

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee Meeting

2:00 p.m., Tuesday, August 18, 2020

Meeting Location (please do not come in person): Join Zoom Meeting by clicking on this link:

<https://us02web.zoom.us/j/84784359799?pwd=VW1oREE3U0hoLzRMWit4Wno1NmJkdz09>

Meeting ID: 847 8435 9799

Passcode: 070135

Or, call in by dialing: 346 248 7799

Agenda

- | | | |
|------|--|--|
| I. | Call to Order | Denis Kelly and Pete Rodriguez,
Co-Chairs |
| | A. Moment of Reflection | |
| | B. Adoption of Agenda | |
| | C. Approval of the Minutes: | |
| | • May 7, 2020 | |
| | • June 2, 2020 | |
| | • June 30, 2020 | |
| | D. Comments from the Committee Co-Chair | Pete Rodriguez |
| 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. 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 yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.) | |
| III. | Reports from Ryan White Administrative Agents | |
| | A. Ryan White Part A and MAI | Carin Martin |
| | ▪ FY20 RW Part A and MAI Procurement Report, dated 07/16/20 | |
| | ▪ Quality Management Program Update | |
| | B. Ryan White Part B and State Services (SS) | Patrick Martin |
| | ▪ FY19/20 DSHS State Services Procurement Report, dated 06/30/20 | |
| | ▪ FY20/21 Part B Procurement Report, dated 06/30/20 | |
| | ▪ FY19/20 Health Insurance Assistance Report, dated 07/02/20 | |
| | ▪ FY19/20 DSHS SS Service Utilization Report 3 rd Qtr., dated 07/02/20 | |
| IV. | New Business | |
| | A. FY 2020 Assessment of the RW Part A Administrative Mechanism | Amber Harbolt |
| V. | Training: Standards of Care and Performance Measures | Tori Williams |
| VI. | Announcements | |
| VII. | Adjourn | |

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

11:00 a.m., Thursday, May 7, 2020

Meeting Location: Zoom teleconference

Minutes

MEMBERS PRESENT

Pete Rodriguez, Co-Chair
Kevin Aloysius
Tom Lindstrom
Oscar Perez
Crystal Starr
Marcely Macias
Nancy Miertschin
Karla Mills
Cecilia Oshingbade
Angela Rubio
Deborah Somoye

MEMBERS ABSENT

Denis Kelly, excused
Ahmier Gibson
Gregory Hamilton
Gloria Sierra
Andrew Wilson
Daniel Impastato

OTHERS PRESENT

Tana Pradia, RWPC Chair
Josh Mica, RWPC
Rodney Mills, RWPC
Steven Vargas, RWPC
Patrick Martin, TRG
Tiffany Shepherd, TRG
Carin Martin, RWGA
Heather Keizman, RWGA
Tori Williams, Ofc of Support
Amber Harbolt, Ofc of Support
Diane Beck, Ofc of Support

Call to Order: Pete Rodriguez, Co-Chair, called the meeting to order at 11:07 a.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1:** it was moved and seconded (Oshingbade, Starr) to adopt the agenda with one change: Add under New Business, Checklist for Assessment of the Administrative Mechanism. Motion carried.* Abstention: Aloysius

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Miertschin, Starr) to approve the March 17, 2020 committee meeting and joint committee meeting minutes. Motion carried.* Abstentions: Oshingbade, Perez.

Public Comment: Steven Vargas gave public comment on the Emergency Financial Assistance service definition. It lists services to be provided as food and utilities but not rent or hotel vouchers. He wanted to make sure the committee was aware of this in case they think it should be added.

Reports from the Administrative Agents

Ryan White Part A and MAI: C. Martin presented the following attached reports:

- FY 2019 Procurement, dated 04/30/2020
- FY 2019 Service Utilization, dated 03/02/2020

FY 2021 How to Best Meet the Need (HTBMN) Process

Workgroup Recommendations, including Financial Eligibility: See attached summary of workgroup recommendations and full packet of service definitions.

***Motion #3:** it was moved and seconded (Starr, Miertschin) to approve the How to Best Meet the Need*

workgroup recommendations for the FY 2021 Ryan White Part A, MAI, Part B and State Services service definitions and financial eligibility except for Emergency Financial Assistance and Medical Nutritional Therapy and Supplements. **Motion carried.** Abstentions: Aloysius, Lindstrom, Miertschin, Mills.

Medical Nutritional Therapy and Supplements: Starr asked why the workgroup recommended raising the financial eligibility for this service to 400%. Mica said that people need supplements and cannot pay for them. C. Martin said that nutritional therapy is bundled with primary care which has a financial eligibility of 300% so it would not be aligned with primary care at 400%. Aloysius (COI) said as a pharmacist he sees that people won't get them if they can't afford them. **Motion #4:** *it was moved and seconded (Oshingbade, Miertschin) to approve the Medical Nutritional Therapy service category and increase the financial eligibility to 400%.* **Motion carried.** Abstentions: Aloysius, Mills.

Emergency Financial Assistance: Starr said that the service definition doesn't include things for a 14 day isolation. C. Martin said that it does in the service definition for COVID funding but not Ryan White. Mica expressed concern that it doesn't include anything about housing. C. Martin said that housing would be looked at in a separate workgroup to fill gaps in services provided by HOPWA. **Motion #5:** *it was moved and seconded (Oshingbade, Starr) to approve the Emergency Financial Assistance-Other service category and set the financial eligibility at 400%.* **Motion carried.**

HIV Targeting Chart: **Motion #6:** *it was moved and seconded (Oshingbade, Macias) to approve the attached Targeting Chart for FY 2021 Service Categories for Ryan White Part A, B, MAI and State Services Funding.* **Motion carried.**

Checklist for Assessment of the Administrative Mechanism: Harbolt presented the attached checklist. **Motion #7:** *it was moved and seconded (Oshingbade, Starr) to approve the attached checklist for the Houston Ryan White Administrative Mechanism with no changes.* **Motion carried.**

Announcements: Public Hearing: See the attached schedule of meetings related to the How to Best Meet the Need process.

Adjourn: The meeting was adjourned at 12:37 p.m.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: D. Beck

JA = Just arrived at meeting
 LR = Left room temporarily
 LM = Left the meeting
 C = Chaired the meeting

2020 Quality Assurance Meeting Voting Record for Meeting Date 05/07/20

MEMBERS:	Motion #1 Agenda				Motion #2 Committee & Joint Meeting Minutes				Motion #3 FY 2021 HTBMN Recommendations				Motion #4 Medical Nutrition Therapy & Financial Eligibility			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair	X				X				X				X			
Pete Rodriguez, Co- Chair				C				C				C				C
Kevin Aloysius				X		X						X				X
Ahmier Gibson	X				X				X				X			
Gregory Hamilton	X				X				X				X			
Tom Lindstrom		X				X						X		X		
Oscar Perez		X						X		X				X		
Gloria Sierra	X				X				X					X		
Crystal Starr		X				X				X				X		
Andrew Wilson		X				X				X				X		
Daniel Impastato	X				X				X				X			
Marcely Macias		X				X				X				X		
Nancy Miertschin		X				X						X		X		
Karla Mills		X				X						X				X
Cecilia Oshingbade		X						X		X				X		
Angela Rubio		X				X				X				X		
Deborah Somoye		X				X				X				X		

2020 Quality Assurance Meeting Voting Record for Meeting Date 05/07/20 - continued

MEMBERS:	Motion #5 Emergency Financial Assistance-Other & Financial Eligibility				Motion #6 FY 2021 HIV Targeting Chart				Motion #7 Checklist for Assessment of the Admin Mechanism			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair	X				X				X			
Pete Rodriguez, Co- Chair				C				C				C
Kevin Aloysius	X				X				X			
Ahmier Gibson	X				X				X			
Gregory Hamilton	X				X				X			
Tom Lindstrom		X				X				X		
Oscar Perez		X				X				X		
Gloria Sierra		X			X				X			
Crystal Starr		X				X				X		
Andrew Wilson	X				X				X			
Daniel Impastato	X				X				X			
Marcely Macias		X				X				X		
Nancy Miertschin		X				X				X		
Karla Mills		X				X				X		
Cecilia Oshingbade		X				X				X		
Angela Rubio		X				X				X		
Deborah Somoye		X				X				X		

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

2:00 p.m., Tuesday, June 2, 2020

Meeting Location: Zoom teleconference

Minutes

MEMBERS PRESENT

Denis Kelly, Co-Chair
Pete Rodriguez, Co-Chair
Tom Lindstrom
Oscar Perez
Marcely Macias
Nancy Miertschin
Karla Mills
Andrew Wilson

MEMBERS ABSENT

Kevin Aloysius
Ahmier Gibson
Gregory Hamilton
Gloria Sierra
Crystal Starr, excused
Daniel Impastato
Cecilia Oshingbade
Angela Rubio
Deborah Somoye

OTHERS PRESENT

Kyle Leisher, Montrose Center
Tana Pradia, RWPC Chair
Josh Mica, RWPC
Carin Martin, RWGA
Heather Keizman, RWGA
Tori Williams, Ofc of Support
Amber Harbolt, Ofc of Support
Diane Beck, Ofc of Support

Call to Order: Denis Kelly, Co-Chair, called the meeting to order at 2:07 p.m. and asked for a moment of reflection.

Adoption of the Agenda: *Motion #1:* *it was moved and seconded (Rodriguez, Miertschin) to adopt the agenda. Motion carried.*

Purpose of the Meeting: Williams said that the purpose of the meeting was to look at the possibility of adding housing to the newly created Emergency Financial Assistance-Other service category.

Public Comment: Josh Mica gave public comment on the Emergency Financial Assistance service definition. It lists services to be provided as food and utilities but not rent or hotel vouchers. There is always something happening that makes this a big need in our area: flood, hurricane, major pipe break. Housing is very important for people living with HIV, this would only cover acute emergency need not for long term housing. There has been a lot of public comment about this at the housing workgroup, there is a lot of support for this.

FY 2021 How to Best Meet the Need (HTBMN) Process

Emergency Financial Assistance-Other: There was a question about the service definition for the Ryan White funded service definition not including provisions for a 14 day isolation period. C. Martin said that this type of support as well as Personal Protective Equipment (PPE) and cleaning supplies is included in the service definition funded with COVID-19 dollars.

Motion #2: *it was moved (Rodriguez) to add housing to the service definition and limit it to people who are displaced from their home due to a temporary, acute housing need. Also, the Office of Support is to educate people living with HIV and appropriate staff to Houston EMA/HSDA housing resources. Motion failed for lack of a second.*

Motion #3: *it was moved and seconded (Rodriguez, Miertschin) to ask the Office of Support to educate people living with HIV and appropriate staff about Houston EMA/HSDA housing resources.* Abstention: Perez. **Motion carried.**

Announcements: None.

Adjourn: The meeting was adjourned at 2:42 p.m.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

Scribe: D. Beck

JA = Just arrived at meeting
 LR = Left room temporarily
 LM = Left the meeting
 C = Chaired the meeting

2020 Quality Assurance Meeting Voting Record for Meeting Date 06/02/20

MEMBERS:	Motion #1 Agenda Motion Carried				Motion #2 Add acute housing needs and education on housing resources Motion Failed				Motion #3 Add education on housing resources Motion Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair				C				C				C
Pete Rodriguez, Co- Chair		X								X		
Kevin Aloysius	X								X			
Ahmier Gibson	X								X			
Gregory Hamilton	X								X			
Tom Lindstrom ja 2:21 pm	X									X		
Oscar Perez		X										X
Gloria Sierra	X								X			
Crystal Starr	X								X			
Andrew Wilson		X								X		
Daniel Impastato	X								X			
Marcely Macias		X								X		
Nancy Miertschin		X								X		
Karla Mills		X								X		
Cecilia Oshingbade	X								X			
Angela Rubio	X								X			
Deborah Somoye	X								X			

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
3:00 p.m., Tuesday, June 30, 2020
Meeting Location: Zoom teleconference

Minutes

MEMBERS PRESENT

Pete Rodriguez, Co-Chair
Kevin Aloysius
Tom Lindstrom
Marcely Macias
Nancy Miertschin
Karla Mills
Cecilia Oshingbade
Oscar Perez
Gloria Sierra
Deborah Somoye
Crystal Starr
Andrew Wilson

MEMBERS ABSENT

Denis Kelly, excused
Ahmier Gibson
Gregory Hamilton
Daniel Impastato
Angela Rubio

OTHERS PRESENT

Tana Pradia, RWPC Chair
Steven Vargas, RWPC
Carin Martin, RWGA
Heather Keizman, RWGA
Tori Williams, Ofc of Support
Amber Harbolt, Ofc of Support
Diane Beck, Ofc of Support

Call to Order: Pete Rodriguez, Co-Chair, called the meeting to order at 3:06 p.m. and asked for a moment of reflection.

Adoption of the Agenda: *Motion #1:* it was moved and seconded (Starr, Oshingbade) to adopt the agenda. **Motion carried.**

Purpose of the Meeting: Williams said that the purpose of the meeting was to take another look at the possibility of adding housing to the new Emergency Financial Assistance-Other service category.

Public Comment: Steven Vargas summarized the written public comment that he submitted regarding the addition of housing to the Emergency Financial Assistance - Other service definition. See additional public comments, attached.

FY 2021 How to Best Meet the Need (HTBMN) Process

Emergency Financial Assistance-Other: Aloysius said that the city received millions of dollars to serve homeless populations, would that also serve our population? Macias said that she had not heard yet if that was going to be used for shelter vouchers or what exactly. Starr said that homelessness is on the rise for all populations. Rodriguez said the text that was suggested to be added to the service definition is only for those displaced due to a temporary, acute housing need. Oshingbade said that this service is not going to replace HOPWA and would not be for individuals who are currently homeless. Miertschin said it wouldn't make a dent in the homeless population. *Motion #2:* it was moved (Starr, Oshingbade) to add housing to the service definition and limit it to people who are displaced from their home due to a temporary, acute housing need. **Motion carried.**

FY19 Performance Measure Highlights: Heather Keizman submitted the attached report.

FY19 RW Part A and MAI Procurement Report: Carin Martin submitted the attached report.

Announcements: Williams said that the committee would not need to meet in July. In August they will meet for training on the Standards of Care and to review the Assessment of the Administrative Mechanism.

Adjournment: Motion #3: *it was moved (Starr, Oshingbade) to adjourn the meeting at 4:19 p.m.*
Motion carried.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: D. Beck

JA = Just arrived at meeting
 LR = Left room temporarily
 LM = Left the meeting
 C = Chaired the meeting

2020 Quality Assurance Meeting Voting Record for Meeting Date 06/30/20

MEMBERS:	Motion #1 Agenda Motion Carried				Motion #2 Add acute housing needs to EFA-Other Motion Failed			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair	X				X			
Pete Rodriguez, Co- Chair				C				C
Kevin Aloysius		X					X	
Ahmier Gibson	X				X			
Gregory Hamilton	X				X			
Tom Lindstrom lm 4:00 pm		X				X		
Oscar Perez		X				X		
Gloria Sierra		X				X		
Crystal Starr		X				X		
Andrew Wilson		X				X		
Daniel Impastato	X				X			
Marcelly Macias		X					X	
Nancy Miertschin		X					X	
Karla Mills		X				X		
Cecilia Oshingbade		X				X		
Angela Rubio	X				X			
Deborah Somoye ja 3:45 pm	X					X		

COMMENTS FROM THE CO-CHAIR OF THE
QUALITY IMPROVEMENT COMMITTEE – 07-24-20

Tori and Tana-

Heather prepared a very informative FY 2019 Performance Measures Highlights report with several areas below the expected threshold.

Example:

85% of clinical case management clients will have a case management care plan developed and/ or updated two or more times in the measurement year, FY2018 3%.

At our last meeting, Carin announced Ms. Edwards will be joining RWGA as RWGA Project Coordinator – QM Development, scheduled to begin July 20th. I suggest Ms. Edwards present what the corrective actions will be for those measures that are below the proposed threshold and progress on meeting those goals. Also a report from the clinical quality management committee on any new initiatives or concerns they are addressing.

We could decide how often she should report to the QI committee (every month, quarterly?).

Let me know if you have any questions. Thanks and stay safe!!

Pete Rodriguez, BSN, RN, ACRN
Clinical consultant
Houston, Texas 77096

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,869,619	200,000	0	0	0	10,069,619	45.14%	9,870,959	198,660		1,132,723	11%	25%
1.a	Primary Care - Public Clinic (a)	3,591,064					3,591,064	16.10%	3,591,064	0	3/1/2020	\$265,645	7%	25%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	952,498					952,498	4.27%	952,498	0	3/1/2020	\$231,319	24%	25%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	798,473					798,473	3.58%	798,473	0	3/1/2020	\$204,912	26%	25%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,035,846					1,035,846	4.64%	1,035,846	0	3/1/2020	\$96,924	9%	25%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761					1,149,761	5.15%	1,149,761	0	3/1/2020	\$171,603	15%	25%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540					1,874,540	8.40%	1,874,540	0	3/1/2020	\$98,005	5%	25%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.07%	15,437	0	3/1/2020	\$2,400	16%	25%
1.h	Vision	452,000					452,000	2.03%	452,000	0	3/1/2020	\$61,915	14%	25%
1.x	Primary Care Health Outcome Pilot	0	200,000				200,000	0.90%	1,340	198,660	7/14/2020	\$0	0%	25%
2	Medical Case Management	2,185,802	0	0	0	0	2,185,802	9.80%	2,185,802	0		279,162	13%	25%
2.a	Clinical Case Management	488,656					488,656	2.19%	488,656	0	3/1/2020	\$98,762	20%	25%
2.b	Med CM - Public Clinic (a)	427,722					427,722	1.92%	427,722	0	3/1/2020	\$44,237	10%	25%
2.c	Med CM - Targeted to AA (a) (e)	266,070					266,070	1.19%	266,070	0	3/1/2020	\$39,989	15%	25%
2.d	Med CM - Targeted to H/L (a) (e)	266,072					266,072	1.19%	266,072	0	3/1/2020	\$15,943	6%	25%
2.e	Med CM - Targeted to W/MSM (a) (e)	52,247					52,247	0.23%	52,247	0	3/1/2020	\$15,874	30%	25%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.23%	273,760	0	3/1/2020	\$28,523	10%	25%
2.g	Med CM - Women at Public Clinic (a)	125,311					125,311	0.56%	125,311	0	3/1/2020	\$10,395	8%	25%
2.h	Med CM - Targeted to Pedi (a.1)	160,051					160,051	0.72%	160,051	0	3/1/2020	\$0	0%	25%
2.i	Med CM - Targeted to Veterans	80,025					80,025	0.36%	80,025	0	3/1/2020	\$17,013	21%	25%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.21%	45,888	0	3/1/2020	\$8,426	18%	25%
3	Local Pharmacy Assistance Program	3,157,166	0	0	0	0	3,157,166	14.15%	3,157,166	0	3/1/2020	\$200,091	6%	25%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	610,360					610,360	2.74%	610,360	0	3/1/2020	\$48,363	8%	25%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	2,546,806					2,546,806	11.42%	2,546,806	0	3/1/2020	\$151,728	6%	25%
4	Oral Health	166,404	0	0	0	0	166,404	0.75%	166,404	0	3/1/2020	11,900	7%	25%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404					166,404	0.75%	166,404	0	3/1/2020	\$11,900	7%	25%
5	Health Insurance (c)	1,339,239	43,898	0	0	0	1,383,137	6.20%	1,383,137	0	3/1/2020	\$189,592	14%	25%
6	Mental Health Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
7	Early Intervention Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
8	Home and Community-Based Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
9	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.20%	45,677	0	3/1/2020	\$1,850	0%	25%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.53%	341,395	0	3/1/2020	\$86,376	25%	25%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	420,000	0				420,000	1.88%	420,000	0	3/1/2020	\$36,258	9%	25%
13	Emergency Financial Assistance	525,000	0	0	0	0	525,000	2.35%	525,000	0	3/1/2020	\$63,032	12%	25%
14	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
15	Non-Medical Case Management	1,381,002	0	0	0	0	1,381,002	6.19%	1,381,002	0		211,923	15%	25%
15.a	Service Linkage targeted to Youth	110,793					110,793	0.50%	110,793	0	3/1/2020	\$14,464	13%	25%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000					100,000	0.45%	100,000	0	3/1/2020	\$9,237	9%	25%
15.c	Service Linkage at Public Clinic (a)	427,000					427,000	1.91%	427,000	0	3/1/2020	\$69,934	16%	25%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	743,209					743,209	3.33%	743,209	0	3/1/2020	\$118,288	16%	25%
16	Medical Transportation	424,911	0	0	0	0	424,911	1.90%	424,911	0		58,908	14%	25%
16.a	Medical Transportation services targeted to Urban	252,680					252,680	1.13%	252,680	0	3/1/2020	\$48,542	19%	25%
16.b	Medical Transportation services targeted to Rural	97,185					97,185	0.44%	97,185	0	3/1/2020	\$10,366	11%	25%
16.c	Transportation vouchering (bus passes & gas cards)	75,046					75,046	0.34%	75,046	0	3/1/2020	\$0	0%	0%
17	Linguistic Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
	Total Service Dollars	19,856,215	243,898	0	0	0	20,100,113	88.22%	19,901,453	198,660		2,271,815	11%	25%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	8.05%	1,795,958	0	N/A	0	0%	25%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BE027511 PC BE027511	HCPHES/RWGA Section	1,271,050		0		0	1,271,050	5.70%	1,271,050	0	N/A		0%	25%
	RWPC Support*	524,908			0	0	524,908	2.35%	524,908	0	N/A		0%	25%
	Quality Management	412,940		0	0	0	412,940	1.85%	412,940	0	N/A		0%	25%
		22,065,113	243,898	0	0	0	22,309,011	98.12%	22,110,351	198,660		2,271,815	10%	25%
								Unallocated	Unobligated					
	Part A Grant Award:	22,309,011	Carry Over:				Total Part A: 22,309,011	0	198,660					
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	17,105,302	243,898	0	0	0	17,349,200	86.31%	1,710,252	82.21%				
	Non-Core (may not exceed 25% of total service dollars)	2,750,913	0	0	0	0	2,750,913	13.69%	370,121	17.79%				
	Total Service Dollars (does not include Admin and QM)	19,856,215	243,898	0	0	0	20,100,113		2,080,373					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	7.29%						
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.68%						

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,887,283	115,502	0	0	0	2,002,785	86.22%	2,002,785	0		246,950	12%	25%
1.b (MAI)	Primary Care - CBO Targeted to African American	954,912	58,441				1,013,353	43.62%	1,013,353	0	3/1/2020	\$134,750	13%	25%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	932,371	57,061				989,432	42.59%	989,432	0	3/1/2020	\$112,200	11%	25%
2	Medical Case Management	320,100	0	0	0	0	320,100	13.78%	320,100	0		\$41,068	13%	25%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	6.89%	160,050	0	3/1/2020	\$22,634	14%	25%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.89%	160,050	0	3/1/2020	\$18,434	12%	25%
	Total MAI Service Funds	2,207,383	115,502	0	0	0	2,322,885	100.00%	2,322,885	0		288,018	12%	25%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,207,383	115,502	0	0	0	2,322,885	100.00%	2,322,885	0		288,018	12%	25%
	MAI Grant Award	2,322,959	Carry Over:	0			Total MAI: 2,322,959							
	Combined Part A and MAI Original Allocation Total	24,272,496												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on increase or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

Ryan White Part A Quality Management Program Update

This is the first time Performance Measure information collected from chart reviews has been reported separately for Clinical Case Management and Medical Case Management.

Clinical Case Management Chart Review Measure FY 2018	
85% of clinical case management clients will have a case management care plan developed and/or updated two or more times in the measurement year	3%

Medical Case Management Chart Review Measures FY 2018	
60% of medical case management clients will have a case management care plan developed and/or updated two or more times in the measurement year	11%*

*This measure was 3% last year which included both MCM and CCM

Agency A, shown below, is funded for Clinical Case Management only and is a good example to see broken out.

Agency A

COMPREHENSIVE ASSESSMENTS		
# of Assessments	# of clients	Percentage
0	13*	22%
1	15	25%
2	4	7%
N/A	28	47%
TOTAL	60 clients	

*10 had a documented reason

SERVICE PLANS		
# of Service Plans	# of clients	Percentage
0	20*	33%
1	11	18%
2	1	2%
N/A	28	47%
TOTAL	60 clients	

*11 had a documented reason

Each category was also given a "Completion rate" which was the number of clients who should have received an assessment/service plan and received at least one **or had** a documented reason as to why they did not have one on file within the review year.

- Comprehensive Assessments: 29 out of 32, completion rate of 91%
- Service Plans: 23 out of 32, completion rate of 72%

Recommendations:

Training for Case Managers

- Interviewing techniques
- Top social conditions facing clients (housing, recently released)
- Top medical conditions facing clients (Diabetes, Hypertension)
- Consistent criteria and proper documentation
- Engagement techniques to create quality interactions with clients

Additions to chart review process

- Separate out Clinical Case Management, Medical Case Management, and Non-Medical Case Management review to create sample sizes for each category.

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2019-5/31/20

Revised: 7/2/2020

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	1612	\$137,120.62	736			0
Medical Deductible	139	\$20,904.36	111			0
Medical Premium	5288	\$1,941,134.80	784			0
Pharmacy Co-Payment	14610	\$481,472.71	1356			0
APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	17	\$1,614.02	9	NA	NA	NA
Totals:	21667	\$2,579,518.47	2997	0	\$0.00	

Comments: This report represents services provided under all grants.

2019 - 2020 DSHS State Services Service Utilization Report

9/1/2019 thru 05/31/2020 Houston HSDA

3rd Quarter

Revised 7/2/2020

Funded Service	UDC		Gender				Race				Age Group							
	Goals	YTD	Male	Female	MTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	700	490	85.96%	11.06%	0.00%	2.98%	68.77%	13.06%	16.58%	1.64%	0.00%	0.20%	6.58%	35.30%	28.46%	21.02%	12.71%	1.25%
Health Insurance Premiums	2,300	863	82.75%	17.14%	0.00%	0.11%	40.09%	27.25%	29.55%	3.12%	0.00%	0.00%	2.10%	19.11%	17.26%	28.73%	23.40%	4.40%
Hospice	35	15	66.66%	33.34%	0.00%	0.00%	60.00%	20.00%	20.00%	0.00%	0.00%	0.00%	0.00%	6.66%	6.66%	26.68%	40.00%	20.00%
Linguistic Services	50	50	45.00%	53.00%	0.00%	2.00%	44.00%	8.00%	8.00%	40.00%	0.00%	0.00%	2.00%	14.00%	33.00%	34.00%	10.00%	2.00%
Mental Health Services	250	136	96.35%	2.91%	0.00%	0.74%	30.14%	44.11%	25.75%	0.00%	0.00%	0.00%	0.75%	18.38%	16.17%	27.94%	29.11%	7.35%
Unduplicated Clients Served By State Services Funds:	NA	1,554	75.84%	23.49%	0.00%	1.17%	43.60%	22.48%	19.97%	8.95%	0.00%	0.04%	2.23%	18.69%	20.31%	27.67%	24.01%	7.00%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2021 Ryan White Part B
Procurement Report
April 1, 2020 - March 31, 2021



Reflects spending through April 2020

Spending Target: 8.3%

Revised 6/30/20

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	\$2,218,878	66%	\$0	\$2,218,878	\$0	\$2,218,878	4/1/2020	\$54,371	2%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	31%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2020	\$0	0%
8	Home and Community Based Health Services	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2020	\$9,440	8%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	\$0	\$0					
Total Houston HSDA		3,360,626	100%	0	3,360,626	\$0	\$3,360,626		63,811	2%

Note: Spending variances of 10% of target 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

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1920 DSHS State Services
Procurement Report
September 1, 2019- August 31, 2020



Chart reflects spending through April 2020

Spending Target: 66.67

Revised 6/30/2020

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	43%	\$0	\$864,506	\$0	\$864,506	9/1/2019	\$277,211	32%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	\$0	\$300,000	9/1/2019	\$97,358	32%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2019	\$105,164	60%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2019	\$159,280	61%
	Non Medical Case Management (3)	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2019	\$147,288	42%
15	Linguistic Services (4)	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2019	\$35,700	53%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	-\$142,285						
Total Houston HSDA		2,017,338	100%	-\$142,285	\$2,017,338	\$0	\$1,667,338		822,001	49%

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) Mental Health reporting services utilization is down and additional back billing has not been submitted.
- (3) N-Medical Case Management agency is behind 4 months of reporting spending.
- (4) Linguistic is behind with 1 month of reporting spending.

**Houston Area
Ryan White HIV/AIDS Program
Assessment of the Administrative Mechanism**

**Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2019**

Prepared by
Houston Area Ryan White Planning Council
Office of Support
Approved: Pending

DRAFT 07/15/20

**Houston Area
Ryan White HIV/AIDS Program
Assessment of the Administrative Mechanism
Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2019**

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Background

The Ryan White CARE Act requires local Planning Councils to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.”¹ To meet this mandate, a time-specific document review of local procurement, expenditure, and reimbursement processes for Ryan White HIV/AIDS Program funds is conducted annually by local Planning Councils.² The observation process is not intended to evaluate either the local administrative agencies for Ryan White funds or the individual service providers funded by Ryan White.³ Instead, it produces information about procurement, expenditure, and reimbursement processes for the local *system* of Ryan White funding that can be used for overall quality assurance purposes.

In the Houston eligible area, the Ryan White Planning Council has conducted an assessment of the administrative mechanism for Ryan White Part A and Minority AIDS Initiative (MAI) funds each fiscal year beginning in 2006. In 2012, the Planning Council began assessing the administrative mechanism for Part B and Texas State General Funds (State Services) as well. Consequently, the assessment tool used to conduct the assessment was amended to accommodate Part B and State Services processes. The new tool was developed and approved by the Quality Assurance Committee of the Planning Council on March 21, 2013 and approved by the Full Council on April 11, 2013.

Methodology

In June and August 2020, the approved assessment tool was applied to the administrative mechanism for Part A and MAI funds. The approved assessment tool will be applied to the administrative mechanism for Part B and State Services funds in November 2020. The contract periods designated in the tool are:

- Part A and MAI: March 1, 2019 – February 29, 2020 (FY19)
- Part B: April 1, 2019 – March 31, 2020 (FY 1920)
- State Services: Most recent completed FY

The tool evaluated three areas of each administrative mechanism: (1) the procurement and Request for Proposals (RFP) process, (2) the reimbursement process, and (3) the contract monitoring process. As outlined in the tool, 10 data points and their respective data sources were assessed for each administrative mechanism for the specified time frames. Application of the checklist, including data collection, analysis, and reporting, was performed by the Ryan White Planning Council Office of Support staff. All data and documents reviewed in the process were publicly available. Findings from the assessment process have been reported for each administration mechanism independently and are accompanied by the respective completed assessment tool.

¹Ryan White Program Manual, Section V, Chapter 1, Page 4

²Ibid, Page 7

³Ibid, Page 8

Part A and Minority AIDS Initiative (MAI)
Contract Period: March 1, 2019 – February 29, 2020 (FY19)

Summary of Findings

I. Procurement/Request for Proposals Process

- a) The Administrative Agent (**AA**) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (**NGA**). As a result of this practice, extension of positions for FY19 occurred prior to receipt of the FY19 NGA. Twenty-eight days elapsed between receipt of the NGA by the AA and contract execution with funded service providers, and there were no lapses in services to consumers.
- b) Due to the extensions of Part A and MAI contracts and positions described in (a) above, 100% of the FY19 Part A and MAI grant award was procured to funded service providers by the first day of the contract period (03/01/19).
- c) The AA procured funds in FY19 only to Planning Council-approved Service Categories. Moreover, the amounts of funds procured per Service Category at the beginning of the contract period matched Planning Council-approved final allocations for level funding for FY19 following application of the Increase Funding Scenario. During the contract period, the AA applied Planning Council-approved policies for the shifting of funds within Service Categories, including application of the increased funding scenarios for Part A and MAI, billing reconciliations, and receipt of carry-over funds in approved categories.
- d) Beginning in FY12, Part A and MAI services could be contracted for up to four years, with Service Categories rotated for bidding every three years. According to this schedule, there were no Requests for Proposal (RFP) issued in FY19. Therefore, it is not possible to evaluate communication by AAs to potential bidders specific to the grant award process.
- e) As described in (d) above, no RFP was issued in FY19. According to the schedule mentioned above in d), no Request for Proposal (RFP) was issued in FY19. As such, it is not possible to evaluate communication by AAs to potential bidders specific to Planning Council products
- f) The AA procured 100% of total service dollars for Part A and MAI by the end of the contract period, including the addition of reconciliations and carry-over funds.
- g) There were unspent service dollars in both Part A and MAI at the end of the FY19 contract period that occurred in Primary Care, Medical Case Management, Local Pharmacy Assistance Program, Medical Nutritional Therapy, Service Linkage, and Medical Transportation. The total amount of unspent service funds for both Part A and MAI was \$584,229 or 2.6% of the total allocation for service dollars for the contract period. Ninety-seven percent (97%) of FY19 Part A service dollars and 95% of MAI service dollars were expended by the end of the fiscal year.
- h) In FY19, the AA continued to communicate to the Planning Council the results of the procurement process, including agendaizing procurement reports at Committee and Full Council meetings throughout the contract period.

II. Reimbursement Process

- i) The average number of days elapsed between receipt of an accurate Contractor Reimbursement Report (**CER**) from contracted agencies and the issuance of payment by the AA for FY19 was 25 days. The AA paid all contracted Part A and/or MAI agencies within an average of 28 days following receipt of an accurate invoice.

III. Monitoring Process

- j) There were no RFPs issued in FY19, therefore the AA's use of the Standards of Care as part of the contract selection process cannot be evaluated. The monitoring process that took place in FY19 used Standards of Care and clearly indicated this in various quality management policies, procedures, and plans, including the AA's Policy and Procedure for Performing Site Visits and the AA's current Quality Management Plan.

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	<ul style="list-style-type: none"> The Administrative Agent (AA) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (NGA) in order to prevent lapses in services to consumers. For the FY19 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at Commissioners Court meetings on 12/18/2018 and 02/12/19 respectively. <p><i>Conclusion:</i> Because the AA rapid processed contract and position extensions, extension of positions for FY19 occurred prior to issuance of the FY19 NGA. Twenty-eight days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers.</p>	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	FY19 Part A and MAI NGA (issued 01/14/19) Commissioner's Court Agendas (12/18/18, 02/12/19)
b) What percentage of the grant award was procured by the: <input checked="" type="checkbox"/> 1st quarter? <input type="checkbox"/> 2nd quarter? <input type="checkbox"/> 3rd quarter?	<ul style="list-style-type: none"> FY19 procurement reports from the AA indicate that all allocated funds in each Service Category were procured by 03/01/19, the first day of the contract period. This is due to the contract and position extensions processed by the AA prior to receipt of the NGA, as described in (a) above. <i>Conclusion:</i> Because of contract and position extensions processed by the AA in anticipation of the grant award, 100% of the Part A and MAI grant award was procured by the 1st quarter of the contract period. 	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	FY19 Part A and MAI Procurement Report provided by the AA to the PC (06/07/20)

Section I: Procurement/Request for Proposals Process			
Method of Measurement	Summary of Findings	Data Point	Data Source(s)
c) Did the awarding of funds in specific categories match the allocations established by the Planning Council?	<ul style="list-style-type: none"> The Planning Council makes allocations per Service Category for each upcoming contract period based on the assumption of level funding. It then designs scenarios to be applied in the event of an increase or decrease in funding per the actual NGA. The Planning Council further permits the AA to re-allocate funds within Service Categories (up to 10%) without pre-approval throughout the contract period for standard business practice reasons, such as billing reconciliations, and to apply carry-over funds as directed. In addition, the Planning Council allows the AA to shift funds in the final quarter of the contract period in order to prevent the grantee from leaving more than 5% of its formula funds unspent. The most recent FY19 procurement report from the AA (dated 06/07/20) shows that the Service Categories and amounts of funds per Service Category procured at the beginning of the contract period matched the final Planning Council-approved allocations for level funding for FY19. Upon receipt of the NGA, the Increase Scenario was applied for the \$666,000 (3.4%) increase in Part A Formula and Supplemental service dollars. The AA applied the Increase Scenario to the \$40,438 (1.9%) service dollar increase in MAI. As a result, total allocations for FY19 matched the allocations established by the Planning Council with application of the Increase Funding Scenario. <p><i>Conclusion:</i> The AA procured funds in FY19 only to Planning Council-approved Service Categories, and the amounts of funds per Service Category procured at the beginning of the contract period were a match to final allocations approved by the Planning Council for level funding. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories during the contract period, including increased funding scenarios, billing reconciliations, and receipt of carryover funds.</p>	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	<p>FY19 Part A and MAI Procurement Report provided by the AA to the PC (06/07/20)</p> <p>PC FY19 Allocations Level Funding Scenario (7/12/18)</p> <p>PC FY19 Allocations Increase Scenario (7/12/18)</p>

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>d) Does the AA have a grant award process which:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provides bidders with information on applying for grants? <input type="checkbox"/> Offers a bidder's conference? 	<ul style="list-style-type: none"> • Beginning in FY12, Part A and MAI services could be contracted for up to four years, with Service Categories rotated for bidding every three years. According to this schedule, no Request for Proposal (RFP) was issued in FY19. • <i>Conclusion:</i> There was no RFP due for issue in FY19. Therefore, it is not possible to evaluate communication by AAs to potential bidders specific to the grant award process. 	<p>Confirmation of communication by the AAs to potential bidders specific to the grant award process</p>	<p>Part A RFP issued in FY19 for FY20 contracts – Not applicable</p> <p>Courtesy Notice for Pre-Proposal Conference in FY19 for FY20 contracts – Not applicable</p>
<p>e) Does the REQUEST FOR PROPOSALS incorporate service category definitions that are consistent with those defined by the Planning Council?</p>	<ul style="list-style-type: none"> • According to the schedule mentioned above in d), no Request for Proposal (RFP) was issued in FY19 • <i>Conclusion:</i> There was no RFP due for issue in FY19. Therefore, it is not possible to evaluate communication by AAs to potential bidders specific to Planning Council products 	<p>Confirmation of communication by the AAs to potential bidders specific to PC products</p>	<p>Part A RFP issued in FY19 for FY20 contracts – Not applicable</p>
<p>f) At the end of the award process, were there still unobligated funds?</p>	<ul style="list-style-type: none"> • The most recent procurement report produced on 06/07/20 shows that 100% of total service dollars for Part A and MAI were procured by the end of the contract period, including the addition of reconciliations and carry-over funds. • <i>Conclusion:</i> There were no unobligated funds for the contract period. 	<p>Comparison of final amounts procured and total amounts allocated in each service category</p>	<p>FY19 Part A and MAI Procurement Report provided by the AA to the PC (Dated 06/07/20)</p>

Section I: Procurement/Request for Proposals Process			
Method of Measurement	Summary of Findings	Data Point	Data Source(s)
g) At the end of the year, were there unspent funds? If so, in which service categories?	<ul style="list-style-type: none"> The most recent FY18 procurement report produced on 06/07/20 shows unspent service dollars as follows: <ul style="list-style-type: none"> (i) Part A: \$467,260 in unspent service dollars with less than 95% of the amount procured expended in the following Service Categories: <ul style="list-style-type: none"> Primary Care – Public Clinic – 93% expended Primary Care – CBO Targeted to AA – 86% expended Primary Care – CBO Targeted to White/MSM – 72% expended Primary Care – Pediatric – 58% expended Med. Case Management – Targeted to H/L – 33% expended Med. Case Management – Targeted to White/MSM – 80% expended Med. Case Management – Targeted to Rural – 70% expended Med. Case Management – Targeted to Women at Public Clinic – 54% expended Med. Case Management – Targeted to Pedi – 30% expended Med. Case Management – Targeted to Veterans – 85% expended Med. Case Management – Targeted to Youth – 80% expended LPAP – 94% expended Medical Nutritional Therapy – 90% expended Service Linkage – CBO – 93% expended Med. Transportation – Targeted to Rural – 70% expended (ii) MAI: \$116,969 with less than 95% of the amount procured expended in the following Service Categories: <ul style="list-style-type: none"> Primary Care – CBO Targeted to H/L – 84% expended Med. Case Management – Targeted to AA – 89% expended Med. Case Management – Targeted to H/L – 42% expended The total amount of unspent service funds for both Part A and MAI in FY19 was \$584,229 or 2.6% of the total service dollar allocation. <p><i>Conclusion:</i> There were \$584,229 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY19. Unspent funds represented 2.6% of the total FY19 Part A and MAI allocation for service dollars. Ninety-seven percent (97%) of FY19 Part A service dollars and 95% of MAI service dollars were expended by the end of the fiscal year.</p>	Review of final spending amounts for each service category	FY19 Part A and MAI Procurement Report provided by the AA to the PC (Printed 06/07/20)

Section II: Reimbursement Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>h) Does the ADMINISTRATIVE AGENT have a method of communicating back to the Planning Council the results of the procurement process?</p>	<ul style="list-style-type: none"> The Memorandum of Understanding (MOU) (signed 3/1/12) between the CEO, Planning Council, AA, and Office of Support requires the AA to “inform the Council no later than the next scheduled [...] Steering Committee meeting of any allocation changes” (page 4). In addition, FY19 Part A and MAI procurement reports from the AA were agendaized for Planning Council meetings occurring on 08/08/19, 09/12/19, 11/14/19, 12/12/19, 03/12/20, and 06/11/20. Results of the procurement process were also provided during the AA report. <p><i>Conclusion:</i> The AA was required to and maintained a method of communicating back to the Planning Council the results of the procurement process, including agendaized procurement reports to Committees and Full Council.</p>	<p>Confirmation of communication by the AAs to the PC specific to procurement results</p>	<p>Houston EMA MOU (signed 3/1/12)</p> <p>PC Agendas (08/08/19, 09/12/19, 11/14/19, 12/12/19, 03/12/20, 06/11/20)</p>
<p>i) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA?</p> <p>What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice:</p> <p><input type="checkbox"/> Within 20 days?</p> <p><input checked="" type="checkbox"/> Within 35 days?</p> <p><input type="checkbox"/> Within 50 days?</p>	<ul style="list-style-type: none"> The Annual Contractor Reimbursement Report (CER) Tracking Summary for FY19 produced by the AA on 06/23/20 showed an average of 25 days elapsing between receipt of an accurate CER from contracted agencies and the issuance of payment by the AA, compared to 28 days on average in FY19. 100% of contracted agencies were paid within an average of 28 days following the receipt of an accurate CER. In comparison, the AA paid 100% of contracted agencies within an average of 37 days in FY18. One contracted agencies was paid within an average of 19 days, and 100% were paid within an average of 35 days. <p><i>Conclusion:</i> The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds and the issuance of payment by the AA was 25 days. The AA paid all contracted Part A and/or MAI agencies within an average of 28 days following receipt of an accurate invoice.</p>	<p>Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA</p>	<p>FY19 Part A and MAI Contractor Reimbursement Report (CER) Tracking Summary (06/23/20)</p>

Section III: Contract Monitoring Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>j) Does the ADMINISTRATIVE AGENT use the Standards of Care as part of the contract monitoring process?</p>	<ul style="list-style-type: none"> • Typical RFP language states that the AA will monitor for compliance with the Standards of Care during site monitoring visits of contracted agencies. Directions to current Standards of Care document are also provided. As described in (d) above, however, the AA did not issue an RFP during the FY19 contract period. • In addition, the AA's Site Visit Guidelines used during the FY19 contract period includes the process for reviewing compliance with Standards of Care. • The AA's Quality Management Plan (dated 01/19) states that the RWGA Clinical Quality Improvement Project Coordinator and Quality Management Development Project Coordinator both "[conduct] onsite QM program monitoring of funded services to ensure compliance with RWGA Standards of Care and QM plan" (Page 6). The Plan also states that "Annual site visits are conducted by RWGA at all agencies to ensure compliance with the standards of care" (Page 9). <p><i>Conclusion:</i> The AA used the Standards of Care as part of the contract monitoring process and clearly indicated this in its quality management policies, procedures, and plans.</p>	<p>Confirmation of use of adopted SOC in contract monitoring activities</p>	<p>Part A RFP issued in FY19 for FY20 contracts – N/a</p> <p>HCPH/RWGA Policy and Procedures for Performing Ryan White Part A Site Visits (Revised 03/17)</p> <p>HCPH/RWGA Quality Management Plan (01/19)</p>

Training on Standards of Care



General Standard 3.2: “Agency has Policy and Procedure regarding client Confidentiality [...] Providers must implement mechanisms to ensure protection of clients’ confidentiality in all processes throughout the agency.”



“Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!”



All our nurses now have degrees...unfortunately nurse Pilbright's is in the expressive arts!

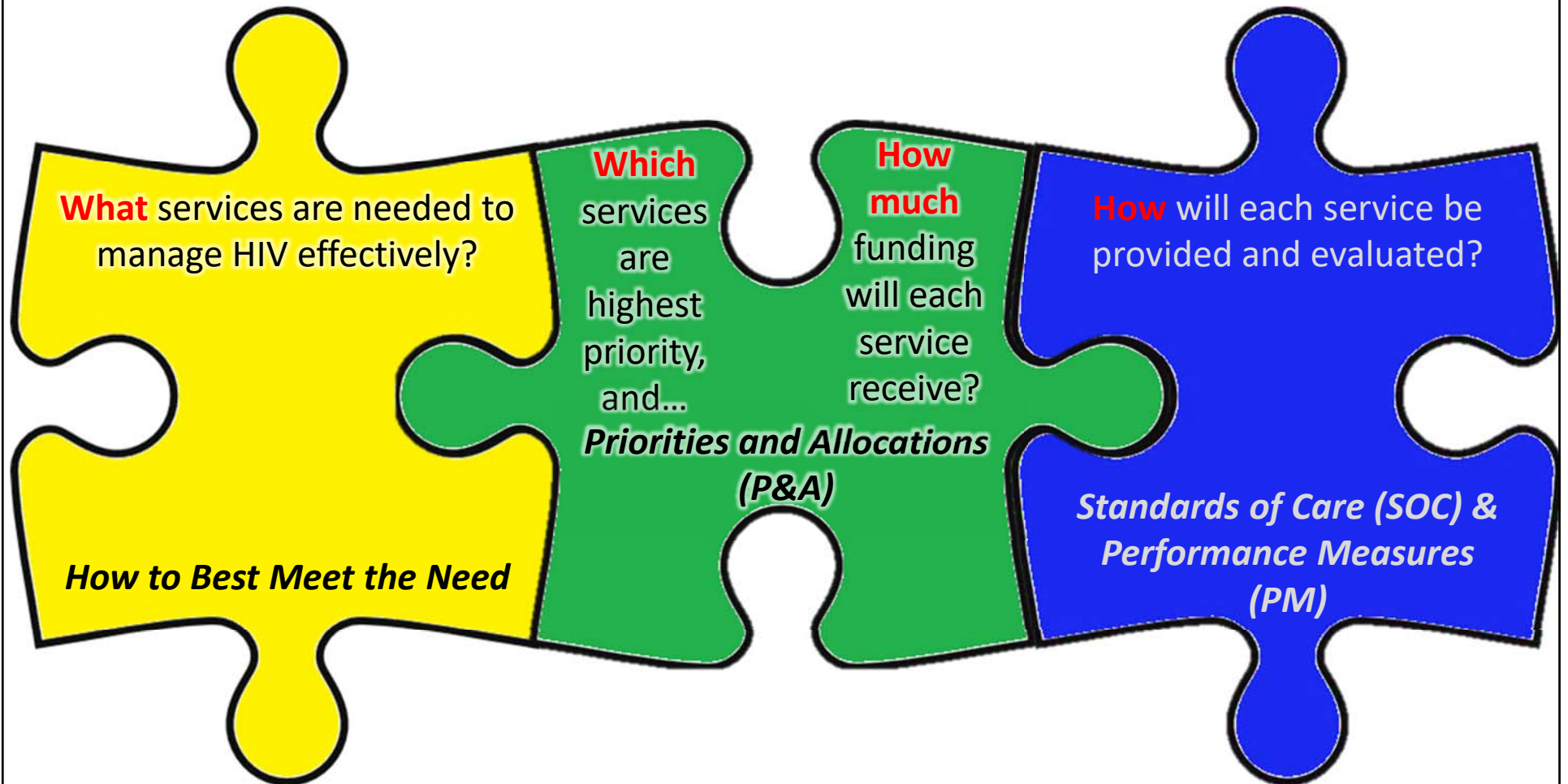
Primary Medical Care 1.1: “Medical care for [PLWH] shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship.”

Oral Health 2.8: “Oral hygiene instructions (OHI) should be provided annually to each client.”



To help emphasize good oral hygiene in kids, Dr. Remford installed a dental floss zipline in his office.

Components of the Process



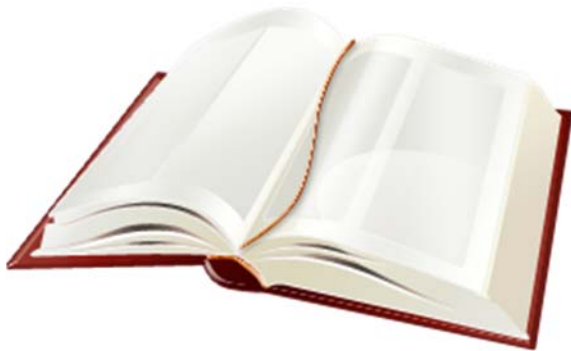


Houston Has Standards!

If you were planning on buying a car, what are some basic features you would expect to “come standard” with a good quality car?

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to “come standard” when buying a car, you can also expect basic levels of quality to “come standard” with HIV care services in Houston. We call these Standards of Care (SOC).



Official Definitions

- **Standard of Care (SOC)**

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

- **Performance Measure (PM)**

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.

A Little Background on SOC...



- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
 1. Accepted industry guidelines
 2. On-site program monitoring results, and
 3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
 - RW/A = Ryan White Grant Administration
 - RW/B and State Services = The HIV Resource Group



What SOC Are

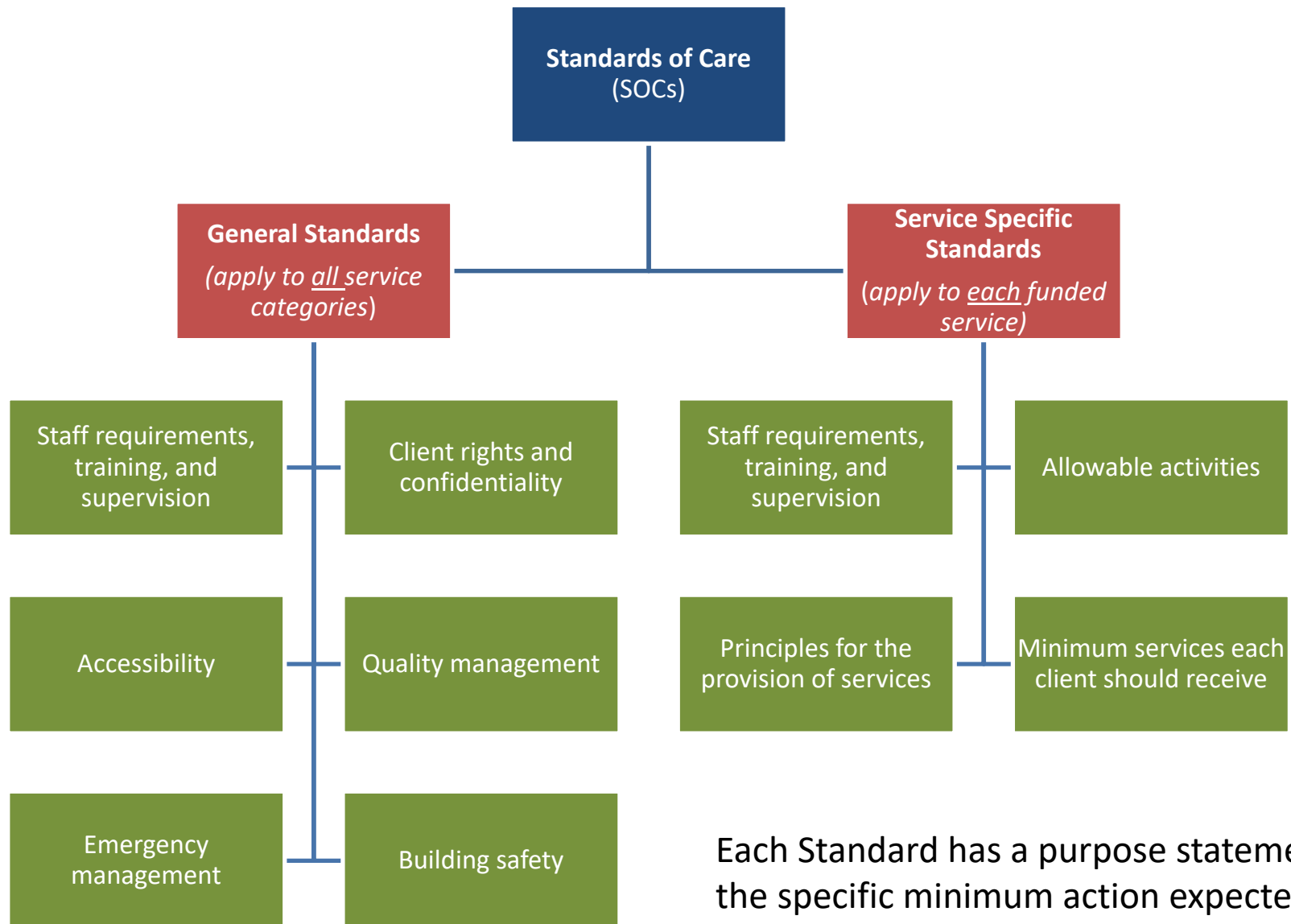
- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are meeting overall community goals



What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business (*Agency monitoring is done by the AAs*)
- A way to decide which agency in Houston gets Ryan White money (*RFPs and agency contracts are coordinated by the AAs*)
- Guidelines for HIV services provided by *non*-Ryan White-funded agencies

Organization of the SOCs



Each Standard has a purpose statement, the specific minimum action expected, and a way to measure it.

GENERAL STANDARDS

	Standard	Measure
1.0	Staff Requirements	
1.1	<p><u>Staff Screening (Pre-Employment)</u> Staff providing services to clients shall be screened for appropriateness by provider agency as follows:</p> <ul style="list-style-type: none"> • Personal/Professional references • Personal interview • Written application <p>Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.</p>	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel and/or volunteer files indicates compliance
1.2	<p><u>Initial Training: Staff/Volunteers</u> Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.</p>	<ul style="list-style-type: none"> • Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	<p><u>Staff Performance Evaluation</u> Agency will perform annual staff performance evaluation.</p>	<ul style="list-style-type: none"> • Completed annual performance evaluation kept in employee's file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	<p><u>Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers</u> All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.</p>	<ul style="list-style-type: none"> • Documentation of training is maintained by the agency in the personnel file

SERVICE SPECIFIC STANDARDS OF CARE

Case Management (All Case Management Categories)

Case management services in HIV care facilitate client access to health care services, assist clients to navigate through the wide array of health care programs and ensure coordination of services to meet the unique needs of PLWHA. It also involves client assessment to determine client's needs and the development of individualized service plans in collaboration with the client to mitigate clients' needs. Ryan White Grant Administration funds three case management models i.e. one psychosocial and two clinical/medical models depending on the type of ambulatory service within which the case management service is located. The scope of these three case management models namely, Non-Medical, Clinical and Medical case management services are based on Ryan White HIV/AIDS Treatment Modernization Act of 2006 (HRSA)² definition for non-medical and medical case management services. Other resources utilized include the current *National Association of Social Workers (NASW) Standards for Social Work Case Management*³. Specific requirements for each of the models are discussed under each case management service category.

1.0	Staff Training	
1.1	<p><u>Required Meetings</u> <u>Case Managers and Service Linkage Workers</u> Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA. Case Managers and Service Linkage Workers will attend the “Joint Prevention and Care Coordination Meeting” held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau.</p> <p>Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)</p>	<ul style="list-style-type: none"> Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)

² US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services

³ National Association of Social Workers (1992). NASW standards for social work case management. Retrieved 02/9/2009 from www.socialworkers.org/practice/standards/sw_case_mgmt.asp

Organization of the PMs

All Performance Measures (PMs) are service-specific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
 1. Entered into and/or were retained in HIV medical care
 2. Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
 3. Received recommended medical, oral, and optical screening, care, and follow-up
 4. Were screened for and received mental health or substance abuse services if needed
 5. Obtained housing if homeless or unstably housed
 6. Secured 3rd party health care coverage (insurance) if uninsured, and/or
 7. Other service-specific measures

Ryan White Part A
HIV Performance Measures
FY 2016 Report

Clinical Case Management
All Providers

For FY 2016 (3/1/2016 to 2/28/2017), 1,406 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2015	FY 2016	Change
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	402 (39.5%)	685 (48.7%)	9.2%
Percentage of clinical case management clients who utilized mental health services	247 (24.3%)	360 (25.6%)	1.3%
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	382 (73.0%)	501 (69.0%)	-4.0%
Percentage of clients who were homeless or unstably housed	267 (26.2%)	322 (22.9%)	-3.3%

According to CPCDMS, 33 (2.4%) clients utilized primary care for the first time and 118 (8.4%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2015
Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	80%
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment*	0%

*Data was not collected in FY 2015



Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWH by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV in the Houston area.
- SOC and PMs do *not* evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process. They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.