

Houston Area HIV Services Ryan White Planning Council
 Quality Improvement Committee
 2:15 p.m., Tuesday, March 14, 2023

Join the meeting via Zoom, please do not come to the meeting in person
<https://us02web.zoom.us/j/81519929661?pwd=cXZPdzkzdjJwWnJPeFRJc1RwOStYUT09>
 Meeting ID: 811 4450 9622 Passcode: 125672
 Or, use your cell phone to dial in at: 346 248 7799

Agenda

* = Handout to be distributed at the meeting

-
- I. Call to Order Tana Pradia and
Pete Rodriguez, Co-Chairs
 - A. Welcoming Remarks and Moment of Reflection
 - B. Introductions
 - C. Adoption of Agenda
 - D. Approval of Minutes

 - II. Public Comments 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. 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. Nuts, Bolts, Petty Cash & Open Meetings Act Training
 - B. Review Committee Description
 - C. Conflict of Interest and Voting Policy
 - D. Approve 2023 Committee Goals
 - E. Elect a Committee Vice Chair
 - F. Review the Calendar and Timeline 2023 Meetings

 - IV. Training in How to Read Reports from the Administrative Agents
 - A. Criteria for FY 2024 Service Categories Tori Williams
 - B. Part B and State Services (SS) Reports Tiffany Shepherd
 - 1. How to Read TRG Reports 2023
 - 2. 2022 Part B/SS* Chart Reviews
 - C. Part A and MAI reports Glenn Urbach
 - 1. How to Read Part A & MAI Reports

 - VII. Announcements

 - VIII. Adjourn

 - Optional: New members meet with committee mentor Tana Pradia

* SS = State Services funded

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
2:00 p.m., Tuesday, February 14, 2023
Meeting location: Zoom Teleconference

Minutes

<u>MEMBERS PRESENT</u>	<u>MEMBERS ABSENT</u>	<u>OTHERS PRESENT</u>
Tana Pradia, Co-Chair	Kevin Aloysius, excused	Crystal Starr, RWPC Chair
Caleb Brown	Pete Rodriguez, excused	Sha'Terra Johnson-Fairley, TRG
Daphne Jones	Titan Capri	Tiffany Shepherd, TRG
Oscar Perez		Tionna Cobb, TRG
		Glenn Urbach, RWGA
		Mauricia Chatman, RWGA
		Tori Williams, Ofc of Support
		Mackenzie Hudson, Ofc of Support
		Diane Beck, Ofc of Support

Call to Order: Tana Pradia, Co-Chair, called the meeting to order at 2:06 p.m. and asked for a moment of reflection. She then invited committee members and staff to introduce themselves.

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

Approval of the Minutes: *Motion #2*: it was moved and seconded (Brown, Perez) to approve the November 15, 2022 minutes. *Motion carried.* Abstentions: Brown, Jones.

Public Comment: None.

Committee Orientation: *Motion #3*: it was moved and seconded (Brown, Perez) to table item III. Committee Orientation until next month when the affiliate members join the committee. *Motion carried.*

Announcements: None.

Adjourn: The meeting was adjourned at 2:20 p.m.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: Beck

ja = Just arrived at meeting
 lr = Left room temporarily
 lm = Left the meeting
 C = Chaired the meeting

2023 Quality Improvement Meeting Voting Record for Meeting Date 02/14/23

MEMBERS:	Motion #1 Agenda				Motion #2 Minutes				Motion #3 Table Committee Orientation			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Tana Pradia, Co-Chair (M)				C				C				C
Pete Rodriguez, Co-Chair	X				X				X			
Kevin Aloysius	X				X				X			
Caleb Brown		X						X		X		
Titan Capri	X				X				X			
Daphne Jones		X						X		X		
Oscar Perez		X				X				X		

The Houston Regional HIV/AIDS Resource Group, Inc.



Memorandum

To: RWPC- Priorities and Allocations Committee

From: Tiffany Shepherd TS

CC: ShaTerra Johnson

TOPIC: Increase Funding Scenario

Effective January 17, 2023, the provider funded for Home and Community-Based Health Services decided to discontinue providing the service based on underutilization, thus leaving an unallocated amount in RW Part B in the amount of \$113,315. Currently the only services funded under RW Part B are Oral Healthcare Services and Health Insurance Assistance. The Resource Group would like to recommend applying the Part B/State Services increase funding scenario which states to allocate the “first \$200,000 to be divided evenly between Oral Health-General Oral Health and Oral Health -Prosthodontics”.

Available Funding Amount: \$113,315

Contract Effective Date: 04/01/2023

Recommendations:

Agency 1: Total \$56,657.50/ Oral Health-General Oral Health \$28,328.75and Oral Health - Prosthodontics \$28,328.75

Agency 2: Total \$56,657.50/ Oral Health-General Oral Health \$28,328.75and Oral Health - Prosthodontics \$28,328.75



Nuts and Bolts for New Members

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact the Office of Support. Two email reminders will be sent and will include an electronic copy of the meeting packet.

Packets will have the date and time of the meeting on the cover memo and at the top of the agenda. At the beginning of 2023, meetings will be virtual or hybrid. If hybrid, the Zoom access information and the location of the meeting will be below the time and date on the cover memo and at the top of the agenda.

If the meeting is in-person, only committee members sit at the table and can vote at the meeting; staff and others sit in the audience.

Members may only vote on the minutes if they were present at the meeting.

Due to a new HRSA policy, announced on December 6, 2022, there will be changes to the petty cash policy in 2023. Until the Council has had an opportunity to discuss and transition to the new policy, consumers can request reimbursement for transportation to and from Ryan White Council and Committee meetings. Childcare expenses may also be reimbursed for members if this allows a consumer to attend a Council and/or Committee meeting. See the 2022 Petty Cash Policy for details.

Due to County budgeting policy, there may be no petty cash reimbursements in March and possibly April so save receipts and turn them into Rod for payment in April.

Be careful about stating personal health information in meetings as they are tape recorded and, due to the Open Meetings Act, are considered public record. The tapes must be available for anyone to listen to, including members of the media.

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
832 927-7926 telephone; 713 572-3740 fax

MEMORANDUM

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

Copy: Glenn Urbach

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

Date: January 26, 2023

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2023. 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 the end of the day on Friday, February 17, 2023.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2023 **will not be reimbursed at all if they are turned in after March 31, 2023.**

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

2022.....

Beginning of
fiscal year 2022

Feb 17

2023.....

Turn in all
receipts

Feb 28

2023.....

End of fiscal
year 2022. Possibly
no money available
to write checks until
early April

March 31

2023

Turn in all remaining receipts
for fiscal year 2022 or you
will not be reimbursed for
those expenses incurred between
March 1, 2022 and Feb. 28, 2023

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
832 927-7926 telephone; 713 572-3740 fax
<http://rwpchouston.org>

Memorandum

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

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

Date: January 26, 2023

Re: Open Meetings Act Training

Please note that all Council members are required to take the Open Meetings Act training at least once in their lifetime. Affiliate members are encouraged to take the training. If you have never viewed the training video, 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 31, 2023. The training takes 60 minutes and can be accessed through the following link (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 access to high-speed internet, you are welcome to contact Rod in the Office of Support to arrange a time to come to the office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:

https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php

Or, call the Office of Support with the validation code and the staff will print it for you.

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

Houston Area HIV Services Ryan White Planning Council

Standing Committee Structure

(Reviewed 02-23-23)

1. **Affected Community Committee**

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV-related drug representatives are invited.

The committee will consist of individuals living with HIV, their caregivers (friends or family members) and others. All members of the PC who self-disclose as living with HIV are requested to be a member of the Affected Community Committee; however membership on a committee for individuals living with HIV will not be restricted to the Affected Community Committee.

2. **Comprehensive HIV Planning Committee**

This committee is responsible for developing the Comprehensive Needs Assessment, Integrated/Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from affiliate membership and expertise.

3. **Operations Committee**

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from affiliate member participation except where resolve of grievances are concerned.

4. **Priority and Allocations Committee**

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include affiliate members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

5. Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on “how to best meet the need” are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year and monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council’s third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of affiliate members.

Ryan White Definition of Conflict of Interest

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

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.

2022 Quarterly Report
Quality Improvement Committee
(November 2022)

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

1. Conduct the “How to Best Meet the Needs” (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.
2. Develop a process for including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.
3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:
 - a. Identify “The Unmet Need”;
 - b. Determine “How to Best Meet the Needs”;
 - c. *Strengthen and improve the description and measurement of medical and health related outcomes.
4. *Identify and review the required information, processes and reporting needed to assess the “Efficiency of the Administrative Mechanism”. Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of:
 - a. Planning fund use (meeting RWPC identified needs, services and priorities);
 - b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity);
 - c. Distributing funds (reporting contract/service/re-imburement expenditures and status, as well as, reporting contract/service utilization information).
5. Annually, review the status of committee activities identified in the current Comprehensive Plan.

Status of Tasks on the Timeline:

Committee Chairperson

Date

2023 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/26/23)

AFFECTED COMMUNITY

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

February 20	July 24
March 14*	August 21
March 20	September 25
April - no mtg	October 23
May 22	November 20
June 19 (<i>Holiday</i>)	December - no mtg

COMPREHENSIVE HIV PLANNING

Meetings are the second Thursday of the month starting at 2:00 pm:

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

OPERATIONS

Meetings are Tuesdays following the Council meeting starting at 11:00 am:

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

PLANNING COUNCIL

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

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

PRIORITY & ALLOCATIONS

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

February 23	July 27
March 14*	August 24
March 23	September 28
April 27	October 26
May 25	November - no mtg
June 22	December - no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 2:00 pm:

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

STEERING

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

February 2	August 3
March 2	September 7
April 6	October 5
May 4	November 2
June 1	December 7
July 6	

*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 2023 Council Activities

(Revised 01-30-23)

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 2023 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 receive monthly calendars and/or meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: <http://rwpchouston.org>.

All Ryan White Council and Committee meetings will be held virtually in January 2023, possibly via hybrid format after January. 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. 26 | Council Orientation. 2023 Committee meeting dates will be established at this meeting. |
| Thurs. Feb. 2 | 12 noon. First Steering Committee meeting for the 2023 planning year. |
| Feb. date TBD | 10 am, Orientation for new 2023 Affiliate Committee Members. |
| Feb. dates TBD | Integrated Plan: Quality of Life workgroup, Evaluation workgroup, HIV Education Coalition and HIV Data Committee meet to create timelines and organize their 2023 work products. |
| Thurs. Feb. 9 | 12 noon. First Council meeting for the 2023 planning year. |

Tues. Feb. 14	5:00 pm. Deadline for submitting Proposed Idea Forms to the Office of Support. The Council is currently funding 17 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.
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- | | |
|-----------------|--|
| Thurs. Feb. 23 | 12 noon. Priority & Allocations Committee meets to approve the policy on allocating FY 2023 unspent funds, FY 2024 priority setting process and more. |
| March dates TBD | EIIHA Workgroup and the Project LEAP/Proyecto VIDA Advisory Committee meet. |
| Tues. March 14 | Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the FY 2024 service categories for Part A, Part B, MAI and <i>State Services</i> funding. |
| Mon. March 20 | Consumer Training on the How to Best Meet the Need process. |
| Thurs. April 6 | 12 noon. Steering Committee meets. |

Thurs. April 13	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.
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DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

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.**

Mon. April 17 10 am – 5 pm, Special workgroup meetings. Topics to be announced.

April 18 - 26

The following workgroups will be scheduled to meet. Call 832 927-7926 for confirmation and to receive meeting packets.

10:30 am. **Date to be announced.** **How To Best Meet the Need Workgroup #1** at which the following services for FY 2024 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)
- Ambulatory/Outpatient Medical Care (including Medical Case Management and Service Linkage – Pediatric)
- Referral for Health Care and Support Services
- Clinical Case Management
- Non-Medical Case Management (Service Linkage at Testing Sites)
- Vision Care

1:30 pm. **Date to be announced.** **How To Best Meet the Need Workgroup #2** at which the following services for FY 2024 will be reviewed:

- Health Insurance Premium & Co-pay Assistance
- Medical Nutritional Therapy (including Nutritional Supplements)
- Mental Health
- Substance Abuse Treatment/Counseling
- Non-Medical Case Management (Substance Use)
- Oral Health – Untargeted & Rural

3:00 pm – 5:00 pm. **Date to be announced.** **How To Best Meet the Need Workgroup #3** at which the following services for FY 2024 will be reviewed:

- Early Intervention Services
- Emergency Financial Assistance - Other
- Home & Community-based Health Services (Adult Day Treatment)
- Hospice
- Linguistic Services
- Transportation (van-based - Untargeted & Rural)

Thurs. April 27 12 noon. Priority & Allocations Committee meets to allocate **Part A unspent funds.**

Mon. May 1 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 15 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. May 16 **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book.** The Operations Committee reviews the FY 2024 Council Support Budget.

Tues. May 16 Quality Improvement Committee meets to approve the **FY 2024 How to Best Meet the Need results** and review **subcategory allocation requests.** Draft copies are forwarded to the Priority & Allocations Committee.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

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.**

Tues. May 23	7:00 pm., Public Hearing on the FY 2024 How To Best Meet the Need results.
Wed. May 24	Time TBD. Special Quality Improvement Committee meeting to review public comments regarding FY 2024 How To Best Meet the Need results.
Thurs. May 25	12 noon. Priority & Allocations Committee meets to recommend the FY 2024 service priorities for Ryan White Parts A and B and <i>State Services</i> funding.
Thurs. June 1	12 noon. Steering Committee meets to approve the FY 2024 How to Best Meet the Need results.
Thurs. June 8	12 noon. Council approves the FY 2024 How to Best Meet the Need results.
Week of June 12-15	Dates and times TBD. Special Priority & Allocations Committee meetings to draft the FY 2024 allocations for RW Part A and B, MAI and State Services funding.
June or August	Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
Thurs. June 22	12 noon. Priority & Allocations Committee meets to approve the FY 2024 allocations for RW Part A and B, MAI and State Services funding.
Mon. June 26	7 pm. Public Hearing on the FY 2024 service priorities and allocations.
Tues. June 27	Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the FY 2024 service priorities and allocations.
July/Aug.	Workgroup meets to complete the proposed FY 2024 EIIHA Plan.
Thurs. July 6	12 noon. Steering Committee approves the FY 2024 service priorities and allocations.
Thurs. July 13	12 noon. Council approves the FY 2024 service priorities and allocations.
Fri. July 14	5 pm. Deadline for submitting a Project LEAP application form. See July 26 for description of Project LEAP. Call 832 927-7926 for an application form.
Thurs. July 27	12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the FY 2024 priority & allocations. They also allocate FY 2022 carryover funds. (Allocate even though dollar amount will not be avail. until Aug.)
Wed. July 26	Project LEAP classes begin. Project LEAP is a free 17-week training course for individuals living with or affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.

(continued)

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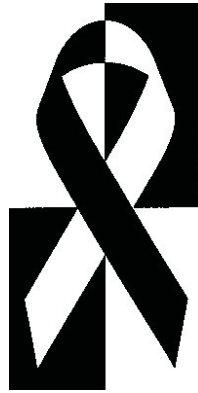
Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

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. Aug. 3 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 2024 GRANT**. (Mail out date for the August Steering Committee meeting is July 27, 2023.)
- Mon. Aug. 21 **Consumer Training** on Standards of Care and Performance Measures.
- Fri. Sept. 1 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 14 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. 19 Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
- Mon. Sept. 25 **Consumer-Only Workgroup** meeting to review FY 2024 Standards of Care.
- Tues. Oct. 17 Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & Letter of Agreement between Part B stakeholders.
- October or November Date & time TBD. Community Workgroup meeting to review **FY 2024 Standards of Care** for all service categories.
- Thurs. Oct. 26 12 noon. Priority & Allocations Committee meets to allocate FY 2023 unspent funds.
- Nov. 1 10:00 am. Commissioners Court to receive the World AIDS Day Resolution.
- Thurs. Nov. 9 12 noon. Council recognizes all Affiliate Committee Members.
- Fri. Dec. 1 **World AIDS Day**.
- Thurs. Dec. 14 12 noon. Election of Officers for the 2024 Ryan White Planning Council.



THE HOUSTON REGIONAL HIV/AIDS
RESOURCE GROUP, INC.

HOW TO READ
TRG REPORTS
MARCH 6TH, 2023

2023 TRG RWPC REPORT DUE

STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/22 - 8/31/23	Year 1: 4/1/22 - 3/31/23
Year 2: 9/1/23 - 8/31/24	Year 2: 4/1/23 - 3/31/24

ANNUAL REPORTS (DELIVERED TO QI COMMITTEE)	
2022 CONSUMER INVOLVEMENT REPORT NA	2022 CHART REVIEW REPORTS March 2021**

***Limited Data Collection due COVID-19 Restrictions and DSHS Waiver of Monitoring*

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

QUARTERLY REPORTS (DELIVERED TO QI COMMITTEE)			
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 (DELIVERED TO QI COMMITTEE)	
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 A
 4/1/2018 - 3/31/2019 Houston HSDA (4816)
 3rd Quarter - 4/1/2018 to 12/31/2018

Revised 3/21/2019

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%	66.67%	0.00%	33.33%	0.00%	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%

C. D. B.

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. A.
 FY 1819 Ryan White Part B
 Procurement Report
 April 1, 2018 - March 31, 2019


 Revised 2/19/2019

B. Reflects spending through December 2018 E. F. G. Spending Target: 75% C.

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 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 **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.

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	-15,437	0	84,657	0	11,035,008	45.81%	11,035,008	0		6,843,274	62%	83%
1.a	Primary Care - Public Clinic (a)	3,927,300					3,927,300	16.30%	3,927,300	0	3/1/2022	\$2,243,750	57%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576			90,574		1,155,150	4.80%	1,155,150	0	3/1/2022	\$1,168,111	101%	83%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551			75,774		986,325	4.09%	986,325	0	3/1/2022	\$1,078,622	109%	83%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924			16,300		1,164,224	4.83%	1,164,224	0	3/1/2022	\$620,777	53%	83%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000			-97,990		1,002,010	4.16%	1,002,010	0	3/1/2022	\$735,985	73%	83%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000					2,100,000	8.72%	2,100,000	0	3/1/2022	\$630,100	30%	75%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437				0	0.00%	0	0	3/1/2022	\$0	0%	0%
1.h	Vision	500,000					500,000	2.08%	500,000	0	3/1/2022	\$344,490	69%	83%
1.x	Primary Care Health Outcome Pilot	200,000					200,000	0.83%	200,000	0	3/1/2022	\$21,440	11%	83%
2	Medical Case Management	1,730,000	-90,051	0	-15,000	0	1,624,949	6.75%	1,624,949	0		1,422,673	88%	83%
2.a	Clinical Case Management	488,656					488,656	2.03%	488,656	0	3/1/2022	\$500,020	102%	83%
2.b	Med CM - Public Clinic (a)	277,103					277,103	1.15%	277,103	0	3/1/2022	\$287,022	104%	75%
2.c	Med CM - Targeted to AA (a) (e)	169,009					169,009	0.70%	169,009	0	3/1/2022	\$216,181	128%	83%
2.d	Med CM - Targeted to H/L (a) (e)	169,011					169,011	0.70%	169,011	0	3/1/2022	\$83,952	50%	83%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186					61,186	0.25%	61,186	0	3/1/2022	\$74,089	121%	83%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.14%	273,760	0	3/1/2022	\$107,986	39%	83%
2.g	Med CM - Women at Public Clinic (a)	75,311					75,311	0.31%	75,311	0	3/1/2022	\$61,487	82%	75%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051				0	0.00%	0	0	3/1/2022	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	80,025			-15,000		65,025	0.27%	65,025	0	3/1/2022	\$37,266	57%	83%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.19%	45,888	0	3/1/2022	\$54,671	119%	75%
3	Local Pharmacy Assistance Program	1,810,360	200,000	0	0	0	2,010,360	8.35%	2,010,360	0		\$1,385,635	69%	83%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360					310,360	1.29%	310,360	0	3/1/2022	\$345,285	111%	83%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	200,000				1,700,000	7.06%	1,700,000	0	3/1/2022	\$1,040,350	61%	83%
4	Oral Health	166,404	0	0	0	0	166,404	0.69%	166,404	0		146,950	88%	83%
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	0.69%	166,404	0	3/1/2022	\$146,950	88%	83%
5	Health Insurance (c)	1,383,137	431,299	138,285			1,952,721	8.11%	1,952,721	0		\$1,368,945	70%	83%
6	Mental Health Services (c)	0					0	0.00%	0	0		NA	\$0	0%
7	Early Intervention Services (c)	0					0	0.00%	0	0		NA	\$0	0%
8	Medical Nutritional Therapy (supplements)	341,395					341,395	1.42%	341,395	0	3/1/2022	\$281,716	83%	83%
9	Home and Community-Based Services (c)	0					0	0.00%	0	0		NA	\$0	0%
9.a	In-Home	0					0		0	0	N/A	\$0	0%	0%
9.b	Facility Based	0					0		0	0	N/A	\$0	0%	0%
10	Substance Abuse Services - Outpatient (c)	45,677			-20,667		25,010	0.10%	25,010	0	3/1/2022	\$5,938	24%	83%
11	Hospice Services	0					0	0.00%	0	0		NA	\$0	0%
12	Referral for Health Care and Support Services (c)	0					0	0.00%	0	0		NA	\$0	0%
13	Non-Medical Case Management	1,267,002	0	0	43,000	0	1,310,002	5.44%	1,310,002	0	3/1/2022	\$1,110,469	85%	83%
13.a	Service Linkage targeted to Youth	110,793					110,793	0.46%	110,793	0	3/1/2022	\$92,008	83%	83%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			-7,000		93,000	0.39%	93,000	0	3/1/2022	\$87,524	94%	83%
13.c	Service Linkage at Public Clinic (a)	370,000					370,000	1.54%	370,000	0	3/1/2022	\$385,979	104%	83%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209			50,000		736,209	3.06%	736,209	0	3/1/2022	\$544,958	74%	83%
13.e	SLW-Substance Use	0					0	0.00%	0	0	NA	\$0	0%	0%
14	Medical Transportation	424,911	0	0	0	0	424,911	1.76%	424,911	0		304,722	72%	83%
14.a	Medical Transportation services targeted to Urban	252,680					252,680	1.05%	252,680	0	3/1/2022	\$234,460	93%	83%
14.b	Medical Transportation services targeted to Rural	97,185					97,185	0.40%	97,185	0	3/1/2022	\$70,262	72%	83%
14.c	Transportation vouchers (bus passes & gas cards)	75,046					75,046	0.31%	75,046	0	3/1/2022	\$0	0%	75%
15	Emergency Financial Assistance	1,545,439	189,168	750,000	-120,000	0	2,364,607	9.82%	2,364,607	0		2,480,860	105%	83%
16.a	EFA - Pharmacy Assistance	1,305,439	189,168	750,000			2,244,607	9.32%	2,244,607	0	3/1/2022	\$2,410,074	107%	83%
16.b	EFA - Other	240,000			-120,000		120,000	0.50%	120,000	0	3/1/2022	\$70,785	59%	83%
17	Linguistic Services (c)	0	0				0	0.00%	0	0		NA	\$0	0%
17	Outreach	420,000			30,030		450,030	1.87%	450,030	0	3/1/2022	\$208,010	46%	83%
BEU27516	Total Service Dollars	20,100,113	714,979	888,285	2,020	0	21,705,397	90.11%	21,705,397	0		15,559,191	72%	83%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	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
								Unallocated	Unobligated					75%
	Part A Grant Award:	23,198,771	Carry Over:	888,285		Total Part A:	24,087,056	2,846	0					83%
		Original Allocation	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	16,442,761	525,811	138,285	48,990	0	17,155,847	79.04%	10,086,185	72.14%				
	Non-Core (may not exceed 25% of total service dollars)	3,657,352	189,168	750,000	-46,970	0	4,549,550	20.96%	3,896,051	27.86%				
	Total Service Dollars (does not include Admin and QM)	20,100,113	714,979	888,285	2,020	0	21,705,397		13,982,236					
MAI Procurement Report														
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,002,860	104,950	0	0	0	2,107,810	86.82%	2,107,810	0		1,964,600	93%	83%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	53,065				1,065,765	43.90%	1,065,765	0	3/1/2022	\$1,031,800	97%	83%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	51,884				1,042,044	42.92%	1,042,044	0	3/1/2022	\$932,800	90%	83%
2	Medical Case Management	320,100	0	0	0	0	320,100	13.18%	320,100	0		\$198,025	62%	83%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	6.59%	160,050	0	3/1/2022	\$122,021	76%	83%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.59%	160,050	0	3/1/2022	\$76,004	47%	83%
3	DSHS ADAP	0	0	273,335	0	0	273,335	11.26%	274,964	-1,629	3/1/2022	\$274,964	100%	100%
	Total MAI Service Funds	2,322,960	104,950	273,335	0	0	2,427,910	100.00%	2,427,910	0		2,162,625	89%	83%
	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	2,322,960	104,950	273,335	0	0	2,427,910	100.00%	2,427,910	0		2,162,625	89%	83%
	MAI Grant Award	2,704,223	Carry Over:	276,305		Total MAI:	2,980,528							83%
	Combined Part A and MAI Original Allocation Total	24,631,971												100%
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 2022 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 3rd Quarter (3/1-11/30)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,460	7,344	75%	22%	2%	44%	13%	2%	41%	0%	0%	5%	28%	28%	12%	26%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,365	72%	27%	1%	41%	9%	2%	49%	0%	0%	3%	16%	27%	14%	37%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	2,090	70%	27%	3%	98%	0%	1%	0%	0%	0%	7%	36%	27%	10%	17%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,749	82%	14%	4%	0%	0%	0%	100%	0%	0%	6%	32%	30%	11%	19%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	725	87%	11%	2%	0%	85%	15%	0%	0%	0%	2%	29%	26%	9%	32%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	552	71%	28%	1%	42%	23%	2%	33%	0%	0%	2%	29%	30%	11%	26%	3%
1.f	Primary Care - Women at Public Clinic (a)	1,000	637	0%	99%	1%	51%	5%	1%	43%	0%	0%	2%	9%	27%	17%	40%	5%
1.g	Primary Care - Pediatric (a)	NA	NA															
1.h	Vision	1,600	1,997	74%	24%	2%	46%	13%	2%	39%	0%	0%	3%	23%	24%	12%	32%	5%
2	Medical Case Management (f)	2,950	4,245															
2.a	Clinical Case Management	600	710	72%	26%	2%	52%	13%	1%	34%	0%	0%	3%	22%	25%	12%	32%	6%
2.b	Med CM - Targeted to Public Clinic (a)	280	431	91%	7%	2%	50%	12%	1%	36%	0%	0%	1%	24%	28%	10%	32%	5%
2.c	Med CM - Targeted to AA (a)	550	1,292	68%	29%	3%	99%	0%	1%	0%	0%	0%	4%	30%	25%	11%	26%	4%
2.d	Med CM - Targeted to H/L(a)	550	643	79%	15%	6%	0%	0%	0%	100%	0%	0%	6%	29%	30%	11%	21%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	422	86%	12%	2%	0%	88%	12%	0%	0%	0%	2%	20%	25%	10%	35%	8%
2.f	Med CM - Targeted to Rural (a)	150	430	67%	32%	1%	43%	31%	2%	24%	0%	0%	3%	23%	26%	11%	31%	6%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	179	0%	99%	1%	66%	9%	3%	22%	0%	0%	3%	21%	32%	11%	26%	6%
2.h	Med CM - Targeted to Pedi (a)	NA	NA															
2.i	Med CM - Targeted to Veterans	200	131	97%	3%	0%	70%	20%	1%	9%	0%	0%	0%	0%	3%	5%	44%	49%
2.j	Med CM - Targeted to Youth	120	7	86%	14%	0%	29%	29%	0%	43%	0%	14%	86%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	4,919	75%	21%	3%	45%	12%	2%	40%	0%	0%	4%	27%	28%	12%	27%	2%
4	Oral Health	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	20%	24%	15%	32%	7%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	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															
6	Health Insurance	1,700	1,517	79%	19%	2%	42%	26%	3%	30%	0%	0%	1%	14%	17%	10%	42%	16%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	8	100%	0%	0%	13%	50%	13%	25%	0%	13%	0%	38%	25%	0%	25%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	439	75%	24%	1%	43%	19%	3%	34%	0%	0%	0%	8%	17%	8%	51%	15%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	674	77%	20%	3%	57%	15%	1%	26%	0%	0%	5%	32%	27%	8%	23%	4%
13	Non-Medical Case Management	7,045	6,860															
13.a	Service Linkage Targeted to Youth	320	152	76%	24%	0%	53%	5%	1%	41%	0%	15%	85%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	79	72%	25%	3%	54%	6%	4%	35%	0%	0%	0%	44%	33%	10%	13%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,734	68%	31%	1%	50%	9%	1%	39%	0%	0%	0%	18%	25%	13%	38%	6%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,895	75%	22%	3%	53%	12%	2%	32%	0%	0%	4%	29%	24%	10%	27%	5%
14	Transportation	2,850	1,863															
14.a	Transportation Services - Urban	170	620	68%	30%	2%	59%	7%	3%	31%	0%	0%	5%	26%	24%	10%	30%	6%
14.b	Transportation Services - Rural	130	150	65%	34%	1%	30%	31%	1%	38%	0%	0%	3%	17%	19%	19%	32%	10%
14.c	Transportation vouchering	2,550	1,093															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	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															
Net unduplicated clients served - all categories*		12,941	13,152	74%	23%	2%	49%	14%	2%	36%	0%	0%	4%	25%	25%	11%	29%	6%
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		NA	28,225	60%	21%		39%	18%	3%	20%	0%	5%		15%	22%	25%	15%	

FY 2022 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 3rd Quarter (03/01 -11/30)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,699	71%	25%	3%	99%	0%	1%	0%	0%	0%	6%	35%	27%	11%	19%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,505	83%	14%	3%	0%	0%	0%	100%	0%	0%	5%	31%	29%	13%	20%	1%
2	Medical Case Management (f)																	
2.c	Med CM - Targeted to AA (a)	1,060	789	79%	17%	4%	48%	15%	2%	35%	0%	0%	7%	37%	26%	10%	19%	1%
2.d	Med CM - Targeted to H/L(a)	960	578	66%	31%	3%	61%	13%	2%	25%	0%	2%	6%	22%	28%	11%	25%	6%

RW Part A New Client Service Utilization Report - 3rd Quarter (03/01-11/30)
 Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/22- 2/28/23)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	1,529	80%	17%	2%	47%	13%	2%	38%	0%	1%	9%	36%	26%	9%	2%	17%
2	LPAP	1,200	643	79%	17%	4%	48%	15%	2%	35%	0%	0%	7%	37%	26%	10%	1%	19%
3.a	Clinical Case Management	400	64	66%	31%	3%	61%	13%	2%	25%	0%	2%	6%	22%	28%	11%	6%	25%
3.b-3.h	Medical Case Management	1,600	873	77%	21%	3%	48%	15%	2%	35%	0%	0%	7%	34%	26%	8%	4%	21%
3.i	Medical Case Management - Targeted to Veterans	60	18	94%	6%	0%	56%	22%	6%	17%	0%	0%	0%	0%	6%	17%	39%	39%
4	Oral Health	40	30	73%	27%	0%	47%	30%	7%	17%	0%	0%	10%	30%	17%	7%	7%	30%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	1,546	75%	23%	2%	52%	13%	2%	32%	0%	1%	7%	30%	25%	9%	23%	4%
12.b	Service Linkage at Testing Sites	260	69	75%	22%	3%	58%	7%	3%	32%	0%	4%	23%	28%	28%	10%	7%	0%
<i>Footnotes:</i>																		
(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																	