	CCM - Mental/Substance	\$531,025				\$531,025	
2.b	MCM - Public Clinic	\$301,129				\$301,129	
2.c	MCM - AA	\$183,663	\$159,299			\$342,962	
2.d	MCM - Hisp	\$183,665	\$159,298			\$342,963	
2.e	MCM - White	\$66,491				\$66,491	
2.f	MCM - Rural	\$297,496				\$297,496	
2.g	MCM - Women	\$81,841				\$81,841	
2.h	MCM - Older adults (50+)	\$400,899				\$400,899	New subcategory in FY24
2.i	MCM - Veterans	\$86,964				\$86,964	
2.j	MCM - Youth	\$49,867				\$49,867	
3	Local Pharmacy Assistance Program	\$2,067,104	\$0	\$0	\$0	\$2,067,104	
3.a	LPAP - Public Clinic	\$367,104				\$367,104	
3.b	LPAP - Untargeted	\$1,700,000				\$1,700,000	
4	Oral Health	\$166,404	\$0	\$2,732,193	\$0	\$2,898,597	
4.a	Oral Health - General			\$2,101,048		\$2,101,048	FY23/24 Pt B: Grant Increase of \$17,782; Pt B: increase of \$267,730
4.b	Oral Health - Prosthodontics			\$631,145		\$631,145	FY23/24 SS: Grant Increase of \$60,093; Pt B: increase of \$54,395
4.c	Oral Health - Rural	\$166,404				\$166,404	
5	Health Insurance Co-Pays & Co-Ins	\$1,517,528	\$0	\$805,845	\$1,228,716	\$3,552,089	FY23/24 SS: Grant Increase of \$27,595 + \$175,000 moved from Referral - Incarcer. FY24/25 SS increase of \$61,615 & Pt B: decrease of \$222,588 since large increase built into FY24/25 increase funding scenario
6	Mental Health Services	\$0	\$0	\$0	\$300,000	\$300,000	
6.a	Mental Health - General				\$200,000	\$200,000	
1	Mental Health - Special Populations				\$100,000	\$100,000	
7	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$341,395	
8	Substance Use Disorder Treatment - Outpatient	\$25,000	\$0	\$0	\$0	\$25,000	
9	Hospice	\$0	\$0	\$0	\$259,832	\$259,832	FY23/24 SS: Grant Increase added \$34,000; SS: Moved \$34,000 (added to HIA)

		Part A	MAI	Part B	State Services	Total	FY 2025 Allocations & Justification
Remaining Funds to Allocate		\$0	\$0	\$0	\$0	\$0	
10	Emergency Financial Assistance	\$2,114,136	\$0	\$0	\$0	\$2,114,136	
10.a	EFA - Pharmacy Assistance	\$2,039,136				\$2,039,136	FY25 Pt. A: Keep as is due to former ADAP issues. Additional funds can be added later in year if needed
10.b	EFA - Other	\$75,000				\$75,000	FY25 Pt A: Reduce by \$25,000 to fund Expungement services
40.e	EFA - Durable Medical Equipment (urgent)	\$0				\$0	FY25 Pt A: New Service: Cannot provide this service since not providing Community Based Day Treatment, see HRSA guidance dated 6/20/24
11	Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$0	FY23/24 SS: moved \$175,000 to Health Insurance when alternative non-RW funding was found for RHCSS - Incarcerated
12	Non-Medical Case Management	\$1,267,002	\$0	\$0	\$225,000	\$1,492,002	See below
12.a	SLW - Youth	\$110,793				\$110,793	
12.a	SLW - Testing	\$100,000				\$100,000	
12.b	SLW - Public clinic	\$370,000				\$370,000	
12.c	SLW - CBO, includes some Rural	\$686,209				\$686,209	
12.d	Substance Use Disorder				\$225,000	\$225,000	FY25 SS: Reduce by \$25,000 due to underspending
13	Transportation	\$374,911	\$0	\$0	\$0	\$374,911	
13.a	Van Based - Urban	\$252,680				\$252,680	
13.b	Van Based - Rural	\$97,185				\$97,185	
13.c	Bus Passes & Gas Vouchers	\$25,046				\$25,046	FY25 Pt A: Reduce by \$50,000 because bus passes will be purchased in FY24
14	Linguistic Services	\$0	\$0	\$0	\$68,000	\$68,000	
15	Outreach Services	\$220,000	\$0	\$0	\$0	\$220,000	FY25 Pt A: Reduce by \$100,000 due to underspending in FY23
16	Food Bank/Home Delivered Meals	\$100,000	\$0	\$0	\$0	\$100,000	FY25 Pt A: New Service: Meciially tailored meals
17	Housing - Temporary Assisted Living	\$49,500	\$0	\$0	\$0	\$49,500	FY25 Pt A: New Service for temporary medical necessity
18	Other Professional Svcs or Legal Services	\$25,000	\$0	\$0	\$0	\$25,000	FY25 Pt A: New Service for expungement of criminal records
Total Service Allocation		\$21,941,699	\$2,417,008	\$3,538,038	\$2,081,548	\$29,978,293	
NA	FY25 Quality Management	\$594,893				\$594,893	FY25 Pt A: increase by \$286,542. 06/21/24 AA DECREASED BY \$222,219
NA	FY25 Administration - RWGA + PC + Indirect	\$2,176,325				\$2,176,325	FY25 Pt A: increase by \$346,210 (reduced by \$49,500 to fund Housing). 06/21/24 AA DECREASED BY \$245,424
NA	Total Non-Service Allocation	\$2,771,218	\$0	\$0	\$0	\$2,771,218	
Total Grant Funds		\$24,712,917	\$2,417,008	\$3,538,038	\$2,081,548	\$32,749,511	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0
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Tips:
 * Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet will become "broken" and the totals will be incorrect.
 * It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from \$42,000 to \$40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you subtracted \$2,000 from a service, so you recall later how you reached a certain amount. If you want to make another change, just add it to the end of the formula. For example, if you want to add back in \$1,500, then the cell should look like "=42000-2000+1500" Make sure you put the "=" in front so Excel reads it as a formula.

Core medical \$17,791,150 81%

[For Staff Only]					
If needed, use this space to enter base amounts to be used for calculations					
	RWA Amount Actual	MAI Amount Actual	Part B actual	State Service est.	
Total Grant Funds	\$24,712,917	\$2,417,008	\$3,538,038	\$2,081,548	\$32,749,511

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2025 Allocations**

(Priority and Allocations Committee approved 06-10-24)

MOTION A: All Funding Streams – Level Funding Scenario

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

Approve the attached Ryan White Part A, Minority AIDS Initiative (MAI), Part B, and State Services (SS) Level Funding Scenario for FY 2025.

MOTION B: MAI Increase / Decrease Scenarios

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

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

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

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

MOTION C: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

All service categories except subcategories Medical Case Management-Older adults (50+), Medical Case Management-Veterans, Medical Case Management-Youth, Substance Abuse Services-Outpatient, Service Linkage-Youth, and Service Linkage-Newly Diagnosed/Not in Care will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Allocate the first \$300,000 to Health Insurance Assistance Program.

Step 2: Allocate the next \$500,000 to Primary Ambulatory/Outpatient Medical Care to be allocated proportionately to all Primary Care subcategories by the Administrative Agent except Vision Care and Pay for Performance Pilot Project.

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

MOTION D: Part B and State Services Increase/Decrease Scenario

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

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

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

Step 1: Allocate the first \$200,000 to Health Insurance Assistance Program.

Step 2: Allocate the next \$200,000 to be divided evenly between Oral Health – General Oral Health and Oral Health – Prosthodontics.

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

THMP TIAP-PLUS

IMPLICATIONS & CONSIDERATIONS

Implications for Future Allocations

Service categories that could see “savings” as clients formerly served by ADAP enroll in TIAP-PLUS

- **Outpatient/Ambulatory Health Services (OAHS)**
- **Local Pharmaceutical Assistance Program (LPAP)**
- Mental Health Services
- Substance Use Disorder Services
- Medical Nutritional Therapy - likely little benefit expected
- Hospice Services – very small number of clients use this service

Service categories that probably won't see “savings” include

- Oral Health - not included in the TIAP-PLUS roll out
- Medical/Clinical Case Management - rarely covered by insurance
- Emergency Financial Assistance (EFA) - these expenditures most often accrue during the THMP Eligibility Determination window
- Transportation - costs for doctor visits are rarely covered by insurance
- Non-medical Case Management - not covered by insurance
- Outreach, Housing, Food, Linguistic, Legal - not covered by insurance

* **“savings”** is not the ideal term, but fewer units of service in affected categories, along with expenditures for LPAP medications, are expected

Of categories potentially impacted by more clients having health insurance, where will any impact be most felt?

Health Insurance Assistance (HIA) - **expect additional local costs** for outpatient medical visit co-pays and medical deductibles for every new addition to TIAP-PLUS in 2025

- Per data shared by TRG, from 9/1/23 – 8/31/24 those costs annually average about \$398/client for medical co-pays and \$631/client for deductibles (the ratio of clients who receive deductible assistance appears to be about 1 in 5 compared to clients who received co-pay assistance)
- For example, if the Houston area sees 500 clients enroll in TIAP-PLUS for 2025, that might end up increasing the funding needed in HIA for co-pays by about **\$255,000**
 - (500 clients x \$398/UDC = \$199,000 for copay assistance and 90 clients x \$631/UDC = \$56,790 for deductibles)
 - There will also be costs related to processing these additional co-pay and deductible requests
- The Council allocates dollars to HIA from all 3 primary funding streams RW/A, RW/B, and SS allowing for maximum flexibility in adding needed funds during the year

Of categories potentially impacted by more clients having health insurance, where will any savings be seen?

OAHS - expect fewer costs for medical visits for each new addition to TIAP-PLUS

- For each new health insurance enrollee their OAHS units of service are no longer billable
- For example, if 500 UDC enroll in TIAP-PLUS, there could potentially be a savings of \$653,500
 $500 \text{ UDC} \times \$1,307 = \$653,500$ (The CY23 average allocation per client in OAHS was \$1,307)

LPAP – there may be less savings for medications for every new addition to TIAP-PLUS because not all clients in the ADAP access LPAP medications

- For example, if 500 UDC enroll in TIAP-PLUS and 300 (60%) of these clients had previously been accessing LPAP there could potentially be a savings of \$92,100 ($300 \text{ UDC} \times \307) (the CY23 average allocation per client for LPAP was \$307)

Any savings seen in the OAHS and LPAP categories will only impact Part A since the Council only allocates Part A funds to those two services

- Likewise, any Mental Health or Hospice savings will only impact State Services funding

Other Considerations?

Houston's current Health Insurance Assistance model largely evolved from the need to assist clients with health insurance premiums

- The local agency paying premiums is the same agency helping with co-pays and deductibles
- For TIAP-PLUS clients this will no longer be the case as their premiums and medication co-pays will be paid by DSHS and only their medical visit co-pays and deductibles will be paid locally

What if any changes are warranted in the design of our local HIA service model that might make the service easier to use for TIAP-PLUS clients?

- Could the process be made more efficient so a TIAP-PLUS client wouldn't also have to be a client of the single local HIA provider to receive co-pay assistance? For example, add HIA dollars for medical visit co-pays and deductibles for TIAP-PLUS clients (only) to the existing Pcare bundle

DSHS hopes for 2,000 TIAP-PLUS enrollees statewide in 2025 - how many do they hope to enroll in 2026?

- Houston has historically represented at least 30% of all ADAP clients - if that percentage remains the same for TIAP-PLUS how many clients might that result in for our area?

The Takeaway

- **TIAP-PLUS will be a net gain** in terms of its fiscal impact on Houston HIV care services funding
- The increase in costs seen under HIA will be more than offset by the savings seen in OAHS (mostly) and other 3rd party payer eligible service categories
- Savings will mostly flow to Part A-funded categories
- Increased costs in HIA can be addressed under any of your funding streams (RW/A, RW/B, SS)
- THMP's ask for "donations" the same as in previous years – asking PCs to allocate unobligated, sweep-up and/or carryover funds to ADAP