

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	Bill Patterson
Jay Bhowmick, Co-Chair	Megan Rowe
Laura Alvarez	Isis Torrente
Georgina German	<i>Bobby Cruz</i>
Ronnie Galley	<i>Morénike Giwa Onaiwu</i>
Roxane May	<i>Bruce Turner</i>
Rodney Mills	

Copy: Josh Mica
Diane Beck
Glenn Urbach
Eric James
Frank Ruiz

Tiffany Shepherd
Sha'Terra Johnson
Carin Martin
Rodney Goodie
Talice Thomas, Nashville PC staff

From: Tori Williams

Date: Thursday, February 20, 2025

Re: Meeting Announcements

The first meeting of the 2025 Priority and Allocations Committee will be held in February. A number of policies will be reviewed and possibly approved at the meeting, hence member participation is strongly encouraged. Details are as follows:

Priority and Allocations Committee Meeting
12 noon, Thursday, February 27, 2025

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 email reminders to let her know if you will or will not be in attendance. If you will be in attendance, please let her know if we will 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

12 noon, Thursday, February 27, 2025

In person meeting location: Bering Church, 1440 Harold St., Houston, Texas 77006
Please enter the building from the parking lot behind the building

To participate virtually, click on the following Zoom link:

<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltzd09>

Meeting ID: 893 7471 3843 Passcode: 339238

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

AGENDA

- I. Call to Order Pete-gay Ledbetter and
Jay Bhowmick, Co-Chairs
- A. Welcome and Introductions
 - B. Moment of Reflection
 - C. Adoption of the Agenda
 - D. Approval of the Minutes

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

- III. Committee Orientation Tori Williams
- A. Petty Cash and Open Meetings Act Training
 - B. Conflict of Interest Policy
 - C. 2025 Critical Timeline and Committee Meeting Dates and Times
 - D. Determine the FY 2025 Policy on Allocating Unspent Funds
 - E. Determine the FY 2026 Principles & Criteria
 - F. Determine the FY 2026 Priority Setting Process
 - G. Elect a Committee Vice Chair

- IV. Reports from the Administrative Agencies Glenn Urbach
- A. Updates on FY 2024 and 2025 HRSA Grant Awards
 - B. Training in how to review Ryan White Part A/MAI reports
 - C. Updates from The Resource Group Sha'Terra Johnson
 - D. Training in how to review Ryan White Part B/SS reports

- V. Announcements

- VI. Adjourn

- Optional: Meet with the Committee Mentor Peta-gay Ledbetter

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12:00 p.m., Thursday, December 19, 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>
Rodney Mills	Roxane May	Sha'Terra Johnson
Jay Bhowmick	Priscilla Willridge	
Bill Patterson		<i>Ryan White Grant Admin</i>
Megan Rowe		Glenn Urbach
<i>Bobby Cruz</i>		Eric James
<i>Ronnie Galley</i>	OTHERS PRESENT	Mauricia Chatman
<i>Roxana Guzman</i>	Josh Mica, he/him/él, RWPC Chair	James Supak
<i>Bruce Turner</i>	Charles Henley, Consultant	
	Tori Williams	<i>Office of Support</i>
		Diane Beck
		Rod Avila

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

Call to Order: Rodney Mills, Co-Chair, called the meeting to order at 12:02 p.m.. He then asked for a moment of reflection.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Patterson, Rowe) to approve the October 24, 2024 meeting minutes. Motion carried.* Abstentions: Galley, Guzman, Turner.

Public Comment and Announcements: None.

Reports from the Administrative Agencies

Updates and Reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:

- FY24 Procurement Part A & MAI, dated 11/12/24 and 12/12/24
- FY24 Service Utilization Part A & MAI, dated 11/15/24 and 12/11/24

Updates and Reports from the Part B/State Services Administrative Agent:

- FY24-25 Procurement Part B, dated 12/05/24
- FY24-25 Procurement State Services, dated 12/05/24
- Health Insurance Assistance Service Utilization Report dated 11/26/24

Presentation: The Impact of Recent THMP* Changes: See attached *New Health Insurance Assistance Program in the Texas HIV Medication Program* from Rachel Sanor. Charles Henley presented the attached information about how changes to the Texas HIV Medication Program could impact allocations for the Houston area. Henley recommended creating a subcategory 3.c. ADAP since end of year funds are occasionally directed to the state ADAP program. It would show on the report like all prioritized services but not funded. Turner asked about paying the copays with primary care funds. Henley said that is not part of the bundled contract but a pot of money could be created to cover copays specifically for TIAP insurance clients.

Appreciations: Mills thanked everyone for attending the meeting and wished everyone a happy holiday season.

Announcements: None.

Adjournment: the meeting was adjourned at 1:40 p.m.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

2024 Priority & Allocations Committee Voting Record for 12/19/24

	Motion #1 Agenda Carried				Motion #2 Minutes Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS								
Peta-gay Ledbetter, Co-Chair		X				X		
Rodney Mills, Co-Chair				C				C
Jay Bhowmick		X				X		
Roxane May	X				X			
Bill Patterson		X				X		
Megan Rowe		X				X		
Priscilla Willridge	X				X			
<i>Bobby Cruz</i>		X				X		
<i>Rebecca Chapa Garcia</i>	X				X			
<i>Roxana Guzman</i>		X						X
<i>Ronnie Galley</i>		X						X
<i>Bruce Turner</i>		X						X

Nuts and Bolts for New Members

Please take into account that the following describes Council procedures under normal circumstances (no COVID, hurricanes, freezes, chemical spills or other extreme situations).

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact Rod in the Office of Support. In the meantime, most reminder emails will include an electronic copy of the meeting packet.

The meeting packet will have the date and time of the meeting, along with the in person meeting address and the virtual link. When contacting Rod to RSVP, please let her know if you will or will not be in attendance AND if you will be participating in person or virtually. This will determine room set up and food orders.

If attending in person, please sign in upon arrival and use the extra agendas on the sign in table if you didn't bring your packet.

Only Council/committee members sit at the table since they are voting members; staff and other non-voting members sit in the audience.

The only members who can vote on the minutes are the ones who were present at the meeting described in the minutes. If you were absent at the meeting, please abstain from voting.

Due to County budgeting policy, there may be no petty cash reimbursements in March and April. Please turn in your receipts to Rod but be prepared to receive a reimbursement check in late April.

Be careful about stating personal health information in meetings as all meetings are tape-recorded and, due to the Open Meetings Act, are considered public record. Anyone can ask to listen to the recordings, including members of the media.

Houston Area HIV Services Ryan White Planning Council
Office of Support
1310 Prairie Street, Suite 800, Houston, Texas 77002
832 927-7926 telephone; www.rwpchouston.org

MEMORANDUM

To: Members, Ryan White Planning Council
Affiliate Members, Ryan White Committees

Copy: Glenn Urban, Manager, Ryan White Grant Administration

From: Tori Williams, Director, Ryan White Office of Support

Date: January 23, 2025

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2025. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and Affiliate Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 22, 2025.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2025 **will not be reimbursed at all if they are turned in after March 31, 2025.**
- 3.) The Office of Support may not have access to petty cash funds between October 1 and November 15, 2025. If meetings are held in person during this time, then volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses, but the Office may not be able to reimburse volunteers for these expenses until early December 2025.

We apologize for what could be an inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

March 1

2025.....

Beginning of
fiscal year 2025

Feb 22

2025.....

Turn in all
receipts

Feb 28

2025.....

End of fiscal
year 2024.

March 31

2025

Turn in all remaining receipts
for fiscal year 2024 or you
will not be reimbursed for
those expenses incurred between
March 1, 2024 and Feb. 28, 2025

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832 927-7926 telephone; www.rwpchouston.org

Memorandum

To: Members, Houston Ryan White Planning Council
Affiliate Members, Ryan White Committees

From: Tori Williams, Director, Ryan White Office of Support

Date: January 23, 2025

Re: Open Meetings Act Training

Please note that all Council and Affiliate Committee members are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 28, 2025. The training takes 60 minutes and can be accessed through the following link or QR code (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

<https://www.texasattorneygeneral.gov/og/oma-training>

If you do not have high-speed internet access, you are welcome to contact Rod in the Office of Support and we will help you access the information.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Call the Office of Support with the validation code and the staff will print it for our files and give you a copy as well.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.



HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998

REV OCTOBER 14, 2021 POLICY No. 600.01

QUORUM, VOTING, PROXIES, ATTENDANCE

1 PURPOSE

2
3 This policy establishes the guidelines as to what legally constitutes a Houston Area HIV Health
4 Services (Ryan White) Planning Council meeting. In addition, the policy will define and establish
5 how voting is done, what constitutes a roll call vote and who monitors that process. This policy
6 will define attendance, and the process by which a member can be removed from the council.
7

8 AUTHORITY

9
10 The adoption of the Houston Area HIV Health Services (Ryan White) Planning Council Bylaws
11 Rev. 01/18 Article VI; (Sections 6.01-6.04).
12

13 PROCESS

14 QUORUM:

15 Pending the Governor rescinding the COVID-19 related waiver suspending all in-person
16 quorum requirements in the Texas Open Meetings Act, thirty percent of the members will
17 constitute Council quorum to satisfy in-person requirements.
18

19
20 It is considered to be a public health emergency if the Harris County Judge declares an
21 emergency or the Public Health Department is activated as a first responder. Under a
22 declared health emergency, quorum for the Ryan White Planning Council will be determined
23 by the number of Council members present in the meeting room and/or on the conference
24 call at the official start time for the meeting. Documentation is to be provided to the Council,
25 which determines the beginning, and the end dates of the public health emergency.
26

27 To constitute a Standing Committee quorum, at least two (2) committee members and a Chair must
28 be present; one of these must be a self-identified member living with HIV.
29

30 VOTING:

31 Each council member will have only one vote on any regular business matter coming before the
32 Council. A simple majority of members present and voting will be required to pass any matter
33 coming before the Council except for that of proposed Bylaws changes. Proposed changes to the
34 Bylaws will be submitted in written form for review to the full Council at least fifteen (15) days
35 prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council
36 will not vote except in the event of a tie. The Chairs of the Standing Committees shall not vote at
37 Committee meetings except in the event of a tie. In a case where standing committees have co-
38 chairs, only one of them may vote at Steering. The Chair of the Council is an ex-officio member of
39 all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is
40 welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to

41 vote. In the absence of the Chair of the Council, the next officer may assume the ex-officio role
42 with committees. In an effort to manage agency influence over a single committee or workgroup,
43 only one voting member (Council or Affiliate) per agency will be permitted to vote on Ryan White
44 Planning Council committees and workgroups. If there is an unresolved tie vote and the Chair of
45 the Committee works for the same agency as another committee member, then the information
46 will be forwarded to the Steering Committee for resolution.

47

48 **ALTERNATE PARTICIPATION:**

49 During committee meetings any full council member living with HIV may serve as an alternate on
50 a committee for any absent committee member living with HIV. The Chair of the Committee will
51 communicate to the rest of the committee that the alternate person living with HIV is there to
52 conduct business. Alternates have full voting privileges. This rule is not applicable in full Council
53 meetings.

54

55 **CONFLICT OF INTEREST AND VOTING AMONG AFFILIATE MEMBERS:**

56 Affiliate members must declare a conflict of interest.

57

58 The number of Affiliate members on a committee (not a subcommittee or work group) should not
59 equal or exceed the number of Council members on that committee.

60

61 **ROLL CALL VOTE:**

62 When a roll call vote is taken, the Secretary will call the roll call vote, noting voting, and will
63 announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts
64 of interest (RWPC Policy No. 800.01). The Secretary will process inquiries into votes made in
65 conflict of interest.

66

67 **ATTENDANCE:**

68 Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan
69 White) Planning Council. Affiliate Committee members are required to attend meetings of the
70 committee to which they are assigned. The Secretary shall cause attendance records to be
71 maintained and shall regularly provide such records to the Chair of the Operations Committee. The
72 Operations Committee will review attendance records quarterly.

73

74 If a Council or Affiliate committee member has 4 absences (excused or unexcused) from Council
75 meetings or 4 absences from committee meetings within a calendar year or fails to perform the
76 duties of a Council member described herein without just cause, that member will be subject to
77 removal. In order to avoid such action, the following will occur: Step 1: Office of Support staff
78 will contact the member by telephone to check on their status. Step 2: If the member continues to
79 miss meetings, the Chair of the Planning Council will formally notify the member in writing to
80 remind them of Council policies regarding attendance and to give the member an opportunity to
81 request assignment to another committee. If assignment to another committee is requested, the
82 Chair of the newly selected committee and the Planning Council Chair must approve the change.
83 Step 3: If the Council member continues to miss meetings, the CEO will be informed of the
84 situation and the steps taken by the Council to address the situation. If an Affiliate committee
85 member continues to miss meetings, the Chair of the Council will be informed of the situation and
86 the steps taken by the Council to address the situation. Step 4: The CEO has the sole authority to

87 terminate a Council member and will notify said member in writing, if that is their decision. The
88 CEO or the Chair of the Planning Council has the authority to terminate an Affiliate committee
89 member and will notify said member in writing, if that is their decision.

90

91 If for two consecutive months the Office of Support is unable to make contact with a Council or
92 an Affiliate committee member by telephone and receives returned email and/or mail sent to that
93 member, staff will send a certified letter requesting the member to contact the Office of Support
94 by telephone or in writing to update their contact information. If the member does not respond to
95 the certified letter within 30 days, or if the certified letter is returned to the Office of Support, the
96 Operations Committee will be notified at their next regularly scheduled meeting. At the request
97 of the Operations Committee, the Chair of the Planning Council and the CEO will be informed of
98 the situation and the steps taken by the Council to address the situation. As stated above, the CEO
99 has the sole authority to terminate a Council member and will notify said member in writing, if
100 that is his/her decision. The CEO or the Chair of the Planning Council has the authority to terminate
101 an affiliate committee member and will notify said member in writing, if that is his/her decision.

102

103 Reasons for absences that would be used to determine reassignment or dismissal include: 1)
104 sickness; 2) work related conflicts (in or out of town and vacations), and 3) unforeseeable
105 circumstances. Any Planning Council member who is unable to attend a Planning Council meeting
106 or standing committee meeting must notify the Office of Support prior to such meeting. The Office
107 of Support staff will document why a member is absent.

108

109 **PROXIES:**

110 There will be no voting by proxy.

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL. 15, 1998

REV JANUARY 1, 2020

POLICY No. 800.01

CONFLICT OF INTEREST

1 **PURPOSE**

2 To define the policy in which the Houston Area HIV Health Services (RW) Planning Council
3 identifies and addresses conflict of interest within the planning council (PC).

- 4 • Inherent in the system - The Ryan White Program states: The HIV health services planning
5 council shall include representatives of...community-based organizations serving affected
6 populations and HIV service organizations; local public health agencies...
7
- 8 • Must be managed - The Ryan White Program states: The PC may not be directly involved
9 in the administration of a grant. The PC may not designate (or otherwise be involved in
10 the selection of) particular entities as recipients of any amount provided in the grant.
11

12 **AUTHORITY**

13
14 The Ryan White HIV/AIDS Treatment Extension Act of 2009, Sec.2602(b)(1);
15 Sec.2602(b)(5)(A); Sec.2602(b)(5)(B); Article VIII, Sec8.01 of the Bylaws (01/18) of the Houston
16 Area HIV Health Services (RW) Planning Council.
17

18 **DEFINITION(S)**

19
20 “Conflict of Interest” (COI) is defined as an actual or perceived interest by a RWPC member in an
21 action which results or has the appearance of resulting in personal, organizational, or professional
22 gain. COI does not refer to persons living with HIV (PLWH) whose sole relationship to a Ryan
23 White Part A or B or State Services funded provider is as a client receiving services. The potential
24 for conflict of interest is present in all Ryan White processes: needs assessment, priority setting,
25 comprehensive planning, allocation of funds and evaluation.
26

27 **PROCESS**

28
29 The rules contained in this policy apply to all RWPC members, council support, contractors and
30 consultants to the Houston Area HIV Health Services (RW) Planning Council, all of whom shall
31 be referred to as RWPC members in this policy.
32

33 RWPC members who have a financial interest in, are employed by, sit on Boards of Directors, or
34 have been employed by such an entity at any time during the previous twelve months, or are
35 members of a public or private entity seeking Ryan White Part A or B or State Services funding
36 will not participate directly or in an advisory capacity, in the Administrative Agency’s processes
37 of selecting entities to receive Ryan White Part A or B or State Services funding within that
38 particular service category. RWPC members shall be provided with copies of, and shall abide by
39 local state regulations governing COI.

40 RWPC members must complete a COI Disclosure Form annually and/or as needed, describing the
41 relationship of the person to each organization that can benefit from an action by the RWPC. This
42 information, in the form of a matrix of members and their conflicts of interest, will be provided to
43 all members of the RWPC. Additionally all RWPC members will identify conflicts of interest
44 during a discussion and/or vote and abstain from voting on issues pertaining to that conflict. All
45 RWPC members are encouraged to request a review of potential COI of another member during a
46 RWPC meeting.

47
48 The Secretary of the RWPC has responsibility for addressing actions to resolve COI when they
49 occur (see RWPC Policy 500.01). When the Secretary has a COI, monitoring voting for COI and
50 processing inquiries related to COI will fall to the role of the Council Vice Chair, if the Council
51 Vice Chair has a COI the responsibility will fall to the Council Chair. If still unresolved then the
52 responsibility will fall to the Chair of the Operation Committee.

53
54 In the event of a COI and/or during the period of review of said COI, members with a COI may
55 participate in the discussion of the COI or questions, but shall abstain from voting on the matter.
56

57 The Operations Committee of the RWPC shall recommend to the CEO the termination of a
58 member from the RWPC if the member refuses to complete a COI disclosure form, refuses to
59 declare a COI, or refuses to cooperate in a COI review, or if it is determined that the member took
60 action intended to influence the conduct of the Administrative Agency in selecting entities to
61 receive Ryan White Part A or B or State Services funding within a particular service category or
62 an action which resulted in or had the appearance of resulting in personal, organizational, or
63 professional gain.
64

65 **COI INQUIRY/INTRODUCTION/PROCEDURE:**
66 A COI matrix from the information provided on the COI questionnaire will indicate the service
67 category(ies) in which a conflict(s) occurs.
68

69 An inquiry as to whether or not an individual has a conflict of interest that has not been disclosed
70 is handled as a privileged motion: raising a question of privilege.
71

72 Questions of privilege relate to the conduct of officers, members, and employees. In this specific
73 case, the conduct being addressed would be not having disclosed a COI. A question of privilege
74 (COI Inquiry) will usually take place during or after a discussion or vote. If necessary, raising a
75 question of privilege may interrupt a member's speech.
76

77 A member of the RWPC, who feels that another member has violated the COI policy by failing to
78 disclose a COI or by voting on an issue regarding a service category in which a conflict has been
79 disclosed, should raise a question of privilege in order to inquire about a possible conflict. The
80 following steps will take place:

81 Step 1: A member rises, addresses the chair, and then, without waiting, says, "I rise to a
82 question of privilege."

83 Step 2: The Chair will at this time request the Secretary to take control of the meeting. The
84 Secretary will direct him/her to state his/her question.

85 Step 3: The member will briefly express his/her complaint and propose, as a motion, a solution.

86 The motion is the actual question of privilege or a request to inquire about a COI.
87 Step 4: The Secretary will attempt to process the motions to inquire as to whether a member
88 has a COI by general consent. (General consent requires no objections). If the general consent
89 is obtained, the motion will be discussed.

90
91 If general consent fails, the Secretary will ascertain if there is a second to the motion and then
92 process it as a main motion (even if a main motion was interrupted).

93
94 As soon as the interrupting question of privilege is disposed of, the assembly resumes
95 consideration of the question that was interrupted.

96
97 **METHOD OF DISCLOSURE:**
98 Annually and on an as needed basis, PC and affiliate committee members are required to submit a
99 Proposed Conflict of Interest Disclosure Questionnaire (RWPC Form 2, COI) to PC Support Staff.

100
101 **PROCEDURE FOR COUNCIL MEMBERS WHO BECOME VENDORS AFTER**
102 **JOINING THE COUNCIL:**
103 Vendors must abide by the same conflict of interest policies that everyone else does.

2025 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/23/25)

AFFECTED COMMUNITY

Meetings are on the second Tuesday after Council meets starting at 12:00 noon:

February 25	July 22
March 18*	August 26
March 25	September 23
April - no mtg	October 21
May 20	November 25
June 24	December - no mtg

COMPREHENSIVE HIV PLANNING

Meetings are on the second Thursday of the month starting at 10:00 am:

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

OPERATIONS

Meetings are on the second Mondays after Council meets starting at 1:00 pm:

February 24	August 25
March 24	September 22
April - no mtg	October 20
May 19	November 24
June 23	December 22
July 21	

PLANNING COUNCIL

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

February 13	August 14
March 13	September 11
April 10	October 9
May 8	November 13
June 12	December 11
July 10	

PRIORITY & ALLOCATIONS

Meetings are on the fourth Thursday of the month starting at 12 noon:

February 27	July 24
March 18*	August 28
March 27	September 25
April 24	October 23
May 22	November - no mtg
June 26	December - no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 12:00 noon:

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

STEERING

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

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

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

BOLD = Special meeting date, time or place

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2025 Council Activities

(Revised 01 30 25)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. **The following meetings are subject to change. Please check our website at <http://rwpchouston.org> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

General Information: The following is a list of significant activities regarding the 2025 Houston Ryan White Planning Council. People living with HIV, providers and members of the public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to review monthly calendars and/or meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: <http://rwpchouston.org>.

Most Ryan White Council and Committee meetings will use a hybrid format in 2025. Routinely, the Ryan White Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

- Thurs. Jan. 23 Council Orientation. 2025 Committee meeting dates will be established at this meeting.
- February EHE/Integrated Planning body Committees and Workgroups start meeting. Contact the Office of Support to become a member of these groups.
- Thurs. Feb. 6 12 noon. First Steering Committee meeting for the 2025 planning year.
- Thurs. Feb.13 12 noon. First Council meeting for the 2025 planning year.

Tues. Feb. 11 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding 18 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider a service that is not currently being funded in the Greater Houston area with Ryan White funds. The form requires documentation that justifies why a particular service should be funded and why it is not a duplication of a service already being offered through another funding source. Anyone can submit an Idea Form. Contact the Office of Support at 832 927-7926 to request forms.

- Feb. TBD 10 am, Orientation for new 2025 Affiliate Committee Members.
- Thurs. Feb. 27 12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2025 unspent funds, FY 2026 priority setting process** and more.
- March Integrated Planning body Committees and Workgroups meet to continue working on goals. Committees and Workgroups will meet every other month (May, July, September, November). The Leadership Team will meet in alternative months (April, June, August, October, December). Contact the Office of Support to become a member of these groups.
- March dates TBD EIIHA Workgroup and the Project LEAP/Proyecto VIDA Advisory Committee meet.
- Tues. March 18 12 noon. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2026 service categories** for Part A, Part B, MAI* and *State Services* funding.
- Tues. March 25 12 noon. **Consumer Training** on the How to Best Meet the Need process.
- Thurs. April 3 12 noon. Steering Committee meets.

(continued)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2025 Council Activities

(Revised 01 30 25)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. **The following meetings are subject to change. Please check our website at <http://rwpchouston.org> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

Thurs. April 10

12 noon. Planning Council meets.

1:30 4:30 pm. Council and Community Training for the How to Best Meet the Need process. Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.

Fri. April 11

5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 11 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

APRIL & MAY

How to Best Meet the Need workgroups are scheduled to meet. Call 832 927-7926 for confirmation and to receive meeting packets.

Mon. April 14

1:00 pm 5:00 pm, Special workgroup meetings. Topics to be announced.

Tues. April 15

10:30 am. **How To Best Meet the Need Workgroup #1** at which the following services for FY 2026 will be reviewed:

- Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance Pharmacy Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach, and Service Linkage Adult and Rural)
- Referral for Health Care and Support Services ADAP Enrollment Workers
- Clinical Case Management
- Non-Medical Case Management (Service Linkage at Testing Sites)
- Vision Care

Tues. April 15

1:30 pm. **How To Best Meet the Need Workgroup #2** at which the following services for FY 2026 will be reviewed:

- Health Insurance Premium & Co-pay Assistance
- Medical Nutritional Therapy (including Nutritional Supplements)
- Food Bank/Home Delivered Meals
- Mental Health Untargeted & Special Populations
- Substance Use Disorder Treatment/Counseling
- Non-Medical Case Management (Substance Use Disorders)
- Oral Health Untargeted & Rural

Weds. April 16

2:00 pm 4:00 pm. **How To Best Meet the Need Workgroup #3** at which the following services for FY 2026 will be reviewed:

- Emergency Financial Assistance - Other
- Hospice
- Housing Temporary Assisted Living
- Linguistic Services
- Other Professional Services or Legal Services
- Transportation (van-based - Untargeted & Rural)

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2025 Council Activities

(Revised 01 30 25)

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- Thurs. April 24 12 noon. Priority & Allocations Committee meets to allocate **Part A/MAI* unspent funds.**
- Tues. May 13 12 noon. Quality Improvement Committee meets to approve the **FY 2026 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.
- Mon. May 19 1:00 pm. **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2026 Council Support Budget.

TENT: Tues. May 20 7:00 pm., Public Hearing on the **FY 2026 How To Best Meet the Need results.**

- Weds. May 21 2:00 pm, Special Quality Improvement Committee meeting to review public comments regarding **FY 2026 How To Best Meet the Need results.**
- Thurs. May 22 12 noon. P&A meets to recommend the **FY 2026 service priorities** for Ryan White Parts A and B and *State Services* funding.
- JUNE OR JULY 12 noon. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
- Thurs. June 5 12 noon. Steering Committee meets to approve the **FY 2026 How to Best Meet the Need results.**
- Thurs. June 12 12 noon. Council approves the **FY 2026 How to Best Meet the Need results.**
- June 16, 17 & 18 Time TBD. Special Priority & Allocations Committee meetings to draft the **FY 2026 allocations for RW Part A and B, MAI* and State Services** funding.
- Thurs. June 26 12 noon. Priority & Allocations Committee meets to approve the **FY 2026 allocations for RW Part A and B, MAI* and State Services** funding.
- July/Aug. Workgroup meets to complete the proposed **FY 2026 EIIHA Plan.**

Fri. July 11 5:00 pm. Deadline for submitting a Project LEAP application form. See July 31 for description of Project LEAP. Call 832 927-7926 for an application form.

Thurs. July 24 12 noon. The Priority and Allocations Committee allocates **FY 2025 carryover funds.** **(Allocate even though dollar amount will not be avail. until Aug.)**

Mon. July 28 7 pm. Public Hearing on the **FY 2026 service priorities and allocations.**

Tues. July 29 Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2026 service priorities and allocations.**

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2025 Council Activities

(Revised 01 30 25)

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TENT: July 30

Project LEAP and Proyecto VIDA classes begin. These are free 17-week training courses in English and Spanish for individuals living with or affected by HIV. The goal is to provide knowledge and skills needed to plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.

Thurs. Aug. 7

12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2026 GRANT**. (Mail out date for the August Steering Committee meeting is July 31, 2025.)

Thurs. Aug 14

12 noon. Council approves the **FY 2026 service priorities and allocations**.

Tues. Aug. 26

12 noon. **Consumer Training** on Standards of Care and Performance Measures.

Fri. Sept. 5

5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 11 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

Tues. Sept. 23

12 noon. **Consumer-Only Workgroup** meeting to review FY 2025 Standards of Care.

Mon. Oct. 20

1:00 pm. Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & the Letter of Agreement between Part B stakeholders.

October or
November

Date & time TBD. Community Workgroup meeting to review **FY 2026 Standards of Care** for all service categories.

Thurs. Oct. 23

12 noon. Priority & Allocations Committee meets to allocate FY 2025 unspent funds.

Thurs. Nov. 13

12 noon. Council recognizes all Affiliate Committee Members.

Thurs. Nov. 20

10:00 am. Commissioners Court to receive the World AIDS Day Resolution.

Mon. Dec. 1

World AIDS Day.

Thurs. Dec. 11

12 noon. Election of Officers for the 2026 Ryan White Planning Council.

* *Minority AIDS Initiative (MAI) funding*

2024 Policy for Addressing Unobligated and Carryover Funds

(Council approved 03-14-24)

Background

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

Unobligated funds are funds allocated by the Council but, for a variety of reasons, are not put into contracts. Or, the funds are put into a contract but the money is not spent. For example, the Council allocates \$700,000 for a particular service category. Three agencies bid for a total of \$400,000. The remaining \$300,000 becomes unobligated. Or, an agency is awarded a contract for a certain amount of money. Halfway through the grant year, the building where the agency is housed must undergo extensive remodeling prohibiting the agency from providing services for several months. As the agency is unable to deliver services for a portion of the year, it is unable to fully expend all of the funds in the contract. Therefore, these unspent funds become unobligated. The Council is informed of unobligated funds via Procurement Reports provided to the Quality Improvement (QI) and Priority and Allocations (P&A) Committees by the respective Administrative Agencies (AA), HCPH/Ryan White Grant Administration and The Resource Group.

Carryover funds are the RW Part A Formula and MAI funds that were unspent in the previous year. Annually, in October, the Part A Administrative Agency will provide the Committee with the estimated total allowable Part A and MAI carryover funds that could be carried over under the Unobligated Balances (UOB) provisions of the Ryan White Treatment Extension Act. The Committee will allocate the estimated amount of possible unspent prior year Part A and MAI funds so the Part A AA can submit a carryover waiver request to HRSA in December.

The Texas Department of State Health Services (TDSHS) does not allow carryover requests for unspent Ryan White Part B and State Services funds.

It is also important to understand the following applicable rules when discussing funds:

- 1.) **10% Rule:** The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. The 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an \$800,000 service category is \$80,000. If a \$500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or \$50,000 into the receiving category, leaving \$30,000 unobligated.
- 2.) **Procurement Rules**, it is difficult to RFP funds after the mid-point of any given fiscal year.

In the final quarter of the applicable grant year, after implementing the Council-approved October reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the AA may reallocate any remaining unspent funds as necessary to ensure the Houston EMA/HSDA has less than 5% unspent Formula funds and no unspent Supplemental funds. The AA for Part B and *State Services* funding may do the same to ensure no funds are returned to the Texas Department of State Health Services (TDSHS). The applicable AA must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

Recommendations for Addressing Unobligated and Carryover Funds:

- 1.) **Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where the Agency Currently Has a Contract:** These requests come at designated times during the year.

A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a ***Request for Service Category Increase***. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

The AA must submit this information to the Office of Support in an appropriate time for document distribution for the April, July and October P&A Committee meetings. The form must be submitted for all requests regardless of the completeness of the request. The AA for Part B and State Services Funding will do the same, but the calendar for the Part B AA to submit the Requests for Service Category Increases to the Office of Support is based upon the current Letter of Agreement. The P&A Committee has the authority to recommend increasing the service category funding allocation, or not. If not, the request "dies" in committee.

- 2.) **Requests for Proposed Ideas:** These requests can come from any individual or agency at any time of the year. Usually, they are also addressed using unobligated funds. The individual or agency submits the idea and supporting documentation to the Office of Support. The Office of Support will submit the form(s) as an agenda item at the next QI Committee meeting for informational purposes only, the Office of Support will inform the Committee of the number of incomplete or late requests submitted and the service categories referenced in these requests. The Office of Support will also notify the person submitting the Proposed Idea form of the date and time of the first committee meeting where the request will be reviewed. All committees will follow the RWPC bylaws, policies, and procedures in responding to an "emergency" request.

Response to Requests: Although requests will be accepted at any time of the year, the Priority and Allocations Committee will Review requests at least three times a year (in April, July, and October). The AA will notify all Part A or B agencies when the P&A Committee is preparing to allocate funds.

- 3.) **Committee Process:** The Committee will prioritize recommended requests so that the AA can distribute funds according to this prioritized list up until May 31, August 31 and the end of the grant year. After these dates, all requests (recommended or not) become null and void and must be resubmitted to the AA or the Office of Support to be considered in the next funding cycle.

After reviewing requests and studying new trends and needs the committee will review the allocations for the next fiscal year and, after filling identified gaps in the current year, and if appropriate and possible, attempt to make any increase in funding less dramatic by using an incremental allocation in the current fiscal year.

- 4.) **Projected Unspent Formula Funds:** Annually in October, the Committee will allocate the projected, current year, unspent, Formula funds so that the Administrative Agent for Part A can report this to HRSA in December.

Priority and Allocations

FY 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)

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.

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FY 2025 Priority Setting Process

(Priority and Allocations Committee approved 04/25/24)

IMPORTANT: HRSA RW Part A Manual requires that “all RWHAB core medical and support services must be prioritized annually.” RWHAP 2023 Part A Manual, page 33.

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

(Continued on next page)

- At the end of challenges, the entire ranking is approved or rejected by the committee.
9. At a **separate** ~~subsequent~~ meeting, the Priority and Allocations Committee goes through the allocations process.
 10. The **complete** ~~single~~ list of recommended priorities is presented at a Public Hearing.
 11. The committee meets to review public comment and possibly revise the recommended priorities.
 12. At the end of the How To Best Meet the Need, prioritization and allocations processes, staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
 13. Once **this is done**, ~~the committee has made its final decision~~, the **committee** recommended single list of priorities is forwarded as the priority list of services for the following year.

RYAN WHITE PART A & MAI PROCUREMENT & SERVICE UTILIZATION REPORTS

HOW TO READ RWGA REPORTS

FEBRUARY 2025

PROCUREMENT & SERVICE UTILIZATION REPORTS SUPPORT THE HIGHLIGHTED ACTIVITIES COMMON TO PART A & PART B ADMINISTRATIVE AGENTS

- Needs Assessment incl. special studies & Unmet Need Framework
- Integrated Prevention and Care Planning (Comp Plan)
- **Priority Setting**
- **Directives** – How to Best Meet the Need (HTBMTN)
- **Resource Allocation**
- Coordination of Services
- **Procurement** (RFP, Reviews, Contracting, Invoices)
- Contract Monitoring (fiscal and programmatic)
- Clinical Quality Management

RESOURCE ALLOCATION

- After setting priorities, the Council allocates resources, which means it decides how much RWA and MAI, RWB and TDSHS funding will be used for each of these priorities
- The RWGA **Procurement Report** documents
 - The Council's **planned allocations** for Part A and MAI-funded services and how these funds are adjusted during the grant year (March 1 – February 28)
 - **Changes in allocations** made during the year
 - These changes are usually done in April (final NoA is issued from HRSA/HAB), July (for carryover funds from the previous fiscal year), October (mid-year review of underspending Agency contracts), and fourth quarter (sweep up funds of Agency underspending contracts)
 - The associated YTD **monthly expenditures** by service category/subcategory



PROCUREMENT

- RWGA, the Administrative Agency or “AA” for RW Part A & MAI, contracts with eligible entities to provide services
- RWGA uses RFPs, Interlocal Agreements and contract renewals to **procure** the services
- During the grant year, RWGA identifies funds that can be reallocated by the Council to other service priorities with unmet need (e.g., carryover, underspending contracts)
- These changes in Allocations are documented in the Procurement Report

EXPENDITURES

- The Procurement Report also documents the year-to-date (YTD) **expenditures** for each individual service category and subcategory the Council has allocated funds to
- Expenditures often lag behind reports because Agencies are required to submit their bills within 10 business days after the end of each month, but some take longer
- RWGA identifies service categories where expenditures are not on track and works with the Agency to resolve challenges
- RWGA will reduce contracts when spending has fallen behind
- Those funds are returned to the Council for reallocation

RULES / CAVEATS

- No less than 75% of RWA and MAI funds must be allocated to Core Services unless the Recipient has received a waiver from HRSA/HAB
- RWA and MAI **carryover** funds are also subject to the 75% Core Services Requirement
- Due to the time needed to issue an RFP, select new vendors and for those vendors to begin service delivery, new Service Categories or contracting with new Agencies is not an option after the April reallocation opportunity when HRSA/HAB issues its final Notice of Award
- After April, reallocations can only be made into existing Service Categories, with the sole exception of allocating funds to ADAP

EXAMPLE

- Let's read the most recent Procurement Report together

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2022 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation (Initial Funding Scenario)	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,969,788	-15,437	0	84,897	0	11,039,248	46.9%	10,938,008	200,000		\$ 8,221,834	89%	83%
1A	Primary Care - Public Clinic (a)	3,079,500					3,079,500	19.30%	3,079,500	0	3/1/2022	\$ 2,443,761	79%	75%
1B	Primary Care - CBO Targeted to AA (a) (a)	1,084,878			60,874		1,145,752	4.80%	1,158,150	0	3/1/2022	\$ 1,158,111	101%	83%
1C	Primary Care - CBO Targeted to Hispanic (a) (a)	915,511			75,774		991,285	4.00%	991,224	0	3/1/2022	\$ 1,078,622	108%	83%
1D	Primary Care - CBO Targeted to W/Hispanic (a) (a)	1,147,204			19,300		1,166,504	4.83%	1,184,224	0	3/1/2022	\$ 620,777	53%	83%
1E	Primary Care - CBO Targeted to Rural (a) (a)	1,120,000			-87,500		1,032,500	4.19%	1,032,010	0	3/1/2022	\$ 738,985	71%	83%
1F	Primary Care - Women of Public Clinic (a)	2,100,000					2,100,000	8.12%	2,100,000	0	3/1/2022	\$ 630,100	30%	78%
1G	Primary Care - Pediatric (a) (a)	184,177	-15,437				168,740	0.60%	168,740	0	3/1/2022	\$ 0	0%	0%
1H	Maternal	500,000					500,000	2.08%	500,000	0	3/1/2022	\$ 344,490	69%	83%
1I	Primary Care Health Outcome Plan	200,000					200,000	0.79%	0	200,000		\$ 0	0%	0%
2	Medical Case Management	1,732,000	80,051	0	-18,000	0	1,834,051	8.79%	1,839,849	-18,000		1,432,873	87%	83%
2A	Critical Case Management	482,666					482,666	2.93%	482,666	0	3/1/2022	\$ 600,000	100%	83%
2B	Med CM - Public Clinic (a)	277,103					277,103	1.59%	277,103	0	3/1/2022	\$ 287,022	104%	75%
2C	Med CM - Targeted to AA (a) (a)	180,000					180,000	0.70%	180,000	0	3/1/2022	\$ 126,181	70%	83%
2D	Med CM - Targeted to HS (a) (a)	189,011					189,011	0.70%	189,011	0	3/1/2022	\$ 83,192	44%	83%
2E	Med CM - Targeted to Hispanic (a) (a)	81,188					81,188	0.37%	81,188	0	3/1/2022	\$ 14,699	17%	83%
2F	Med CM - Targeted to Rural (a) (a)	273,780					273,780	1.47%	273,780	0	3/1/2022	\$ 107,980	39%	83%
2G	Med CM - Women of Public Clinic (a)	23,311					23,311	0.11%	23,311	0	3/1/2022	\$ 61,467	26%	78%
2H	Med CM - Targeted to Med (a) (a)	60,051	-80,051				0	0.00%	0	0	3/1/2022	\$ 0	0%	0%
2I	Med CM - Targeted to Youth	49,888			-15,000		34,888	0.19%	34,888	-15,000		\$ 0	0%	0%
3	Local Pharmacy Assistance Program	1,815,380	200,000	0	0	0	2,015,380	8.3%	2,015,380	0	3/1/2022	\$ 1,588,519	79%	83%
3A	Local Pharmacy Assistance Program - Public Clinic (a) (a)	910,380					910,380	3.64%	910,380	0	3/1/2022	\$ 348,585	38%	83%
3B	Local Pharmacy Assistance Program - Integrated (a) (a)	905,000	200,000				1,105,000	4.56%	1,105,000	0	3/1/2022	\$ 1,240,000	112%	83%
4	Oral Health	188,404	0	0	0	0	188,404	0.89%	188,404	0	3/1/2022	\$ 148,390	79%	83%
4A	Oral Health - Integrated (a)	188,404					188,404	0.90%	188,404	0	3/1/2022	\$ 148,390	79%	83%
4B	Oral Health - Targeted to Rural	0					0	0.00%	0	0	3/1/2022	\$ 0	0%	0%
5	Health Insurance (a)	1,383,197	435,299	136,288			1,954,784	8.1%	1,954,781	0	3/1/2022	\$ 1,498,449	77%	83%
6	Mental Health Services (a)	0					0	0.00%	0	0	NA	\$ 0	0%	0%
7	Early Intervention Services (a)	0					0	0.00%	0	0	NA	\$ 0	0%	0%
8	Medicaid Noncovered Therapy Supplements	341,388					341,388	1.42%	341,388	0	3/1/2022	\$ 281,118	82%	83%
9	Home and Community-Based Services (a)	0					0	0.00%	0	0	NA	\$ 0	0%	0%
9A	Income	0					0	0.00%	0	0	NA	\$ 0	0%	0%
9B	Facility Based	0					0	0.00%	0	0	NA	\$ 0	0%	0%
9C	Respite Abuse Services - Outpatient (a)	45,877			-20,887		25,000	0.10%	45,877	-20,887	3/1/2022	\$ 8,338	18%	83%
9D	Respite Services	0					0	0.00%	0	0	NA	\$ 0	0%	0%
9E	Referral for Health Care and Support Services (a)	0					0	0.00%	0	0	NA	\$ 0	0%	0%
13	Non-Medical Case Management	1,387,500	0	0	43,000	0	1,430,500	5.44%	1,310,000	0	3/1/2022	\$ 1,110,469	89%	83%
13A	Service Linkage Targeted to Youth	110,000					110,000	0.89%	110,000	0	3/1/2022	\$ 60,000	55%	83%
13B	Service Linkage Targeted to Newly Diagnosed/Post-In-Care	100,000			-7,000		93,000	0.69%	93,000	0	3/1/2022	\$ 77,024	83%	83%
13C	Service Linkage at Public Clinic (a)	210,000					210,000	1.64%	210,000	0	3/1/2022	\$ 199,979	95%	83%
13D	Service Linkage embedded in CBO Prvnc (a) (a)	686,200			50,000		736,200	3.08%	736,200	0	3/1/2022	\$ 444,250	60%	83%
13E	Substance Use	0					0	0.00%	0	0	NA	\$ 0	0%	0%
14	Medical Transportation	424,911	0	0	0	0	424,911	1.79%	424,911	0	3/1/2022	\$ 204,722	47%	83%
14A	Medical Transportation services targeted to Urban	252,000					252,000	1.05%	252,000	0	3/1/2022	\$ 124,400	49%	83%
14B	Medical Transportation services targeted to Rural	97,185					97,185	0.40%	97,185	0	3/1/2022	\$ 70,282	72%	83%
14C	Transportation covering face-to-face & gya visits	175,726					175,726	0.74%	175,726	0	3/1/2022	\$ 109,040	62%	83%
15	Emergency Financial Assistance	1,848,438	189,188	780,000	-120,000	0	2,364,626	9.82%	2,364,607	0	3/1/2022	\$ 2,110,074	90%	83%
15A	EPA - Priority Assistance	1,200,000	189,188	780,000	-120,000	0	2,249,188	9.3%	2,249,187	0	3/1/2022	\$ 2,110,074	94%	83%
15B	EPA - Other	340,000	0	0	0	0	340,000	1.40%	340,000	0	3/1/2022	\$ 199,985	59%	83%
16	Language Services (a)	0	0	0	0	0	0	0.00%	0	0	NA	\$ 0	0%	0%
17	Outreach	480,000			80,000		560,000	2.3%	480,000	0	3/1/2022	\$ 208,110	43%	83%
Summary	Total Service Dollars	28,108,111	74,474	888,288	3,000	0	29,763,873	80.1%	28,617,841	144,332		18,537,911	72%	83%

Copy of FY 2022 Allocation and Procurement (2) 14.23 BAPC

Page 1

As of 2/23/2023

MEDICAL NUTRITIONAL THERAPY

Priority	Planned Allocation	Award Reconciliation	Total Allocation	Amount Procured	Expended YTD	Percent Expended YTD	Percent Expected YTD
8	\$341,395	\$0	\$341,395	\$341,395	\$281,716	83%	83%

OTHER CONSIDERATIONS

- Reading the Procurement Report when the Category has multiple subcategories (e.g., OAHS, LPAP, MCM, and SLW)
 - Each subcategory has its own row
 - The **bolded** row is the sum of all the subcategories
 - Otherwise, it is the same information
- **Procurement Date** is the date the contract begins
- The RWGA Procurement Report reflects Part A and MAI procurement and expenditures only

SERVICE UTILIZATION REPORT SUR

- The **SUR** mimics the Procurement Report and documents service utilization – how many clients have gotten the service
- **Goal** is the number of unduplicated clients (UDC) intended to be served for each service category during the grant year
- **UDC served YTD** is the unduplicated number of clients who have accessed the service so far in the grant year
- **Demographic** data for the UDC served YTD is listed for each category and subcategory
- **Bolded** rows are the unduplicated sum of all clients served per the HRSA Category

EXAMPLE

- Let's read the most recent SUR together

Prepared by: Ryan White Grant Administration

FY 2022 Ryan White Part A and MAJ Service Utilization Report

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

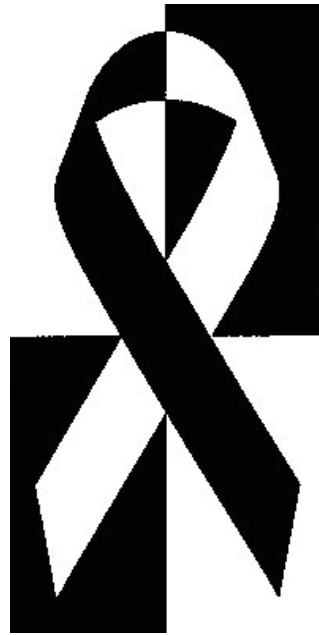
Priority	Service Category	Goal	Unduplicated Clients Served	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus	
1	Outpatient/Ambulatory Primary Care (excluding Vision)	4,400	7,344	72%	22%	2%	44%	13%	2%	41%	0%	0%	0%	0%	28%	12%	26%	2%	
1a	Primary Care - Public Clinic (a)	2,350	2,365	72%	27%	1%	41%	9%	2%	39%	0%	0%	0%	3%	16%	27%	14%	17%	
1b	Primary Care - CBO Targeted to AA (a)	1,050	2,050	70%	27%	3%	36%	0%	1%	0%	0%	0%	0%	7%	36%	27%	10%	17%	
1c	Primary Care - CBO Targeted to Hispanic (a)	950	1,169	82%	14%	3%	0%	0%	100%	0%	0%	0%	0%	0%	35%	30%	11%	10%	
1d	Primary Care - CBO Targeted to White and/or MSM (a)	690	725	87%	11%	2%	0%	85%	15%	0%	0%	0%	2%	25%	26%	3%	32%	2%	
1e	Primary Care - CBO Targeted to Rural (a)	450	555	71%	28%	1%	42%	23%	2%	33%	0%	0%	2%	25%	30%	11%	26%	3%	
1f	Primary Care - Women at Public Clinic (a)	1,000	637	0%	99%	1%	51%	5%	1%	43%	0%	0%	2%	9%	27%	17%	40%	3%	
1g	Primary Care - Pediatric (a)	NA	84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
1h	Primary Care - Pediatric (a)	1,600	1,669	72%	22%	2%	46%	13%	2%	39%	0%	0%	3%	23%	24%	12%	32%	5%	
2	Medical Case Management (f)	2,950	4,245	72%	26%	2%	52%	13%	1%	34%	0%	0%	3%	22%	25%	12%	32%	6%	
2a	Clinical Case Management	650	710	72%	26%	2%	52%	13%	1%	34%	0%	0%	3%	22%	25%	12%	32%	6%	
2b	Med CM - Targeted to Public Clinic (a)	280	431	91%	7%	2%	50%	12%	1%	36%	0%	0%	1%	24%	26%	10%	32%	3%	
2c	Med CM - Targeted to AA (a)	340	1,255	68%	23%	3%	39%	0%	1%	0%	0%	0%	4%	30%	25%	11%	25%	4%	
2d	Med CM - Targeted to H/LA (a)	550	643	79%	15%	0%	0%	0%	100%	0%	0%	0%	6%	25%	30%	11%	21%	2%	
2e	Med CM - Targeted to White and/or MSM (a)	260	292	86%	12%	2%	0%	88%	12%	0%	0%	2%	20%	25%	10%	35%	8%	8%	
2f	Med CM - Targeted to Rural (a)	150	230	67%	32%	1%	43%	31%	2%	23%	0%	0%	3%	23%	25%	11%	31%	0%	
2g	Med CM - Targeted to Women at Public Clinic (a)	230	179	0%	99%	1%	66%	9%	3%	22%	0%	0%	3%	21%	35%	11%	26%	0%	
2h	Med CM - Targeted to Peer (a)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
2i	Med CM - Targeted to Veterans	200	131	97%	3%	0%	70%	20%	1%	8%	0%	0%	0%	0%	3%	5%	42%	49%	
2j	Med CM - Targeted to Youth	120	7	86%	12%	0%	29%	29%	0%	43%	0%	14%	86%	0%	0%	0%	0%	0%	
3	Local Drug Reimbursement Program (a)	2,845	4,919	72%	21%	3%	45%	12%	2%	40%	0%	0%	4%	27%	28%	12%	21%	2%	
4	Oral Health	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	20%	24%	15%	32%	7%	
4a	Oral Health - Unintegrated (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
4b	Oral Health - Rural Target	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	20%	24%	15%	32%	7%	
5	Mental Health Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
6	Health Insurance	1,700	1,517	73%	19%	2%	42%	26%	3%	30%	0%	0%	1%	14%	17%	10%	42%	16%	
7	Home and Community Based Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
8	Substance Abuse Treatment - Outpatient	40	8	100%	0%	0%	13%	56%	13%	25%	0%	13%	0%	38%	25%	0%	25%	0%	
9	Early Medical Intervention Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
10	Medical Nutritional Therapy/Nutritional Supplements	650	435	75%	24%	1%	43%	19%	3%	34%	0%	0%	8%	8%	17%	8%	31%	15%	
11	Hospice Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
12	Outreach	700	674	77%	20%	3%	37%	15%	1%	28%	0%	0%	5%	32%	27%	8%	23%	4%	
13	Non-Medical Case Management	7,845	6,865	76%	24%	0%	53%	5%	1%	41%	0%	15%	85%	0%	0%	0%	0%	0%	
13a	Service Linkage Targeted to Youth	350	320	76%	25%	3%	54%	6%	4%	35%	0%	0%	44%	33%	10%	13%	0%	0%	
13b	Service Linkage at Testing Sites	950	79	72%	25%	3%	54%	6%	4%	35%	0%	0%	44%	33%	10%	13%	0%	0%	
13c	Service Linkage at Public Clinic Primary Care Program (a)	3,740	2,124	68%	31%	1%	20%	9%	1%	38%	0%	0%	0%	18%	25%	13%	32%	6%	
13d	Service Linkage at CBO Primary Care Programs (a)	2,755	3,895	75%	22%	3%	53%	12%	2%	36%	0%	0%	4%	25%	24%	10%	27%	3%	
14	Transportation	2,850	1,853	65%	32%	1%	47%	14%	3%	34%	0%	0%	4%	25%	25%	11%	29%	6%	
14a	Transportation Services - Urban	170	650	68%	30%	2%	59%	7%	3%	31%	0%	0%	5%	26%	24%	10%	30%	6%	
14b	Transportation Services - Rural	130	103	65%	32%	1%	30%	31%	1%	38%	0%	0%	3%	17%	19%	19%	32%	10%	
14c	Transportation vouchers	2,550	1,093	65%	32%	1%	47%	14%	3%	34%	0%	0%	4%	25%	25%	11%	29%	6%	
15	Linguistic Services (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
16	Emergency Financial Assistance (a)	NA	1,574	76%	22%	2%	47%	9%	2%	42%	0%	0%	4%	26%	29%	12%	27%	3%	
17	Referral for Health Care - Non Core Service (d)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
New unduplicated clients served - all categories*			12,341	13,182	74%	23%	2%	43%	14%	2%	34%	0%	0%	4%	25%	25%	11%	29%	6%
Living AIDs cases + estimated Living HIV non-AIDS from PFTS App (b)			NA	20,222	61%	21%	3%	31%	11%	3%	24%	0%	0%	0%	22%	22%	11%	31%	1%

OTHER CONSIDERATIONS

- Reading the SUR when the Category has multiple subcategories (e.g., OAHS, LPAP, MCM, and SLW)
 - Each subcategory has its own row
 - The **bolded** row is the sum of all the subcategories
 - Otherwise, it is the same information
- The RWGA SUR reflects Part A and MAI service utilization only
- At the request of the RWPC, RWGA can run reports that include all clients served under all funding streams the Council allocates money for (e.g., Part B and State Services)

QUESTIONS/DISCUSSION





THE HOUSTON REGIONAL HIV/AIDS
RESOURCE GROUP, INC.

HOW TO READ
TRG REPORTS
FEBRUARY 13TH, 2024

2024 TRG RWPC REPORT DUE

STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/23 - 8/31/24	Year 1: 4/1/23 - 3/31/24
Year 2: 9/1/24 - 8/31/25	Year 2: 4/1/24 - 3/31/25

ANNUAL REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>	
2023 MEANINGFUL ENGAGEMENT REPORT NA**	2023 CHART REVIEW REPORTS NA**

***No Monitoring Activities were conducted in 2023 per DSHS two Year Monitoring Cycle.*

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

QUARTERLY REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>			
STATE SERVICES SERVICE UTILIZATION REPORTS		RYAN WHITE PART B SERVICE UTILIZATION REPORTS	
MONTHS COVERED	REPORT DUE	MONTHS COVERED	MONTH DUE
September – November	January	April – June	August
September – February	April	April – September	November
September – May	July	April – December	February
September – August	October	April – March	May

MONTHLY REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>	
PROCUREMENT REPORTS	HEALTH INSURANCE ASSISTANCE REPORTS

Quarterly Service Utilization Reports

Purpose:

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

2018-2019 Ryan White Part B Service Utilization Report
4/1/2018 - 3/31/2019 Houston HSDA (4816)
3rd Quarter - 4/1/2018 to 12/31/2018

C.

D.

A.

B.

Revised 2/21/2019

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,250	3	100.00%	0.00%	0.00%	0.00%	75.00%	25.00%	0.00%	0.00%	0.00%	0.00%	8.82%	8.82%	23.53%	11.76%	44.12%	2.94%
Home & Community Based Health Services	30	34	70.59%	26.47%	0.00%	2.94%	58.82%	8.82%	32.35%	0.00%	0.00%	0.00%	0.00%	66.67%	0.00%	33.33%	0.00%	0.00%
Oral Health Care	3,100	856	72.90%	25.93%	0.00%	1.17%	49.65%	17.06%	31.43%	1.87%	0.00%	0.12%	1.75%	14.84%	18.69%	13.79%	43.46%	7.36%
Unduplicated Clients Served By RW Part B Funds:	NA	893	81.16%	17.47%	0.00%	1.37%	61.16%	16.96%	21.26%	0.62%	0.00%	0.11%	2.02%	14.78%	18.81%	13.77%	43.34%	7.17%

E.

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

Items of Note:

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

Monthly Procurement Reports

Purpose:

Provide monthly updates on spending by service category.

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1819 Ryan White Part B
Procurement Report
April 1, 2018 - March 31, 2019

A.



C.

B.

Reflects spending through December 2018

E.

F.

G.

Spending Target: 75%

Revised 2/19/2019

Priority	D. Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	\$2,085,565	62%	\$0	\$2,085,565	62%	4/1/2018	\$1,333,620	64%
7	Health Insurance Premiums and Cost Sharing (1)	\$726,885	22%	\$0	\$726,885	22%	4/1/2018	\$393,976	54%
9	Home and Community Based Health Services (2)	\$202,315	6%	\$325,806	\$528,121	16%	4/1/2018	\$103,920	51%
	Unallocated funds approved by RWPC for Health Insurance	\$325,806	10%	-\$325,806	\$0	0%	4/1/2018	\$0	0%
Total Houston HSDA		3,340,571	100%	\$0	\$3,340,571	100%		1,831,516	55%

J.

Note: Spending variances of 10% will be addressed:

1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. Agency usually expends all funds.

H.

I.

Items of Note:

A. Header – this tells you three things:

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

B. What timeframe is being reported (the quarter and the dates of the quarter).

C. Revision Date – this tells you the last time that the report has updated.

D. Service Categories being reported

E. Original Allocation from the P&A Process

F. Amendment – Tracks any change in the allocation.

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

Quarterly Service Utilization Reports

Purpose:

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

Houston Ryan White Health Insurance Assistance Service Utilization Report



A Period Reported: 09/01/2018-12/31/2018
B. Revised: 2/4/2019

C. 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	785	\$72,937.77	509			0
Medical Deductible	70	\$23,424.75	50			0
Medical Premium	2447	\$984,144.70	686			0
Pharmacy Co-Payment	1345	\$135,910.80	651			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	9	\$1,042.00	8	NA	NA	NA
G Totals:	4656	\$1,215,376.02	1904	0	\$0.00	

Comments: This report represents services **D.** under all gr **E.** **F.**

Items of Note:

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

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2024-12/31/2024

Revised: 1/23/2025

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	379	\$48,760.71	203	0	\$0.00	0
Medical Deductible	68	\$35,637.07	46	0	\$0.00	0
Medical Premium	2281	\$894,512.29	682	0	\$0.00	0
Pharmacy Co-Payment	5705	\$324,624.71	957	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:	8433	\$1,303,534.78	1888	0	\$0.00	

Comments: This report represents services provided under all grants.

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)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
		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	18,800	18,518,356	82.13%	13,081,580	81.92%	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	4,151,049	0	11,722	0	-132,615	-18,800	4,030,156	17.87%	2,886,218	18.08%	Supplement			0
	Total Service Dollars (does not include Admin and QM)	21,686,542	370,766	491,204	0	0	0	22,548,512		15,967,799		Carry Over	0	0	0
												Totals	0	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%						
	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)	Procurement Balance	Date of Procurement	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		\$1,878,260	88%	92%
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	\$1,002,365	92%	92%
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	\$875,895	83%	92%
2	Medical Case Management	314,060	4,536	0	0	0	0	318,596	12.93%	318,596	0		\$131,821	41%	92%
2.c (MAI)	MCM - Targeted to African American	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	\$94,612	59%	92%
2.d (MAI)	MCM - Targeted to Hispanic	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	\$37,208	23%	92%
	Total MAI Service Funds	2,382,115	34,892	47,459	0	0	0	2,464,466	100.00%	2,464,466	0		\$2,010,081	82%	92%
	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		\$2,010,081	82%	92%
	MAI Grant Award	2,464,466	Carry Over:	47,459				Total MAI:							92%
	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 - 1/31/2025 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	8,707	74%	23%	2%	43%	10%	2%	44%	0%	0%	5%	27%	28%	22%	15%	3%
1.a	Primary Care - Public Clinic (A)	3,113	2,860	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	2,395	71%	26%	3%	99%	0%	1%	0%	0%	1%	6%	36%	29%	16%	10%	2%
1.c	Primary Care - CBO Targeted to Hispanic (A)	1,934	2,271	82%	14%	3%	0%	0%	0%	100%	0%	0%	6%	32%	29%	21%	10%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (A)	774	717	85%	12%	3%	0%	83%	17%	0%	0%	0%	3%	25%	27%	22%	19%	4%
1.e	Primary Care - CBO Targeted to Rural (A)	752	640	72%	26%	1%	40%	18%	2%	40%	0%	0%	5%	25%	30%	23%	15%	3%
1.f	Primary Care - Women at Public Clinic (A)	872	869	0%	99%	1%	52%	5%	2%	42%	0%	0%	3%	14%	26%	30%	20%	6%
1.g	Primary Care - Pediatric (A)																	
1.h	Vision	2,663	2,305	72%	26%	2%	45%	11%	3%	42%	0%	0%	3%	21%	25%	25%	20%	6%
2	Medical Case Management	5,719	3,490	70%	28%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2.a	Clinical Case Management	967	646	73%	25%	2%	57%	13%	2%	28%	0%	0%	3%	27%	23%	20%	20%	7%
2.b	Med CM - Targeted to Public Clinic (A)	578	438	90%	7%	3%	50%	12%	1%	37%	0%	0%	2%	29%	24%	20%	20%	5%
2.c	Med CM - Targeted to AA (A)	1,479	873	67%	30%	3%	99%	0%	1%	0%	0%	0%	3%	30%	29%	20%	13%	4%
2.d	Med CM - Targeted to H/L (A)	728	486	81%	15%	5%	0%	0%	0%	100%	0%	0%	6%	30%	28%	22%	12%	3%
2.e	Med CM - Targeted to White and/or MSM (A)	460	189	84%	15%	1%	0%	86%	14%	0%	0%	0%	2%	17%	22%	28%	22%	9%
2.f	Med CM - Targeted to Rural (A)	554	545	69%	31%	0%	49%	25%	2%	24%	0%	0%	2%	21%	24%	22%	21%	9%
2.g	Med CM - Targeted to Women at Public Clinic (A)	259	240	1%	99%	0%	65%	7%	1%	27%	0%	0%	1%	28%	30%	22%	15%	4%
2.h	Med CM - Targeted to Geriatrics	532	64	63%	34%	3%	67%	11%	2%	20%	0%	0%	0%	0%	0%	0%	56%	44%
2.i	Med CM - Targeted to Veterans	148																
2.j	Med CM - Targeted to Youth	14	9	78%	11%	11%	67%	0%	0%	33%	0%	22%	78%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (A)	5,781	5,680	75%	22%	3%	41%	11%	2%	46%	0%	0%	4%	26%	28%	23%	15%	3%
4	Oral Health	348	328	67%	31%	1%	40%	26%	2%	32%	0%	0%	2%	17%	27%	29%	17%	9%
4.a	Oral Health - Untargeted (D)	NA	NA															
4.b	Oral Health - Rural Target	348	328	67%	31%	1%	40%	26%	2%	32%	0%	0%	2%	17%	27%	29%	17%	9%
5	Health Insurance (D)	2,034	2,143	78%	20%	2%	46%	20%	3%	31%	0%	0%	2%	15%	22%	21%	27%	13%

6	Mental Health Services (D)	NA	NA															
7	Medical Nutritional Therapy/Nutritional Supplements	515	439	76%	23%	1%	42%	17%	4%	37%	0%	0%	0%	6%	12%	27%	34%	21%
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	1,314	74%	23%	3%	44%	8%	2%	45%	0%	1%	5%	24%	28%	24%	16%	2%
10.a	Emergency Financial Assistance-Pharmacy Assistance	3,105	1,201	75%	23%	2%	42%	8%	2%	47%	0%	1%	6%	24%	29%	24%	14%	2%
10.b	Emergency Financial Assistance - Other (MCC only)	113	116	67%	29%	3%	65%	10%	3%	22%	0%	0%	3%	17%	18%	21%	33%	9%
11	Referral for Health Care - Non Core Service (D)	NA	NA															
12	Non-Medical Case Management	8,568	6,707															
12.a	Service Linkage Targeted to Youth	179	167	65%	30%	5%	53%	3%	3%	41%	0%	11%	89%	0%	0%	0%	0%	0%
12.b	Service Linkage at Testing Sites	132	131	71%	26%	3%	56%	6%	6%	31%	0%	0%	0%	50%	25%	15%	7%	3%
12.c	Service Linkage at Public Clinic Primary Care Program (A)	3,621	3,064	65%	34%	1%	49%	8%	2%	41%	0%	0%	0%	17%	24%	26%	25%	8%
12.d	Service Linkage at CBO Primary Care Programs (A)	4,636	3,345	73%	25%	2%	49%	10%	2%	39%	0%	0%	4%	27%	29%	21%	14%	5%
13	Transportation	2,358	1,464	70%	28%	3%	61%	9%	2%	28%	0%	0%	1%	15%	21%	25%	28%	9%
13.a	Transportation Services - Urban	687	337	66%	32%	2%	54%	8%	4%	34%	0%	0%	1%	21%	25%	23%	19%	10%
13.b	Transportation Services - Rural	195	124	67%	32%	1%	31%	31%	2%	35%	0%	0%	1%	19%	17%	30%	23%	11%
13.c	Transportation vouchersing	1,476	1,131	70%	27%	3%	67%	6%	1%	26%	0%	0%	1%	13%	20%	25%	32%	8%
14	Linguistic Services (D)	NA	NA															
15	Outreach Services	955	529	70%	26%	4%	61%	9%	2%	29%	0%	1%	6%	34%	26%	18%	13%	3%
	Net unduplicated clients served - all categories	15,378	14,364	74%	24%	2%	47%	12%	2%	39%	0%	0%	4%	24%	25%	22%	18%	7%
	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	1,961	71%	26%	3%	99%	0%	1%	0%	0%	0%	6%	36%	29%	17%	10%	2%
1.c	Primary Care - MAI CBO Targeted to HL (F)	1,453	1,809	83%	13%	3%	0%	0%	0%	100%	0%	0%	5%	33%	29%	21%	10%	2%
2	Medical Case Management (E)	1,535																
2.c	Med CM - MAI Targeted to AA (A)	907	380	68%	27%	4%	99%	0%	1%	0%	0%	1%	3%	38%	29%	13%	13%	3%
2.d	Med CM - MAI Targeted to H/L (A)	628	181	76%	18%	6%	0%	0%	0%	100%	0%	1%	6%	36%	28%	19%	8%	2%

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	1,842	76%	21%	3%	48%	11%	3%	38%	0%	1%	9%	35%	27%	16%	10%	2%
2	LPAP	969	815	78%	18%	4%	42%	11%	3%	43%	0%	0%	8%	33%	26%	19%	11%	2%
3.a	Clinical Case Management	110	50	82%	16%	2%	60%	14%	6%	20%	0%	0%	4%	32%	22%	20%	16%	6%
3.b-3.h	Medical Case Management (E)	1,050	626	70%	27%	3%	56%	13%	2%	29%	0%	1%	5%	32%	26%	19%	13%	4%
3.i	Medical Case Management - Targeted to Veterans	28																
4	Oral Health	49	29	79%	21%	0%	41%	24%	3%	31%	0%	0%	3%	24%	17%	28%	21%	7%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	1,981	1,274	68%	30%	2%	55%	9%	3%	33%	0%	1%	6%	26%	24%	20%	17%	6%
12.b	Service Linkage at Testing Sites	100	130	71%	25%	5%	55%	4%	7%	34%	0%	4%	15%	42%	19%	11%	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