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:

Peta-gay Ledbetter, Co-Chair Priscilla Willridge Rodney Mills, Co-Chair Rebecca Chapa Garcia

Jay BhowmickBobby CruzRoxane MayRonnie GalleyBill PattersonRoxana GuzmanPaul RichardsBruce Turner

Megan Rowe

Copy: Josh Mica Sha'Terra Johnson

Diane BeckCarin MartinGlenn UrbachRodney GoodieMauricia ChatmanCharlene Flash

Frank Ruiz Johnetta Evans-Thomas

Tiffany Shepherd Talice Thomas, Nashville PC Staff

From: Tori Williams

Date: Tuesday, June 4, 2024

Re: Meeting Announcements

This memo is a reminder that there will be a number of Priority and Allocations Committee meetings from June 10 until June 27, 2024. Enclosed you will find agendas and other materials which you will need for the Special meetings. All of the June meetings will be hybrid so you can participate via Zoom or in-person at Bering Church. See the top of all meeting agendas for detailed information. Whatever you decide, please be sure to RSVP to Rod for all meetings.

Special Priority & Allocations Committee Meetings (see 3 enclosed agendas with Zoom links)

To develop the FY 2025 allocations for Part A, B, MAI & State Services

- 12 noon 4 pm, Monday, June 10, 2024
- 12 noon 4 pm, Tuesday, June 11, 2024
- TENTATIVE: 12 noon 4 pm, Wed. June 12, 2024

Regularly Scheduled Committee Meeting (To be sent after the Special Meetings)

The whole Committee will review and vote on the FY 2025 allocations developed at the special meetings.

• 12 noon, Thursday, June 27, 2024

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

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

12 noon – 4 pm, Monday, June 10, 2024

Click on this link to join **Zoom Meeting**:

https://us02web.zoom.us/j/87822126043?pwd=byt5eTIrMmI4OThvTmJCUlRBbnZ1UT09

Meeting ID: 878 2212 6043 Passcode: 117715 Or call: 346 248-7799

In-Person: Bering Church, 1440 Harold St, Houston, 77006. Enter from parking lot behind the church.

AGENDA

I. Call to Order Rodney Mills and

Peta-Gay Ledbetter, Co-Chairs

A. Moment of ReflectionB. Approval of Agenda

C. Review Meeting Goals

Tori Williams, Director, OoS

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- II. Public Comment (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up in the Chat Box. Or, send a text to: 832 594-1929. 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 work for an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Review Other Ryan White Planning Committee Recommendations Tori Williams
 A. Changes Recommended for the FY 2025 Service Definitions
- IV. Updates from the Administrative Agents
 - A. Ryan White Part A/MAI Funding
 - B. Ryan White Part B and State Services Funding

Glenn Urbach, RWGA Tiffany Shepherd, TRG

- V. Draft Allocations for FY 2025 Part A/MAI, Part B & State Services Funding
 - A. Any Staff Recommendations?

Glenn and Tiffany

- B. Optional: Determine the philosophy for allocating FY 2025 funds
- C. Create the FY 2025 Level Funding Scenario*
 - 1) Part A and MAI
 - 2) Part B and State Services
- D. Create the FY 2025 Increase Funding Scenario
- E. Create the FY 2025 Decrease Funding Scenario
- VI. Announcements
 - A. IMPORTANT: June Priority and Allocation Committee Meeting Dates and Times:
 - 12 4 pm, Tuesday, June 11, 2024, Special Meeting
 - TENTATIVE: 12 4 pm, Wed., June 12, 2024, Special Meeting
 - 12 noon, Thursday, June 27, 2024 Committee votes on FY 2025 Allocations
- VII. Adjourn

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

12 noon – 4 pm, Tuesday, June 11, 2024

Click on this link to join **Zoom Meeting**:

https://us02web.zoom.us/j/87822126043?pwd=byt5eTIrMmI4OThvTmJCUlRBbnZ1UT09

Meeting ID: 878 2212 6043 Passcode: 117715 Or call: 346 248-7799

In-Person: Bering Church, 1440 Harold St, Houston, 77006. Enter from parking lot behind the church.

AGENDA

* = To be distributed at the meeting

I. Call to Order

Rodney Mills and

A. Moment of Reflection

Peta-Gay Ledbetter, Co-Chairs

B. Approval of AgendaC. Review Meeting Goals

Tori Williams, Director, OoS

- II. Public Comment (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up in the Chat Box. Or, send a text to: 832 594-1929. No one is required to give his or her name or HIV status. When signing in, guests are not required to provide their correct or complete names. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to
- III. Continue Drafting Allocations for FY 2025 Part A/MAI, Part B & State Services Funding
 - A. Any Staff Recommendations?

Glenn or Tiffany

B. Finish the FY 2025 Level Funding Scenario

refrain from asking questions of the person giving public comment.)

- 1) Part A and MAI
- 2) Part B and State Services
- C. Finish the FY 2025 Increase Funding Scenario
- D. Finish the FY 2025 Decrease Funding Scenario
- IV. Announcements
 - A. IMPORTANT: June Priority and Allocation Committee Meeting Dates and Times:
 - Tentative: 12 noon, Wed., June 12, 2024 Finish Allocations
 - 12 noon, Thursday, June 27, 2024 Committee votes on FY 2025 Allocations
- V. Adjourn

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

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TENTATIVE

12 noon, Wednesday, June 12, 2024

Click on this link to join the **Zoom Meeting**:

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AGENDA

I. Call to Order

A. Moment of Reflection

B. Approval of Agenda

C. Review Meeting Goals

Peta-gay Ledbetter and Rodney Mills, Co-Chairs

Tori Williams, Manager Office of Support

II. Public Comment

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. When signing in, guests are not required to provide their correct or complete names. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)

- III. Draft Allocations for FY 2025 Part A/MAI, Part B & State Services Funding
 - A. Finish the FY 2025 Level Funding Scenario
 - 1) Part A and MAI
 - 2) Part B and State Services
 - B. Finish the FY 2025 Increase Funding Scenario
 - C. Finish the FY 2025 Decrease Funding Scenario
- IV. Announcements
 - A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:
 - 12 noon, Thursday, June 27, 2024 Committee votes on FY 2025 Allocations
- V. Adjourn

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Priority and Allocations FY 2025 Guiding Principles and Decision Making Criteria

(Council approved 03-14-24)

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

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

Principles

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

Allocations only

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

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

(Continued)

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DECISION MAKING CRITERIA STEP 1:

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

DECISION MAKING CRITERIA STEP 2:

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

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

		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2024 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
-	_	Part A	MAI	Part B	State Services	State Rebate	Total	FY 2024 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$11,540,179	\$2,098,411	\$0	\$0	\$0	\$13,638,590	Level fund since EHE Rapid Start Program brings new clients into the system.
1.a	PC-Public Clinic	\$4,254,296					\$4,254,296	Are hearing aides durable medical equipment in this service category?
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	\$2,164,684					\$2,164,684	FY24 Pt A: Reduce by \$107,000 due to FY22 Expend Report
1.g	PC-Pedi							
1.h	Vision Care	\$500,000					\$500,000	FY24 Pt A: Reduce by \$23,222 due to FY22 Expend Report
1.j	PC-Pay for Performance Pilot Project	\$50,000					\$50,000	FY24 Pt. A: Reduce by \$150,000 due to FY22 Expend Report
2	Medical Case Management	\$2,183,040	\$318,597	\$0	\$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	FY24 Pt A: Add 5 MCM targeting Older adults. 5 FTEs x \$80k = \$400,000
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	\$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	\$2,332,193	\$0		\$2,498,597	
4.a	General Oral Health			\$1,815,536				
4.b	Prosthodontics			\$516,657				
4.c	Rural Dental	\$166,404					\$166,404	
5	Health Insurance Co-Pays & Co-Ins	\$1,583,137	\$0	\$1,028,433	\$864,506	\$0	\$3,476,076	
6	Mental Health Services		\$0	\$0	\$300,000	\$0	\$300,000	
6.a.	Mental Health - General				\$200,000		\$200,000	
6.b.	Mental Health - Other		\$0	\$0	\$100,000	\$0	\$100,000	FY24 SS: Pending approval by the Quality Improve Committee
7	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
8	Substance Abuse Treatment - Outpatient	\$25,000	\$0	\$0	\$0	\$0	\$25,000	FY24 Pt A: Using alternative funds 1st. Reduce by \$20,677 due to FY22 Expend Report

	Emergency Financial Assistance	\$2,139,136	\$0	\$0	\$0	\$0	\$2,139,136	
10.a.	EFA - Pharmacy Assistance	\$2,039,136					\$2,039,136	

12.a	SLW-Youth	\$110,793					\$110,793	
12.a	SLW-Testing	\$100,000					\$100,000	
12.b	SLW-Public	\$370,000					\$370,000	
12.c	SLW-CBO, includes some Rural	\$686,209					\$686,209	
12.d	SLW-Substance Use	\$0			\$350,000		\$350,000	
13	Transportation	\$424,911	\$0	\$0	\$0	\$0	\$424,911	
13.a	Van Based - Urban	\$252,680					\$252,680	
13.b	Van Based - Rural	\$97,185		\$0			\$97,185	
13.c	Bus Passes & Gas Vouchers	\$75,046					\$75,046	
14	Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
15	Outreach Services	\$320,000	\$0	\$0	\$0	\$0	\$320,000	
NA	Quality Management	\$428,695					\$428,695	
NA	Administration - RWGA + RWPC Support	\$2,226,914					\$2,226,914	
NA								
							<u> </u>	
		\$0	\$0	\$0	\$0	\$0	\$0	

Tips:			

[For Staff Only] If needed, use this space to enter base amounts to be used for continuous continuo	calculations					
	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	State Rebate est.	
Total Grant Funds	\$24,712,917	\$2,417,008	\$3,360,626	\$2,017,338	\$0	\$32,507,889
Total Grant Funds	Ψ24,112,511	Ψ2,417,000	ψ5,300,020	Ψ2,017,330	ΨΟ	Ψ 3 2,3

Houston Ryan White Planning Council Priority and Allocations Committee

Proposed Ryan White Part A, MAI, Part B and State Services Funding FY 2024 Allocations

(Priority and Allocations Committee approved 06-22-23)

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 2024.

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 2.h. Medical Case Management-Older adults (50+), 2.i. Medical Case Management-Veterans, 2.j. Medical Case Management-Youth, 10. Substance Abuse Services-Outpatient, 13.a. Service Linkage-Youth, and 13.b. Service Linkage-Newly Diagnosed/Not in Care will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Part A Funding.

- Step 1: Allocate the first \$500,000 to Primary Ambulatory/Outpatient Medical Care (category 1) to be allocated proportionately to all Primary Care subcategories by the Administrative Agent except 1.h. Vision Care and 1.j. Pay for Performance Pilot Project.
- Step 2: Allocate the next \$200,000 to Health Insurance Assistance Program (category 5).
- 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 be divided evenly between Oral Health General Oral Health (category 4.a.) and Oral Health Prosthodontics (category 4.b.).
- Step 2: Allocate the next \$200,000 to Health Insurance Assistance Program (category 5).
- Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council after the notice of grant award is received.

Houston Area HIV Services Ryan White Planning Council

FY 2025 How to Best Meet the Need Quality Improvement Committee Service Category Recommendation Summary (as of 05/15/24)

Those services for which no change is recommended include:

Ambulatory Outpatient Medical Care - CBO and Public Clinic (which includes Emergency Financial Assistance - Pharmacy Assistance, Local Pharmacy Assistance Program, and Outreach)

Case Management (Non-Medical Targeting Substance Use Disorders)

Health Insurance Premium and Cost Sharing Assistance

Hospice Services

Linguistic Services

Mental Health Services (Untargeted and Targeting Special Populations)

Oral Health (Untargeted and Targeting the Northern Rural Area)

Referral for Health Care - ADAP Enrollment Workers

Substance Use Disorder Treatment

Vision Care

Services <u>with</u> recommended changes include the following:

**New ideas recommended for services currently not funded (see page 2)

Ambulatory Outpatient Medical Care - *Rural* (which includes Emergency Financial Assistance - Pharmacy Assistance, and Local Pharmacy Assistance Program)

Keep the service definition as is. Increase the financial eligibility for PriCare to 400% and keep the financial eligibility the same for EFA=500%, Outreach=none, LPAP= 500%.

Case Management (Medical and Clinical)

Keep the service definition as is and the financial eligibility the same: none. Recommend that the Priority and Allocations Committee increase the allocation to Medical Case Management and ask the Recipient to encourage agencies to use it to increase salaries to improve staff retention.

Case Management (Non-Medical Service Linkage)

In the service definition under Staff Requirements, remove the bachelor's degree requirement, change paid working experience to one-year experience working with people living with HIV (PLWH) or a community health worker. Keep the financial eligibility the same: none.

Emergency Financial Assistance - Other

- Keep the service definition and financial eligibility the same: 400%.
- Add durable medical equipment to the service definition, ask the Priority and Allocations Committee to assign it to Part B or State Services and ask the Houston area Part B Recipient to bring information to the Quality Improvement Committee on how the mechanics of delivering the service will work.

**Food Bank/Home Delivered Meals

Revive the Food Bank/Home Delivered Meals service definition for the purpose of possibly providing Medically Tailored Meals.

**Housing

Revive the Housing service definition for the purpose of providing temporary assisted living, and ask staff to conduct a resource inventory of facility based medical respite programs and underutilized hospice services.

Medical Nutritional Therapy/Supplements

Keep the service definition and financial eligibility the same: 400%. Request that the provider increase awareness about the availability of supplemental nutrition drinks.

Referral for Health Care - Incarcerated

Reliminate the portion of the service category that addresses the needs of incarcerated individuals due to the availability of alternative resources and to avoid a duplication of services.

Transportation

Add text to the service definition to ensure all clients with mobility issues have access to appropriate transportation and increase the financial eligibility for all transportation services to 500%. Ask the Recipient to make it possible for clients to receive a bus pass from any Ryan White funded agency where they are a client, not just their CPCDMS record holder.

FY 2023 Ryan White Part A and MAI Service Utilization Report

				RW	PART A	SUR (3	3/1/2023-2/2	29/2024)										
Priority	Service Category	Goal	Unduplicated	Male	Female	Trans	AA	White	Other	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65 plus
			Clients Served YTD			gender	(non- Hispanic)	(non-Hispanic)	(non- Hispanic)									
1	Outpatient/Ambulatory Primary Care (excluding Vision)	8,643	8,916	75%	22%	2%	42%	11%	2%	45%	0%	0%	4%	28%	27%	22%	15%	3%
1.a	Primary Care - Public Clinic (a)	2,959	3,055	70%	28%	1%	43%	9%	2%	47%	0%	1%	3%	18%	26%	26%	22%	5%
1.b	Primary Care - CBO Targeted to AA (a)	2,417	2,311	70%	26%	4%	99%	0%	1%	0%	0%	0%	6%	37%	28%	18%	9%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	1,916	2,397	83%	14%	3%	0%	0%	0%	100%	0%	1%	6%	33%	28%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	774	732	86%	12%	1%	0%	84%	15%		0%	0%	3%	27%	26%	23%	18%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	683	1,030	70%	29%	1%	44%	15%	2%		0%	0%	4%	27%	28%	24%	13%	3%
1.f	Primary Care - Women at Public Clinic (a)	793	870	0%	99%	1%	53%	6%	1%	40%	0%	1%	2%	14%	26%	31%	21%	6%
1.g	Primary Care - Pediatric (a)	5	0															
1.h	Vision	2,815	2,186	74%	25%	2%	44%	12%	3%	41%	0%	0%	3%	20%	25%	26%	21%	6%
2	Medical Case Management (f)	5,429	3,722															
2.a	Clinical Case Management	936	728	71%	27%	2%	56%	15%	2%		0%	0%	3%	22%	27%	22%	18%	7%
2.b	Med CM - Targeted to Public Clinic (a)	569	558	92%	6%	2%	50%	12%	1%		0%	1%	2%	26%	22%	22%	23%	4%
2.c	Med CM - Targeted to AA (a)	1,625	885	70%	26%	4%	99%	0%	1%		0%	0%	6%	28%	28%	18%	15%	6%
2.d	Med CM - Targeted to H/L(a)	813	558	83%	13%	4%	0%	0%	0%		0%	1%	5%	31%	27%	21%	13%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	504	267	87%	12%	1%	0%	91%	9%		0%	0%	2%	23%	20%	23%	23%	9%
2.f	Med CM - Targeted to Rural (a)	548	409	64%	35%	1%	51%	26%	2%		0%	0%	4%	19%	22%	25%	22%	9%
2.g	Med CM - Targeted to Women at Public Clinic (a)	246	273	0%	100%	0%	68%	6%	1%	25%	0%	0%	2%	26%	30%	23%	15%	4%
2.h	Med CM - Targeted to Pedi (a)	170	0	0.40/	00/	00/	7.40/	400/	00/	00/	00/	00/	00/	00/	00/	000/	000/	500/
2.i	Med CM - Targeted to Veterans	172	31	94%	6%	0%	74%	19%	0%		0%	0%	0%	0%	0%	26%	23%	52%
2.j	Med CM - Targeted to Youth	15	13	77% 76%	23%	0% 3%	46%	15%	0% 2%		0%	31%	69%	0%	0%	0%	0%	0% 3%
	Local Drug Reimbursement Program (a)	5,775	6,512	76%	21% 30%	3% 1%	43%	11% 25%			0% 0%	0%	4% 2%	28% 20%	28% 24%	23% 27%	14% 17%	
4	Oral Health	356	349	70%	30%	1%	40%	25%	1%	34%	0%	0%	2%	20%	24%	21%	17%	9%
4.a	Oral Health - Untargeted (d)	NA 250	NA	700/	200/	40/	400/	050/	4.0/	2.40/	00/	00/	00/	200/	0.40/	070/	470/	00/
4.b	Oral Health - Rural Target	356	349 NA	70%	30%	1%	40%	25%	1%	34%	0%	0%	2%	20%	24%	27%	17%	9%
5	Mental Health Services (d)	4 040		700/	400/	20/	4.40/	020/	20/	200/	00/	00/	20/	4.40/	19%	000/	070/	4.50/
6	Health Insurance	1,918	2,268	79%	19%	2%	44%	23%	3%	30%	0%	0%	2%	14%	19%	22%	27%	15%
	Home and Community Based Services (d) Substance Abuse Treatment - Outpatient	NA 17	NA 22	91%	5%	F0/	27%	41%	5%	27%	00/	0%	00/	36%	36%	23%	5%	0%
8	Early Medical Intervention Services (d)	NA	NA	91%	5%	5%	21%	41%	5%	21%	0%	U%	0%	30%	30%	23%	5%	0%
10	, ,			77%	000/	20/	450/	400/	20/	220/	00/	00/	40/	00/	4.40/	0.50/	240/	400/
11	Medical Nutritional Therapy/Nutritional Supplements	546 NA	461 NA	11%	22%	2%	45%	18%	3%	33%	0%	0%	1%	8%	14%	25%	34%	19%
	Hospice Services (d)		827	72%	25%	3%	60%	9%	20/	27%	00/	0%	5%	240/	27%	400/	4.40/	40/
12	Outreach	1,042		12%	25%	3%	60%	9%	3%	21%	0%	0%	5%	31%	21%	18%	14%	4%
13	Non-Medical Case Management	8,657	8,727	700/	050/	00/	E40/	70/	00/	440/	00/	4.00/	0.40/	00/	00/	00/	00/	00/
13.a	Service Linkage Targeted to Youth	175	170	73%	25%	2%	51%	7%	2%		0%	16%	84%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	100	80	79%	20%	1%	51%	4%	4%		0%	0%	0%	48%	30%	15%	3%	5%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,546	3,495	67% 75%	31%	1%	51%	9%	2%		0%	0%	0%	18%	25%	25%	23%	8%
13.d 14	Service Linkage at CBO Primary Care Programs (a) Transportation	4,537 2,366	4,982 1,773	/5%	23%	2%	50%	11%	2%	37%	0%	0%	4%	28%	27%	21%	15%	4%
	Transportation Transportation Services - Urban	2,366 796	430	65%	33%	20/	57%	70/	3%	33%	0%	0%	3%	23%	24%	250/	16%	9%
14.a 14.b	Transportation Services - Orban Transportation Services - Rural	237	134	66%	33%	2% 1%	31%	7% 31%	3% 1%		0%	0%	3%	23% 17%	24% 19%	25% 31%	21%	9% 8%
14.b	Transportation vouchering	1,333	1,209	72%	25%	2%	67%	9%	2%		0%	0%	2%	13%	19%	25%	33%	8%
14.C	Linguistic Services (d)	1,333 NA	1,209 NA	12%	23%	2%	07%	9%	2%	22%	0%	0%	۷%	13%	19%	25%	33%	0%
	Emergency Financial Assistance (e)	1,830	2,125	76%	22%	2%	45%	8%	2%	45%	0%	0%	4%	27%	27%	23%	16%	2%
17	Referral for Health Care - Non Core Service (d)	1,630 NA	2,125 NA	1070	ZZ 70	∠ 70	45%	0%	∠%	45%	U 7/0	U 7/0	4 70	Z1 70	Z170	2370	1070	∠ 70
	uplicated clients served - all categories*	12,941	14,991	74%	23%	2%	48%	13%	2%	37%	0%	0%	4%	25%	25%	21%	18%	7%
	Iplicated clients served - all categories S cases + estimated Living HIV non-AIDS (from FY19 App) (b)	12,941 NA		74% 75%	25% 25%		48% 48%	13%	2% 5%		0%		4% %	25% 21%	25%	25%	20%	
LIVING AIL	- cases · esumated Living πιν ποπ-ΑΙDS (Irom F119 Αρρ) (D)	NA	30,196	15%	25%		40%	17%	3%	30%	U 7/0	4	/0	2170	23%	23%	20%	1 70

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FY 2023 Ryan White Part A and MAI Service Utilization Report

			RV	V MAI Se	rvice Util	ization Re	eport (03/01/2	2023-02/29/202	4)									
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)																	
	Primary Care - MAI CBO Targeted to AA (g)	1,664	2,201	72%	25%	3%	99%	0%	1%		0%	0%	6%	36%	27%	18%	10%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	1,380	1,770	83%	14%	3%	0%	0%	0%	100%	0%	1%	6%	34%	27%	21%	10%	2%
	Medical Case Management (f)	0																
	Med CM - Targeted to AA (a)	967	575	78%	18%		46%	10%	2%		0%	1%	8%	37%	25%	17%	9%	
2.d	Med CM - Targeted to H/L(a)	735	370	80%	20%	0%	60%	16%	2%	22%	0%	0%	11%	22%	25%	18%	18%	6%
	Report reflects the numb		aphics of clients	served		e report p	eriod who d		services du									
Priority	Service Category		Unduplicated New Clients Served YTD	Male	Female	Trans gender	(non-	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	1.871	2,101	77%	21%	2%	48%	10%	2%	40%	0%	1%	9%	37%	25%	16%	2%	10%
2	LPAP	954	1048	78%	18%	3%	46%	10%	2%	42%	0%	1%	8%	37%	25%	17%	2%	
3.a	Clinical Case Management	95	95	80%	20%	0%	60%	16%	2%	22%	0%	0%	11%	22%	25%	18%	6%	18%
3.b-3.h	Medical Case Management	1,097	854	73%	25%	2%	50%	12%	1%	37%	0%	2%	7%	34%	24%	18%	4%	11%
3.i	Medical Case Manangement - Targeted to Veterans	33	3	67%	33%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	33%	67%	0%
	Oral Health	50	46	80%	20%	0%	43%	26%	2%	28%	0%	0%	7%	24%	26%	17%	4%	22%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	1,870	1,989	70%	28%	2%	54%	11%	1%	33%	0%	1%	7%	29%	25%	18%	14%	6%
12.b	Service Linkage at Testing Sites	92	83	72%	23%	5%	49%	4%	5%	42%	0%	7%	11%	35%	27%	13%	2%	5%
Footnotes	s:																	
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups	55-64 and 65	+ combined toge	ther.														
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Manageme	nt																
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent of	combined Par	t A and MAI clien	its served														

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FY 2023 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation	Award Reconcilation	July Adjustments	August 10% Rule	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment	Original Date I	Expended YTD	Percent YTD	Percent Expected
		RWPC Approved Level Funding	reconcilation	(carryover)	Adjustments (f)	Adjustinents	Adjustificitis	Allocation	Grant Awara	r rocured (u)	Balance	Trocurcu		115	YTD
1	Outrotions/Ambulatany Drimony Cara	Scenario 10,965,788	460,625	535,679	(1)	-283,680	60.720	11,608,682	45.29%	11,608,682	0		10,438,095	90%	100%
1 1.a	Outpatient/Ambulatory Primary Care Primary Care - Public Clinic (a)	3,927,300	182,397	555,679	U	-203,000	-09,730	4,109,697	16.03%	4.109.697	0	3/1/2023	\$3,769,988	92%	100%
1.a 1.b	Primary Care - Public Cliffic (a) Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49.443	182.131			34.283			1.330.433	•	3/1/2023	\$1,335,561	100%	100%
1.c	Primary Care - CBO Targeted to AA (a) (e) (f) Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289	155,347			29,323			1,137,510			\$1,799,191	158%	100%
1.d	Primary Care - CBO Targeted to Trispanic (a) (e)	1,147,924	53,314	198,201			36,967			1,436,406	0		\$596,155	42%	100%
1.u	Primary Care - CBO Targeted to Williemson (a) (e)	1,100,000	51.088	190,201		-228.730	-16.713			905.645	0	3/1/2023	\$1.041.307	115%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531			-220,730	-10,713	2,197,531	8.57%	2.197.531	0	3/1/2023	\$1,442,442	66%	100%
1.q	Primary Care - Pediatric (a.1)	15,437	-15,437					2,107,001		0		3/1/2023	\$0	0%	0%
1.h	Vision	500,000	0,407			-54.950	-9.200			435,850	0	3/1/2023	\$397,840	91%	100%
1.x	Primary Care Health Outcome Pilot	200,000	0			04,000	-144,390			55,610	0	3/1/2023	\$55,610	100%	100%
2	Medical Case Management	1,880,000	-97.859	63.063	0	-96.974	69,590			,	0	0/1/2020	1,509,374	83%	100%
2.a	Clinical Case Management	531,025	-57,005	63,063	•	35,176	73,350	, , , ,		702,614	0	3/1/2023	\$568,458	81%	100%
2.b	Med CM - Public Clinic (a)	301,129	0	,		00,170	70,000	301,129		301,129	0			96%	100%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663		183,663	0		\$152,594	83%	100%
2.d	Med CM - Targeted to AA (a) (e)	183,665	0					183,665		183,665	0	3/1/2023	\$65,670	36%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0		\$63,450	95%	100%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-62,150	9.000			244,346	0		\$131,538	54%	100%
2.a	Med CM - Women at Public Clinic (a)	81,841	0			,	-,	81,841	0.32%	81.841	0		\$178,704	218%	100%
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0.,0.1		0.,0.1	0	3/1/2023	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	07,000			-70.000	-12.760	4,204		4.204	-	3/1/2023	\$4,204	100%	100%
2.i	Med CM - Targeted to Youth	49,867	0			70,000	12,100	49,867		49.867	0		\$55,161	111%	100%
3	Local Pharmacy Assistance Program	2,067,104	0	0	-37.920	12.178	140				0	3/1/2023	\$2,327,502	114%	100%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0		01,020	,		367,104		367.104	0	3/1/2023	\$247.873	68%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0		-37,920	12,178	140			1,674,398	0	3/1/2023	\$2,079,629	124%	100%
4	Oral Health	166,404	0	30,429		0	0	196,833			0	0, 1, 2220	196,800	100%	100%
4.b	Oral Health - Targeted to Rural	166,404	0					196.833	0.77%	196.833	0	3/1/2023	\$196.800	100%	100%
5	Health Insurance (c)	1,383,137	223,222		0	94,004	0	2,179,517			0	3/1/2023	\$2,179,276	100%	100%
7	Medical Nutritional Therapy (supplements)	341,395	0	-, -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		341,395			0	3/1/2023	\$338,531	99%	100%
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	0	-20.677	0				0	3/1/2023	\$25,000	100%	100%
13	Non-Medical Case Management	1,267,002	0	0	0	-,-	0	-,			0		\$1,524,148	128%	100%
13.a	Service Linkage targeted to Youth	110,793	0	_	_	-15,500		95,293			0	3/1/2023	\$93,766	98%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100.000	0			-46.500		53.500			0		\$46.838	88%	100%
13.c	Service Linkage at Public Clinic (a)	370,000	0			.0,000		370,000		,	0	3/1/2023	\$480,088	130%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-10,790	0	675,419			_	3/1/2023	\$903,455	134%	100%
14	Medical Transportation	424,911	0		0		0			354,887	0	0/1/2020	354,885	100%	100%
14.a	Medical Transportation services targeted to Urban	252,680	0	_	•	10,021		252,680		252,680	0	3/1/2023	\$247,270	98%	100%
14.b	Medical Transportation services targeted to Gradi	97,185	0					97,185		97,185	0	3/1/2023	\$102,594	106%	100%
14.c	Transportation vouchering (bus passes & gas cards)	75,046	0			-70.024		5,022			_		\$5,021	100%	100%
15	Emergency Financial Assistance	1,653,247	485,889	180,337	37,920	665,735	n	3,023,128		- , -	0	5, 1/2020	3,823,819	126%	100%
15.a	EFA - Pharmacy Assistance	1.553.247	485.889	180.337	37,920	690,735		2.948.128		, ,	0	3/1/2023	\$3,758,841	127%	100%
15.b	EFA - Other	100.000	0	100,001	01,020	-25,000		75,000		75,000	0	3/1/2023	\$64,979	87%	100%
17	Outreach	420,000	0			25,550		420,000			0	3/1/2023	\$222.472	53%	100%
FY23_RW_DIR	Total Service Dollars	20,614,665	1,071,877		0	227,772	0	23,202,976		.,	•	22020	22,939,902	99%	100%
			.,011,011	.,200,002					33.3370				,500,002	0070	.0070
		Original	Award	July	August	October	Final Quarter	Total	Percent	Total	Percent	Award	Award Amount	Amount	Balance
		Allocation	Reconcilation	Adjusments	10% Rule	Adjustments	Adjustments	Allocation	1 Cident	Expended on	1 0100111	Category	ar a Amount	Spent	Daidille
		Allocation	Neconchallon	(carryover)	Adjustments	Aujustilielits	Aujustineills	Allocation		Services		Category		Spent	
	Come (mount and be loss than 750/ of total and the delical	40.040.50	=0= 000	` '	•	00= 445	_	40.040.715	20 460'		74.4701	E			
	Core (must not be less than 75% of total service dollars)	16,849,505	585,988	1,108,325	-37,920	-295,149		18,210,749			74.17%				0
	Non-Core (may not exceed 25% of total service dollars)	3,765,160	485,889	180,337	37,920	522,921		4,992,227				Supplemen			0
L	Total Service Dollars (does not include Admin and QM)	20,614,665	1,071,877	1,288,662	0	227,772	0	23,202,976		22,939,902		Carry Over	0		0
												Totals	0	0	0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,208,914	18,000	0	•	-171,947	-23,088								
	Total QM (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	-55,825	23,088	395,958	1.41%						
			·												

FY 2023 Ryan White Part A and MAI Procurement Report

Priority Service Category	Original	Award	July	August	October	Final Quarter	Total	Percent of	Amount	Drocuro-	Original Date	Expended YTD	Percent	Percent
Service category	Allocation	Reconcilation		10% Rule	Adjustments	Adjustments	Allocation	Grant Award		ment	Procured	Lxpelided 11D	YTD	Expected
	RWPC Approved	Reconcliation			Adjustments	Adjustments	Allocation	Grant Award	Procured (a)		Procured		טוז	
	Level Funding		(carryover)	Adjustments						Balance				YTD
	Scenario			(†)										İ
				MAI Procure	nent Report									
Priority Service Category	Original	Award	July	August	October	Final Quarter	Total	Percent of	Amount	Procure-	Date of	Expended YTD	Percent	Percent
	Allocation	Reconcilation	Adjustments	10% Rule	Adjustments	Adjustments	Allocation	Grant Award	Procured (a)	ment	Procure-		YTD	Expected
	RWPC Approved		(carryover)	Adjustments						Balance	ment			YTD
	Level Funding Scenario			(f)										Í
1 Outpatient/Ambulatory Primary Care	2,107,819	-39,764	17,664	. 0	0	0	2,085,719	86.91%	2,085,719	0		2,170,575	104%	100%
1.b (MAI) Primary Care - CBO Targeted to African American	1,065,775	-20,106	8,832	0			1,054,501	43.94%	1,054,501	0	3/1/2023	\$1,193,260	113%	100%
1.c (MAI) Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	8,832	0			1,031,218	42.97%	1,031,218	0	3/1/2023	\$977,315	95%	100%
2 Medical Case Management	320,099	-6,038	116	0	0	0	314,177	13.09%	314,177	0		\$181,861	58%	100%
2.c (MAI) MCM - Targeted to African American	160,050	-3,019	58				157,089	6.55%	157,089	0	3/1/2023	\$126,576	81%	100%
2.d (MAI) MCM - Targeted to Hispanic	160,049	-3,019	58				157,088	6.55%	157,088	0	3/1/2023	\$55,285	35%	
Total MAI Service Funds	2,427,918	-45,802	17,780	0	0	0	2,399,896	100.00%	2,399,896	0		2,352,436	98%	100%
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%	
Total MAI Non-service Funds	0	0	0	0	0	0	0	0.00%	0	0		0	0%	
Total MAI Funds	2,427,918	-45,802	17,780	0	0	0	2,399,896	100.00%	2,399,896	0		2,352,436	98%	100%
MAI Grant Award	2,382,116	Carry Over:	17.780	ī		Total MAI:	2,399,896							<u> </u>
Combined Part A and MAI Orginial Allocation Total	25.680.192	ourry over.	17,700			TOTAL INFAL	2,000,000	Unallocated	Unobligated					100%
Commission and the conjugation of the conjugation o								0	0.102.194.04		MAI Award	2.399.896		1 1 1 1 1 1
Footnotes:						Total Part A & MAI	28.030.709				mai Awara	2,000,000		
All When reviewing bundled categories expenditures must be evaluated both by individual so	ervice category and	by combined catego	ories. One category	may exceed 100%				overage.						
(a) Single local service definition is multiple HRSA service categories. (1) does not include		, ,		,										
(c) Funded under Part B and/or SS	·													
(e) 10% rule reallocations														
														[

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2324 Ryan White Part B Procurement Report April 1, 2023 - March 31, 2024



5/1/24

Reflects spending through March 2024

Total Houston HSDA

Spending Target: 100%

\$3,438,501

Priority	Service Category	Original	% of	Amendment*	Contractual	Amendment	Contractual	Date of	Expended	Percent
Friority	Service Category	Allocation per	Grant	Amendment	Amount	Amendment	Amount	Original	YTD	YTD
4	Oral Health Service	\$1,833,318	53%	\$0	\$1,833,318		\$1,833,318	4/1/2023	\$1,664,725	91%
4	Oral Health Service -Prosthodontics (1)	\$576,750	17%	\$0	\$576,750		\$576,750	4/1/2023	\$692,336	120%
5	Health Insurance Premiums and Cost Sharing	\$1,028,433	30%	\$0	\$1,028,433		\$1,028,433	4/1/2023	\$1,002,377	97%
			3%	\$0	\$0		\$0			

0%

103%

\$0

\$0

\$0

3,438,501

\$0

3,438,501

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

(1) TRG is in the process of reallocations.

15

Revised

3,359,438

2023-2024 Ryan White Part B Service Utilization Report 04/01/2023 thru 03/31/2024 Houston HSDA (4816) 4th Quarter (04/01/23 - 03/31/2024)

Revised 4/26/2024 UDC Gender Race Age Group Female **Funded Service** Goal YTD Male FTM MTF AA White Hisp Other 0-12 | 13-19 | 20-24 25-34 35-44 45-49 50-64 65+ Health Insurance Premiums 1,150 759 83.73% 16.20% 2.00% 5.00% 37.94% 25.82% 33.08% 3.16% 0.00% 0.00% 0.65% 16.60% 20.68% 24.76% 29.94% 7.37% 0 0.00% 0.00% Home and Communiy Based Health Services 0.00% 0.00% 0.00% 0.00%0.00% 0.00%0.00% 0.00% 0.00% 0.00% 0.00% 0.00%0.00% 0.00% Oral Health Care 4,224 11.21% 35.13% 0.00% 0.25% 1.67% 18.12% 22.85% 23.31% 23.53% 10.27% 72.71% 25.22% 0.00% 51.21% 2.45% Unduplicated Clients Served By State Services Funds: 3,551 76.49% 18.97% 1.00% 3.54% 44.58% 18.50% 34.11% 2.81% 0.00% 0.13% 1.16% 17.36% 21.77% 24.04% 26.72% 8.82%

Completed By: L.Ledezma

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2324 DSHS State Services

Procurement Report

September 1, 2023 - August 31, 2024



Chart reflects spending through March 2024

Spending Target: 58.33%

		_							Revised	5/1/2024
Priority	Service Category	Original	% of	Amendments	Contractual	Amendment	Contractual	Date of	Expended	Percent
Titority	Service Category	Allocation per	Grant	per RWPC	Amount	Amenament	Amount	Original	YTD	YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$892,101	31%	\$0	\$892,101	\$0	\$892,101	9/1/2023	\$891,011	100%
6	Mental Health Services	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2023	\$89,670	30%
11	Hospice	\$293,832	10%	\$0	\$293,832	\$0	\$293,832	9/1/2023	\$133,100	45%
13	Non Medical Case Management (2)	\$350,000	12%	\$0	\$350,000	\$0	\$350,000	9/1/2023	\$84,679	24%
16	Linguistic Services (3)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$6,300	9%
	ADAP/Referral for Healthcare (4)	\$525,000	18%	\$0	\$525,000	\$0	\$525,000	9/1/2023	\$311,142	59%
	Food Bank	\$5,400		\$0	\$5,400	\$0	\$5,400	9/1/2023	\$2,378	44%
	Medical Transportation	\$84,600		\$0	\$84,600	\$0	\$84,600	9/1/2023	\$33,326	39%
	Emergency Financial Assistance (Compassionate Care)	\$368,123		\$0	\$368,123	\$0	\$368,123	9/1/2023	\$134,282	36%
		2,887,056	84%	\$0	\$1,903,933	\$0	\$1,903,933		1,685,886	89%

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) Reallocation will occur due to a change in provider.
- (3) Delayed billing
- (4) Staff turnover

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2023-3/31/2024

Revised: 4/22/2024



		Assisted			NOT Assisted	
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	940	\$144,581.25	413	0	\$0.00	0
Medical Deductible	6	\$8,326.12	6	0	\$0.00	0
Medical Premium	4267	\$1,541,973.12	801	0	\$0.00	0
Pharmacy Co-Payment	18779	\$823,346.04	1850	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:	23992	\$2,518,226.53	3070	0	\$0.00	

Comments: This report represents services provided under all grants.

UPDATED:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
05/18/24 INTEGRATED PLANNING BODY (IP)		1	2 6:00 p.m. IP Youth Workgroup	12 noon RW Steering Committee	4 Independence Day Holiday	5	6
Unless otherwise noted, ALL meetings will be held via Zoom or hybrid Z = Zoom (virtual only)	7	8	9	10	11 12 noon RW Planning Council 2:00 pm Comp HIV Planning with the IP Research, Data & Implementation and Monitoring, QA & Evaluation committees	12	13
	14	15 11:00 a.m. RW Operations	2:00 p.m. RW Quality Improvement	17 12:00 p.m. IP Aging & HIV Workgroup	18	19	20
	21	22 11:00 a.m. RW Affected Community with the IP Consumer & Community Engagement Workgroup	23	24 1:00 p.m. IP Respond Committee	25 12 noon RW Priority & Allocations 4:00 CPG	26	27
	28	29	30	31			•
2024							