

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

**Memorandum**

To:           Members, Quality Improvement Committee  
                  Tana Pradia, Co-Chair           Norman Mitchell  
                  Pete Rodriguez, Co- Chair       Diana Morgan  
                  Kevin Aloysius                    Beatriz E.X. Rivera  
                  Yvonne Arizpe                     Evelio Salinas Escamilla  
                  Caleb Brown                        *Rodrigo Arias*  
                  Michael Elizabeth                *Lisa Felix*  
                  Glen Hollis                         *Ivy Ortega*  
                  Denis Kelly                         *Gloria Sierra*  
  *Mike Smith*

Copy:         Glenn Urbach                   Patrick Martin  
                  Eric James                         Tionna Cobb  
                  Mauricia Chatman                Jeff Benavides  
                  Francisco Ruiz                    Diane Beck  
                  Tiffany Shepherd                 Rodriga “Rod” Avila  
                  Sha’Terra Johnson               Gary Grier

From:         Tori Williams

Date:         Monday, July 22, 2024

Re:            Meeting Notice

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Please note that there will be a virtual, 30 minute meeting of the Quality Improvement Committee meeting to review and approve the FY23 Assessment of the Part A/MAI Administrative Mechanism. We also want to give the committee an update on the new service categories that your committee asked the Priority and Allocations Committee to fund. Please attend if you can. Details are as follows:

**Quality Improvement Committee Meeting**  
11:30 a.m., Thursday, July 25, 2024

**To participate virtually, click on this link:**

<https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhldz09>

Meeting ID: 811 4450 9622            Passcode: 125672

Or, call in by dialing: 346 248 7799

RSVP to Rod and let her know if you will be in attendance and if it will be in person or virtually. Please rsvp even if you cannot attend the meeting. She can be reached at: [Rodriga.Avila@harriscountytexas.gov](mailto:Rodriga.Avila@harriscountytexas.gov) or by telephone at 832 927-7926. And, if you have questions for your committee mentor, do not hesitate to contact her at: Tana Pradia, 832 298-4248, [tanapradia@gmail.com](mailto:tanapradia@gmail.com)

Houston Area HIV Services Ryan White Planning Council  
Quality Improvement Committee  
11:30 a.m., Thursday, July 25, 2024

VIRTUAL ONLY

Join the meeting via Zoom:  
<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

Please note that the use of artificial intelligence (AI) is prohibited at Ryan White sponsored meetings.

- I. Call to Order Tana Pradia and  
Pete Rodriguez, Co-Chair
  - A. Welcoming Remarks and Moment of Reflection
  - B. Adoption of Agenda
  - C. 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. Old Business Glenn Urban  
Patrick Martin
  - A. Reports from Part A/MAI Administrative Agency
  - B. Reports from the Part B/SS Administrative Agency
  
- IV. New Business
  - A. 2024 Assessment of the Part A/MAI Administrative Mechanism
  - B. Update on FY25 Service Categories
    - 1. Durable Medical Equipment
    - 2. Expunge Criminal Records: Presentation at August PC Meeting
    - 3. Medically Tailored Meals
    - 4. Housing for Temporary Medical Assistance
  
- VI. Announcements
  - Attendance is encouraged at the 12 noon, August 8<sup>th</sup> Council Meeting
  
- VII. Adjourn
  
- Optional: New members meet with committee mentor Tana Pradia

## Houston Area HIV Services Ryan White Planning Council

### Quality Improvement Committee

2:00 p.m., Tuesday, May 14, 2024

Meeting location: Bering Church 1440 Harold St, Houston, TX 77006 and Zoom Teleconference

### Minutes

<u>MEMBERS PRESENT</u>	<u>MEMBERS ABSENT</u>	<u>OTHERS PRESENT</u>
Tana Pradia, Co-Chair	Kevin Aloysius	Josh Mica, he/him/el, RWPC Chair
Pete Rodriguez, Co-Chair	Michael Elizabeth	Nourhane Badawi, St Hope Found.
Yvonne Arizpe	Diana Morgan	Sean Barrett, Legacy Comm Health
Caleb Brown	Oscar Perez	Joann Baly, AccessHealth
Glen Hollis	<i>Lisa Felix</i>	Kateryn Bernal, St Hope Foundation
Denis Kelly	<i>Ivy Ortega</i>	Dwayne Carrington, Hou Food Bank
Beatriz E.X. Rivera		Nicole French, St Hope Foundation
Evelio Salinas Escamilla		Lauren Haynes, St Hope Foundation
<i>Gloria Sierra</i>	<u>STAFF PRESENT</u>	Neda Higareda, St Hope Foundation
<i>Mike Smith</i>	Glenn Urbach, RWGA	Kyle Leisher, Montrose Center
	Eric James, RWGA	Thao Phan, St Hope Foundation
	Tiffany Shepherd, TRG	Eloise Westlake, Hou Food Bank
	Patrick Martin, TRG	
	Sha'Terra Johnson, TRG	
	Tionna Cobb, TRG	
	Tori Williams, 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.

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

**Approval of the Minutes:** *Motion #2*: it was moved and seconded (Brown, Kelly) to approve the March 19, 2024 joint committee and QI Committee meeting minutes. **Motion carried.** Abstentions: Kelly. Abstentions: Aloysius, Capri, Jones, Kelly.

**Public Comment:** See attached from the Houston Food Bank and Kevin Aloysius. Josh Mica, he/him/el, Chair of the Ryan White Planning Council said that CPCDMS is causing a barrier because you have to register with all the agencies you use even if it is all Ryan White services. There needs to be a way to fix this issue or find a way to make it easier. Also, all clients should receive information on all of the benefits available to them.



JA = Just arrived at meeting  
 LM = Left the meeting  
 C = Chaired the meeting

**2024 Quality Improvement Meeting Voting Record for Meeting Date 05/14/24**

MEMBERS:	Motion #1 Agenda				Motion #2 Joint & Committee Meeting Minutes				Motion #3 Approve Food service category For FY25				Motion #4 Approve Housing service category for FY25				Motion #5 Change to HTBMN wg recommendation for Transportation				Motion #6 All remaining HTBMN wg recommendations				Motion #7 FY 2025 Targeting Chart			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Tana Pradia, Co-Chair				C				C				C				C				C				C				C
Pete Rodriguez, Co- Chair		X				X					X			X				X				X				X		
Kevin Aloysius	X				X				X				X				X				X				X			
Yvonne Arizpe	X				X					X				X				X				X				X		
Caleb Brown		X				X				X				X				X				X				X		
Michael Elizabeth	X				X				X				X						X		X				X			
Glen Hollis		X				X				X						X		X				X				X		
Denis Kelly		X				X				X						X		X				X				X		
Diana Morgan	X				X				X				X				X				X				X			
Oscar Perez	X				X				X				X				X				X				X			
Beatriz E.X. Rivera	X				X						X			X				X				X				X		
Evelio Salinas Escamilla		X				X				X				X				X				X				X		
Lisa Felix	X				X				X				X				X				X				X			
Ivy Ortega	X				X				X				X				X				X				X			
Gloria Sierra		X				X				X				X				X				X				X		
Mike Smith		X				X				X				X				X				X				X		

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>10,965,788</b>	<b>460,625</b>	<b>535,679</b>	<b>0</b>	<b>-283,680</b>	<b>-1,008,494</b>	<b>10,669,918</b>	<b>41.63%</b>	<b>10,669,918</b>	<b>0</b>		<b>10,438,095</b>	<b>98%</b>	<b>100%</b>
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397				-300,691	3,809,006	14.86%	3,809,006	0	3/1/2023	\$3,769,988	99%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443	182,131			34,283	1,330,433	5.19%	1,330,433	0	3/1/2023	\$1,335,561	100%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289	155,347			29,323	1,137,510	4.44%	1,137,510	0	3/1/2023	\$1,799,191	158%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314	198,201			-92,969	1,306,470	5.10%	1,306,470	0	3/1/2023	\$596,155	46%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088			-228,730	-16,713	905,645	3.53%	905,645	0	3/1/2023	\$1,041,307	115%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531				-508,137	1,689,394	6.59%	1,689,394	0	3/1/2023	\$1,442,442	85%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0	3/1/2023	\$0	0%	0%
1.h	Vision	500,000	0			-54,950	-9,200	435,850	1.70%	435,850	0	3/1/2023	\$397,840	91%	100%
1.x	Primary Care Health Outcome Pilot	200,000	0			0	-144,390	55,610	0.22%	55,610	0	3/1/2023	\$55,610	100%	100%
<b>2</b>	<b>Medical Case Management</b>	<b>1,880,000</b>	<b>-97,859</b>	<b>63,063</b>	<b>0</b>	<b>-96,974</b>	<b>-216,412</b>	<b>1,531,818</b>	<b>5.98%</b>	<b>1,531,818</b>	<b>0</b>		<b>1,509,374</b>	<b>99%</b>	<b>100%</b>
2.a	Clinical Case Management	531,025	0	63,063		35,176	-60,806	568,458	2.22%	568,458	0	3/1/2023	\$568,458	100%	100%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.17%	301,129	0	3/1/2023	\$289,596	96%	100%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.72%	183,663	0	3/1/2023	\$152,594	83%	100%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0				-117,995	65,670	0.26%	65,670	0	3/1/2023	\$65,670	100%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2023	\$63,450	95%	100%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-62,150	-24,851	210,495	0.82%	210,495	0	3/1/2023	\$131,538	62%	100%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2023	\$178,704	218%	100%
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0			-70,000	-12,760	4,204	0.02%	4,204	0	3/1/2023	\$4,204	100%	100%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.19%	49,867	0	3/1/2023	\$55,161	111%	100%
<b>3</b>	<b>Local Pharmacy Assistance Program</b>	<b>2,067,104</b>	<b>0</b>	<b>0</b>	<b>-37,920</b>	<b>12,178</b>	<b>286,140</b>	<b>2,327,502</b>	<b>9.08%</b>	<b>2,327,502</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$2,327,502</b>	<b>100%</b>	<b>100%</b>
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.43%	367,104	0	3/1/2023	\$247,873	68%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0		-37,920	12,178	286,140	1,960,398	7.65%	1,960,398	0	3/1/2023	\$2,079,629	106%	100%
<b>4</b>	<b>Oral Health</b>	<b>166,404</b>	<b>0</b>	<b>30,429</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>196,833</b>	<b>0.77%</b>	<b>196,833</b>	<b>0</b>		<b>196,800</b>	<b>100%</b>	<b>100%</b>
4.b	Oral Health - Targeted to Rural	166,404	0	30,429				196,833	0.77%	196,833	0	3/1/2023	\$196,800	100%	100%
<b>5</b>	<b>Health Insurance (c)</b>	<b>1,383,137</b>	<b>223,222</b>	<b>479,154</b>	<b>0</b>	<b>94,004</b>	<b>0</b>	<b>2,179,517</b>	<b>8.50%</b>	<b>2,179,517</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$2,179,276</b>	<b>100%</b>	<b>100%</b>
<b>7</b>	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>341,395</b>	<b>1.33%</b>	<b>341,395</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$338,531</b>	<b>99%</b>	<b>100%</b>
<b>10</b>	<b>Substance Abuse Services - Outpatient (c)</b>	<b>45,677</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-20,677</b>	<b>0</b>	<b>25,000</b>	<b>0.10%</b>	<b>25,000</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$25,000</b>	<b>100%</b>	<b>100%</b>
<b>13</b>	<b>Non-Medical Case Management</b>	<b>1,267,002</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-72,790</b>	<b>329,938</b>	<b>1,524,150</b>	<b>5.95%</b>	<b>1,524,150</b>	<b>0</b>		<b>\$1,524,148</b>	<b>100%</b>	<b>100%</b>
13.a	Service Linkage targeted to Youth	110,793	0			-15,500		95,293	0.37%	95,293	0	3/1/2023	\$93,766	98%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-46,500		53,500	0.21%	53,500	0	3/1/2023	\$46,838	88%	100%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.44%	370,000	0	3/1/2023	\$480,088	130%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-10,790	329,938	1,005,357	3.92%	1,005,357	0	3/1/2023	\$903,455	90%	100%
<b>14</b>	<b>Medical Transportation</b>	<b>424,911</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-70,024</b>	<b>0</b>	<b>354,887</b>	<b>1.38%</b>	<b>354,887</b>	<b>0</b>		<b>354,885</b>	<b>100%</b>	<b>100%</b>
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	0.99%	252,680	0	3/1/2023	\$247,270	98%	100%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.38%	97,185	0	3/1/2023	\$102,594	106%	100%
14.c	Transportation vouchering (bus passes & gas cards)	75,046	0			-70,024		5,022	0.02%	5,022	0	3/1/2023	\$5,021	100%	100%
<b>15</b>	<b>Emergency Financial Assistance</b>	<b>1,653,247</b>	<b>485,889</b>	<b>180,337</b>	<b>37,920</b>	<b>665,735</b>	<b>800,691</b>	<b>3,823,819</b>	<b>14.92%</b>	<b>3,823,819</b>	<b>0</b>		<b>3,823,819</b>	<b>100%</b>	<b>100%</b>
15.a	EFA - Pharmacy Assistance	1,553,247	485,889	180,337	37,920	690,735	800,691	3,748,819	14.63%	3,748,819	0	3/1/2023	\$3,758,841	100%	100%
15.b	EFA - Other	100,000	0			-25,000		75,000	0.29%	75,000	0	3/1/2023	\$64,979	87%	100%
<b>17</b>	<b>Outreach</b>	<b>420,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-191,863</b>	<b>228,137</b>	<b>0.89%</b>	<b>228,137</b>	<b>0</b>	<b>3/1/2023</b>	<b>\$222,472</b>	<b>98%</b>	<b>100%</b>
FY23_RW_DIR	<b>Total Service Dollars</b>	<b>20,614,665</b>	<b>1,071,877</b>	<b>1,288,662</b>	<b>0</b>	<b>227,772</b>	<b>0</b>	<b>23,202,976</b>	<b>90.53%</b>	<b>23,202,976</b>	<b>0</b>		<b>22,939,902</b>	<b>99%</b>	<b>100%</b>
		<b>Original Allocation</b>	<b>Award Reconciliation</b>	<b>July Adjustments (carryover)</b>	<b>August 10% Rule Adjustments (f)</b>	<b>October Adjustments</b>	<b>Final Quarter Adjustments</b>	<b>Total Allocation</b>	<b>Percent</b>	<b>Total Expended on Services</b>	<b>Percent</b>	<b>Award Category</b>	<b>Award Amount</b>	<b>Amount Spent</b>	<b>Balance</b>
	<b>Core</b> (must not be less than 75% of total service dollars)	<b>16,849,505</b>	<b>585,988</b>	<b>1,108,325</b>	<b>-37,920</b>	<b>-295,149</b>	<b>-938,766</b>	<b>18,210,749</b>	<b>78.48%</b>	<b>17,014,578</b>	<b>74.17%</b>	Formula			0
	<b>Non-Core</b> (may not exceed 25% of total service dollars)	<b>3,765,160</b>	<b>485,889</b>	<b>180,337</b>	<b>37,920</b>	<b>522,921</b>	<b>938,766</b>	<b>4,992,227</b>	<b>21.52%</b>	<b>5,925,325</b>	<b>25.83%</b>	Supplemen			0
	<b>Total Service Dollars</b> (does not include Admin and QM)	<b>20,614,665</b>	<b>1,071,877</b>	<b>1,288,662</b>	<b>0</b>	<b>227,772</b>	<b>0</b>	<b>23,202,976</b>		<b>22,939,902</b>		Carry Over	0		0
												Totals	0	0	0

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	<b>Total Admin</b> (must be ≤ 10% of total Part A + MAI)	<b>2,208,914</b>	<b>18,000</b>	<b>0</b>	<b>0</b>	<b>-171,947</b>	<b>-22,458</b>	<b>2,032,509</b>	<b>7.25%</b>						
	<b>Total QM</b> (must be ≤ 5% of total Part A + MAI)	<b>428,695</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-55,825</b>	<b>23,088</b>	<b>395,958</b>	<b>1.41%</b>						
<b>MAI Procurement Report</b>															
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>2,107,819</b>	<b>-39,764</b>	<b>17,664</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,085,719</b>	<b>86.91%</b>	<b>2,085,719</b>	<b>0</b>		<b>2,170,575</b>	<b>104%</b>	<b>100%</b>
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106	8,832	0			1,054,501	43.94%	1,054,501	0	3/1/2023	\$1,193,260	113%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	8,832	0			1,031,218	42.97%	1,031,218	0	3/1/2023	\$977,315	95%	100%
<b>2</b>	<b>Medical Case Management</b>	<b>320,099</b>	<b>-6,038</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>314,177</b>	<b>13.09%</b>	<b>314,177</b>	<b>0</b>		<b>\$181,861</b>	<b>58%</b>	<b>100%</b>
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019	58				157,089	6.55%	157,089	0	3/1/2023	\$126,576	81%	100%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019	58				157,088	6.55%	157,088	0	3/1/2023	\$55,285	35%	100%
	<b>Total MAI Service Funds</b>	<b>2,427,918</b>	<b>-45,802</b>	<b>17,780</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,399,896</b>	<b>100.00%</b>	<b>2,399,896</b>	<b>0</b>		<b>2,352,436</b>	<b>98%</b>	<b>100%</b>
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	<b>Total MAI Non-service Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>0%</b>
	<b>Total MAI Funds</b>	<b>2,427,918</b>	<b>-45,802</b>	<b>17,780</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,399,896</b>	<b>100.00%</b>	<b>2,399,896</b>	<b>0</b>		<b>2,352,436</b>	<b>98%</b>	<b>100%</b>
<b>All</b>	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.														
<b>(a)</b>	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.														
<b>(c)</b>	Funded under Part B and/or SS														
<b>(e)</b>	10% rule reallocations														

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2324 Ryan White Part B**  
**Procurement Report**  
**April 1, 2023 - March 31, 2024**



Reflects spending through March 2024 (Final)

Spending Target: 100%

Revised

6/12/24

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General	\$1,833,318	53%	(\$92,271)	\$1,741,047		\$1,741,047	4/1/2023	\$1,664,211	96%
4	Oral Health Service -Prosthodontics	\$576,750	17%	\$39,150	\$615,900		\$615,900	4/1/2023	\$692,336	112%
5	Health Insurance Premiums and Cost Sharing	\$1,028,433	30%	\$1,588	\$1,030,021		\$1,030,021	4/1/2023	\$1,030,021	100%
				\$0	\$0		\$0			
		\$0	0%	\$0	\$0					
<b>Total Houston HSDA</b>		3,438,501	100%	(\$1,533)	3,386,968	\$0	\$3,386,968		3,386,568	100%

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



**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2324 DSHS State Services**  
**Procurement Report**  
**September 1, 2023 - August 31, 2024**



Chart reflects spending through March 2024

Spending Target: 58.33%

Revised 6/12/2024

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$892,101	29%	\$141,000	\$1,033,101	\$0	\$1,033,101	9/1/2023	\$997,596	97%
6	Mental Health Services (5)	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2023	\$110,910	37%
11	Hospice	\$293,832	10%	\$57,388	\$351,220	\$0	\$351,220	9/1/2023	\$133,100	38%
13	Non Medical Case Management (2)	\$350,000	12%	-\$57,388	\$292,612	\$0	\$292,612	9/1/2023	\$84,679	29%
16	Linguistic Services (3)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$6,300	9%
	Referral for Healthcare-Incarcerated (6)	\$141,000	5%	-\$141,000	\$0	\$0	\$0	9/1/2023	\$0	0%
	ADAP/Referral for Healthcare (4)	\$525,000	17%	\$0	\$525,000	\$0	\$525,000	9/1/2023	\$131,173	25%
	Food Bank	\$5,400	0.2%	\$0	\$5,400	\$0	\$5,400	9/1/2023	\$2,378	44%
	Medical Transportation	\$84,600	3%	\$0	\$84,600	\$0	\$84,600	9/1/2023	\$33,326	39%
	Emergency Financial Assistance (Compassionate Care)	\$368,123	12%	\$0	\$368,123	\$0	\$368,123	9/1/2023	\$134,282	36%
		<b>3,028,056</b>	<b>100%</b>	<b>\$0</b>	<b>\$3,028,056</b>	<b>\$0</b>	<b>\$3,028,056</b>		<b>1,633,743</b>	<b>54%</b>

Note

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.
- (2) Reallocation approved due to a change in provider.
- (3) Delayed billing
- (4) Delayed billing
- (5) Delayed billing
- (6) Service was eliminated; reallocation approved by RWPC

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2023-4/30/2024

Revised: 5/29/2024

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1052	\$163,425.56	436	0	\$0.00	0
Medical Deductible	6	\$8,326.12	6	0	\$0.00	0
Medical Premium	4973	\$1,802,648.95	813	0	\$0.00	0
Pharmacy Co-Payment	21316	\$928,084.93	1980	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	27347	\$2,902,485.56	3235	0	\$0.00	

Comments: This report represents services provided under all grants.

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

**Part A and Minority AIDS Initiative (MAI)  
Fiscal Year 2023**

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

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

Fiscal Year 2023  
Contract Period: March 1, 2023 – February 29, 2024

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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.”<sup>1</sup> To meet this mandate, local planning councils conduct a time-specific documented observation of the local procurement, expenditure, and reimbursement process for Ryan White funds by evaluating “how efficiently providers are selected and paid (assessment of the efficiency of the administrative mechanism)”.<sup>2</sup> 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. Instead, it produces information about the procurement, expenditure, and reimbursement process for the local system of Ryan White funding that can be used for overall quality improvement purposes.

In the six-county Houston Eligible Metropolitan Area (EMA), an assessment of the local administrative mechanism is performed for each fiscal year (FY) of Ryan White funding. The present assessment reviews FY 2023, March 1, 2023, through February 29, 2024, and was approved by the Ryan White Planning Council on March 14, 2024. Taken together, the information generated by the checklist is intended to measure the overall efficacy of local procurement, reimbursement, and the contract monitoring processes of the administrative agent (AA) for Ryan White Part A and Minority AIDS Initiative (MAI) funds. The checklist is reviewed and approved annually by the Quality Improvement Committee of the Houston Area Ryan White Planning Council, and application of the checklist, including data collection, review, analysis and reporting, is performed by the Ryan White Planning Council Office of Support staff. All data and documents reviewed in the process are publicly available. Later in the year, the approved assessment tool will be applied to the administrative mechanism for Part B and State Services funds. Findings from the two assessments are reported independently and are named in the narrative and checklist.

## Methodology

In July 2024, the approved assessment tool was applied to the administrative mechanism for Part A and MAI funds. The designated contract period in this report is March 1, 2023 – February 29, 2024.

The tool evaluates three areas of the 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 are assessed for the administrative mechanism for the specified time frame. Application of the checklist, including data collection, analysis, and reporting, is performed by the Ryan White Planning Council Office of Support staff.

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<sup>1</sup> Public Health Service Act, Title XXVI—HIV Health Care Services Program, Part A, 42 U. S. C. § 2604 (2015). <https://ryanwhite.hrsa.gov/about/legislation>.

<sup>2</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, *Part A Manual: Ryan White HIV/AIDS Program* (Rockville, Maryland: HRSA, 2023), p. 31.

**Part A and Minority AIDS Initiative (MAI)**  
Contract Period: March 1, 2023–February 29, 2024 (FY23)

**Summary of Findings**

**I. Procurement/Request for Proposals Process**

- a) Because the AA processed contract and position extensions prior to initiation of FY23, only twenty-four (24) business days elapsed between receipt of the first partial NGA and acceptance by the Commissioners Court and contract execution with funded service providers. Thirty-four (34) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Twenty (20) business days elapsed between receipt of the carryover funds approval notice and approval by the Commissioners Court and contract execution.
- b) Because of position extensions and contract awards being processed by the AA in anticipation of the grant award, 100% of the Part A and MAI partial grant award was procured by the first day of the first quarter of FY23.
- c) The AA supplied funds in FY23 only to Planning Council–approved Service Categories, and the amounts of funds per Service Category are shown in the monthly procurement reports presented to the Planning Council. The AA applied Planning Council–approved policies for the shifting of funds within Service Categories. Minutes of Planning Council meetings show that the AA appeared monthly on the agenda to present up-to-date procurement reports.
- d) Because the AA initiated the RFP process early, bidders were able to access the RFP before the conference, and they had time before and after the conference to secure answers to questions. The conference for bidders was held online on Microsoft Teams, and bidders could access the meeting by video or audio.
- e) The RFP incorporates Service Category definitions that are consistent with those defined by the Planning Council.
- f) There were no unobligated funds for the contract period.
- g) There were \$310,534 in unspent funds in Part A and MAI. The Service Categories listed above had expended more than 95% of the amount procured expended in FY23. Unspent funds represented 1.34% of the total FY23 Part A and MAI allocation for service dollars, according to the 6/17/2024 procurement report. Overall, 99% of FY23 Part A service dollars and 98% of MAI service dollars were expended. The Houston EMA was able to reallocate all unspent dollars to current RW-funded agencies.
- h). The AA was required to and did maintain a method of communicating with the Planning Council the results of the procurement process, which included regularly presenting procurement reports to the Quality Improvement Committee and the Priority and Allocations Committee as well as the Planning Council.

**II. Reimbursement Process**

- a) The AA's *FY23 Ryan White Part A and MAI Contractor Reimbursement Tracking Summary* indicated that 27 days was 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.
- b) After submission of an accurate contractor reimbursement request or invoice, the percentage of contractors paid within 20 days or less was 22%, the percentage paid within 35 days was 45%, and the percentage paid within 50 days was 33% (range, 9–39 days). According to the

report, no contractor was issued payment more than 39 days after submission of an accurate reimbursement request or invoice.

### **III. Monitoring Process**

- a) 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.

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Sources
<p>a) How much time elapsed between receipt of the Notice of Grant Award or funding contract by the AA and contract execution with funded service providers?</p>	<ul style="list-style-type: none"> <li>The AA for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with the Commissioners Court prior to receipt of the Notice of Grant Award (NGA) in order to prevent lapses in services to consumers.</li> <li>For the FY23 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at the Commissioners Court meeting on 01/31/2023.</li> <li>The Part A and MAI initial NGA was received on 01/11//2023 (partial) and executed at the Commissioner’s Court meeting on 02/14/23. Twenty-four (24) business days elapsed between receipt of the initial NGA and acceptance by the Commissioners Court and contract execution with funded service providers.</li> <li>The Part A and MAI final NGA was received on 03/29/23, and the Commissioners Court took final action on the award on 05/16/23. Thirty-four (34) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers.</li> <li>The Part A and MAI carryover approval for FY23 was received on 10/17/23, and the Commissioners Court approved the request to accept the carryover award from FY 2022 Ryan White Part A and MAI funds on 11/14/23, which is 20 business days.</li> </ul> <p><i>Conclusion:</i> Because the AA processed contract and position extensions prior to initiation of FY23, only twenty four (24) business days elapsed between receipt of the first partial NGA and acceptance by the Commissioners Court and contract execution with funded service providers. Thirty-four (34) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Twenty (20) business days elapsed between receipt of the carryover funds approval notice and approval by the Commissioners Court and contract execution.</p>	<p>Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers</p>	<p>Notices of Grant Awards (issued 01/11/2023 and 03/29/23)</p> <p>Commissioners Court Agendas (01/31/2023, 02/14/23,05/16/23, 11/14/2023)</p> <p><i>FY 2023 Ryan White Part A and MAI Procurement Report (dated May 21, 2023)</i></p> <p>Carryover (issued 10/17/2023)</p>



**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Sources
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"> <li>FY23 procurement reports from the AA indicate that all allocated funds in each Service Category were procured by 03/01/23, the first day of the grant award period. This is due to the position extensions and contract awards processed by the AA prior to receipt of the NCA, as described above in a).</li> </ul> <p><i>Conclusion:</i> Because of position extensions and contract awards being processed by the AA in anticipation of the grant award, 100% of the Part A and MAI partial grant award was procured by the first day of the first quarter of FY23.</p>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	FY 2023 Ryan White Part A and MAI Procurement Reports (dated May 21, 23)
c) Did the awarding of funds in specific categories match the allocations established by the Planning Council?	<ul style="list-style-type: none"> <li>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 award. The Planning Council further permits the AA to reallocate funds within Service Categories (up to 10%) without preapproval throughout the contract period for standard business practice reasons, such as billing reconciliations and to apply carryover 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.</li> <li>The AA maintains a column across procurement reports that includes all original allocations per Service Category by the Planning Council.</li> <li>The first FY23 procurement report (dated May 21, 2023) indicates that the AA applied Planning Council-approved policies for the shifting of funds within service categories during the contract period, including all funding scenarios, billing reconciliations, and carryover funds. Furthermore, Planning Council minutes show the AA presented an updated procurement report monthly at its meetings for scrutiny by the council.</li> </ul> <p><i>Conclusion:</i> The AA supplied funds in FY23 only to Planning Council-approved Service Categories, and the amounts of funds per Service Category are shown in the monthly procurement reports presented to the Planning Council. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories. Minutes of Planning Council meetings show that the AA appeared monthly on the agenda to present up-to-date procurement reports.</p>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	FY 2023 Ryan White Part A and MAI Procurement Reports (May 21, 2023 – June 17, 2024)  Minutes of Planning Council monthly meetings (May 2023 through June 2024)

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Sources
<p>d) Does the AA have a grant award process which:</p> <ul style="list-style-type: none"> <li>✓ Provides bidders with information on applying for grants?</li> <li>✓ Offers a bidder's conference?</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-year contracts were introduced in Harris County starting in FY12. These contracts are for a maximum of four one-year renewals, renewable one year at a time. In FY23, Part A and MAI services could be contracted for up to five years, with Service Categories rotated for bidding every four years. According to this schedule, the following Service Categories were scheduled for FY23 contracts in the RFP issued October 28, 2022:                             <ul style="list-style-type: none"> <li>--Dental Services</li> <li>--Home Health Care Services</li> <li>--Case Management</li> </ul> </li> <li>• As part of the process, an open pre-submission conference was held for bidders on November 10, 2022 and was advertised through Bonfire, the Harris County purchasing portal. Before and after the conference, bidders could pose questions to the RWGA.</li> </ul> <p><u>Conclusion:</u> Because the AA initiated the RFP process early, bidders were able to access the RFP before the conference, and they had time before and after the conference to secure answers to questions. The conference for bidders was held online on Microsoft Teams, and bidders could access the meeting by video or audio.</p>	<p>Confirmation of communication by the AA to potential bidders specific to the grant award process</p>	<p>Part A RFP issued in 2022 for FY23 contracts</p> <p>Courtesy Notice for Pre-Proposal Conference in 2022 for FY23 contracts</p> <p>The Harris County purchasing department portal (Bonfire)—  <a href="https://harriscountytexas.bonfirehub.com/opportunities/73144">https://harriscountytexas.bonfirehub.com/opportunities/73144</a></p>
<p>e) Does the RFP incorporate service category definitions that are consistent with those defined by the Planning Council?</p>	<ul style="list-style-type: none"> <li>• Yes, the RFP incorporates Service Category definitions that are consistent with those defined by the Planning Council.</li> </ul>	<p>Confirmation of communication by the AAs to potential bidders specific to PC products</p>	<p>Part A RFP issued in 2022 for FY23 contracts</p>

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>f) At the end of the award process, were there still unobligated funds?</p>	<ul style="list-style-type: none"> <li>From Day 1 of the grant period, all services were procured, and procurement reports from May 2023 to June 2024 have identified no unobligated funds.</li> </ul> <p><i>Conclusion:</i> There were no unobligated funds for the contract period.</p>	<p>Comparison of final amounts procured and total amounts allocated in each Service Category</p>	<p>FY23 Part A and MAI procurement reports provided by the AA to the PC from May 2023 to June 2024</p>
<p>g) At the end of the year, were there unspent funds? If so, in which service categories?</p>	<ul style="list-style-type: none"> <li>The most recent FY23 procurement report (dated June 17, 2024) shows unspent service dollars as follows:  <b>Part A:</b> \$263,074 in unspent Part A service dollars with 99% of the amount procured expended and 100% forecast to be spent. The following Service Categories were YTD underspent by 2% or less:                      98% expended—Primary Care and Outreach                      99% expended—Medical Case Management and Medical Nutritional Therapy  <b>MAI:</b> \$47,460 in unspent MAI service dollars with 98% of the amount procured and expended overall. Underspending occurred in the follow Service Category:                      58% expended—Medical Case Management</li> <li>The total unspent service funds for both Part A and MAI in FY23 was \$310,534, or 1.34%</li> </ul> <p><i>Conclusion:</i> There were \$310,534 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY23. Unspent funds represented 1.34% of the total FY23 Part A and MAI allocation for service dollars, according to the 6/17/2024 procurement report. Overall, 99% of FY23 Part A service dollars and 98% of MAI service dollars were expended. The Houston EMA was able to reallocate all unspent dollars to current Ryan White-funded agencies.</p>	<p>Review of final spending amounts for each service category</p>	<p>FY23 Part A and MAI Procurement Report provided by the AA to the PC (06/17/24)</p>

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>h) Does the AA have a method of communicating back to the PC the results of the procurement process?</p>	<ul style="list-style-type: none"> <li>A Memorandum of Understanding was signed in 2012 that requires the AA to “inform the Council no later than the next scheduled . . . Steering Committee meeting of any allocation changes” (p. 4). Those who signed included the CEO, the AA, and representatives of the Planning Council and Office of Support.</li> <li>In addition, FY23 Part A and MAI procurement reports were presented at Planning Council Meetings monthly, according to meeting minutes (May 2023–June 2024).</li> </ul> <p><u>Conclusion:</u> The AA was required to and did maintain a method of communicating with the Planning Council the results of the procurement process, which included regularly presenting procurement reports to the Quality Improvement Committee and the Priority and Allocations Committee as well as the Planning Council.</p>	<p>Confirmation of communication by the AA to the PC specific to procurement results</p>	<p>Houston EMA MOU (signed 3/1/12)</p> <p>Planning Council meeting minutes (March 2023–June 2024)</p>

**Section II: Reimbursement Process**

<p>a) 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>b) What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice:</p> <p>Within 20 days? Within 35 days? Within 50 days?</p>	<ul style="list-style-type: none"> <li>For a): The AA’s <i>FY23 Ryan White Part A and MAI Contractor Reimbursement Tracking Summary</i> indicated that 27 days was 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.</li> <li>For b): After submission of an accurate contractor reimbursement request or invoice, the percentage of contractors paid within 20 days or less was 22%, the percentage paid within 35 days was 45%, and the percentage paid within 50 days was 33% (range, 9–39 days). According to the report, no contractor was issued payment more than 39 days after submission of an accurate reimbursement request or invoice.</li> </ul> <p><u>Conclusion:</u> Payment was issued to contractors no more than 39 days and no less than 9 days after presentation of an accurate reimbursement request or invoice. The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds was 27 days: about two thirds were paid within 35 days, and the remaining third was paid within 39 days.</p>	<p>Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA</p>	<p><i>FY23 Ryan White Part A and MAI Contractor Reimbursement Tracking Summary</i></p>
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**Section III: Contract Monitoring Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>a) Does the AA use the Standards of Care as part of the contract monitoring process?</p>	<ul style="list-style-type: none"> <li>• The RFP guidelines distributed by the RWGA to potential bidders assert that those applying for service contracts must “assure that services provided to People Living With HIV/AIDS will be of the highest possible quality, consistent with all Harris County Public Health/Ryan White Grant Administration standards of care and quality management guidelines, Public Health Service guidelines and/or rules and regulations from all applicable licensing entities” (p.16). Included is mention of and link to the 72-page RWGA’s <i>Ryan White Care Act Part A Standards of Care for HIV Services</i>, which “applies to Part A funded HRSA defined core and support services” (p. 2).</li> <li>• The RWGA’s <i>Quality Management Plan</i> (revised and made available in the last month of the grant year) describes the nexus of clinical quality improvement and standards of care.</li> <li>• The RWGA’s guide to conducting site visits includes the process for reviewing compliance with Standards of Care.</li> </ul> <p><u>Conclusion:</u> 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><i>General Requirements and Specifications for Invitation for Request for Proposals</i></p> <p>Ryan White Grant Administration, Harris County Public Health:                  &gt;&gt;<i>Ryan White Care Act Part A Standards of Care for HIV Services</i>                  &gt;&gt;<i>Ryan White Care Act Part A Quality Management Plan</i>                  &gt;&gt; <i>Policy and Procedures for Performing Ryan White Part A Site Visits</i></p>

Abbreviations: AA, administrative agent; EMA, Eligible Metropolitan Area; FY, fiscal year; MAI, Minority AIDS Initiative; NGA, notice of grant award; PC, Ryan White Planning Council; RFP, Request for Proposal; RWGA, Ryan White Grant Administration, Harris County Public Health; SOC, Standards of Care.

June 6, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Experiences with the legal system can pose a significant barrier for people with HIV in many critical areas, including housing, employment, and access to public benefits. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to ensuring that people with HIV who have had legal system involvement (defined as any person who is engaged at any point along the continuum of the legal system as a defendant, including arrest, incarceration, and community supervision) have access to core medical and support services to improve their HIV-related health outcomes.

As described in [HRSA HAB Policy Clarification Notice \(PCN\) #18-02 The Use of Ryan White HIV/AIDS Program \(RWHAP\) Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#), RWHAP funds may be used to support people with HIV who are incarcerated and are expected to be eligible for HRSA RWHAP services upon their release.<sup>1</sup> HRSA HAB funded two specific RWHAP Part F Special Projects of National Significance (SPNS) Program initiatives which included a focus on people who have been involved with the legal system: [Supporting Replication of Housing Interventions in the RWHAP \(SURE\)](#) and [Using Innovative Intervention Strategies to Improve Health Outcomes among People with HIV \(2iS\)](#), and HRSA HAB continues to learn best practices for supporting people with legal system involvement.

The expungement<sup>2</sup> of criminal records is an effective way to remove barriers to care and services, protect privacy, mitigate stigma, and support successful reentry into community.<sup>3</sup> RWHAP funds may be used to aid in the expungement of criminal records.

The scope of allowable legal services as outlined under the "Other Professional Services" service category in [HRSA HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) includes matters "related to or arising from [an individual's] HIV." To the extent that expunging a client's record is done to assist in obtaining access to services and benefits that will improve HIV-related health outcomes, RWHAP funds can be used to pay for the expungement of criminal records and associated costs. As policy and legal landscapes vary by geographic area, it is advisable that RWHAP recipients and subrecipients partner with legal service professionals and consult their own state and local laws to determine eligibility for expungement assistance.

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<sup>1</sup> A case study of RWHAP funds being used for expungement: <https://publications.partbadap-2019.nastad.org/>

<sup>2</sup> Expungement is the process by which a defendant's criminal record is destroyed or sealed and thus treated as if it had never occurred. See [https://www.americanbar.org/groups/public\\_education/publications/teaching-legal-docs/what-is-expungement/](https://www.americanbar.org/groups/public_education/publications/teaching-legal-docs/what-is-expungement/)

<sup>3</sup> [https://www.americanbar.org/groups/criminal\\_justice/publications/criminal-justice-magazine/2024/winter/evolving-landscape-sealing-expungement-statutes/](https://www.americanbar.org/groups/criminal_justice/publications/criminal-justice-magazine/2024/winter/evolving-landscape-sealing-expungement-statutes/)

RWHAP recipients and subrecipients providing expungement services should develop policies and procedures to determine how RWHAP clients will receive expungement services.

In doing so, RWHAP recipients and subrecipients must ensure that:

- Such services are available and accessible to all eligible clients who seek them.
- The payor of last resort requirement<sup>4</sup> is met.

HRSA HAB remains committed to serving individuals involved with the legal system and strives to improve health outcomes and reduce disparities for people with HIV across the United States. We remain committed to addressing barriers to care and appreciate the community input we have received in this area. Thank you for your ongoing efforts and dedication to providing HIV care and treatment to more than half a million people with HIV across the country and continuing to provide a whole-person approach to improving the lives of people with HIV.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM  
Associate Administrator, HIV/AIDS Bureau  
Health Resources and Services Administration

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<sup>4</sup> The Payor of Last Resort Requirement is described in HRSA HAB PCN #21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf>

## DURABLE MEDICAL EQUIPMENT: HRSA Guidance – 06-20-24

RE: Further guidance from the Houston HRSA Project Officer regarding whether DMEs as an allowable expense under EFA. He mentions the idea of subrecipients using their program income to purchase DMEs for their patients.

I don't think DMEs are an allowable EFA expense after reading his email below.



**Glenn Urbach, LMSW | Program Manager**

*Ryan White Grant Administration  
Community Health & Wellness Division*

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1111 Fannin Street  
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**From:** Peppler, Mark (HRSA) <[MPeppler@hrsa.gov](mailto:MPeppler@hrsa.gov)>

**Sent:** Thursday, June 20, 2024 4:53 PM

**To:** Urbach, Glenn (PHS) <[Glenn.Urbach@phs.hctx.net](mailto:Glenn.Urbach@phs.hctx.net)>

**Subject:** RE: Durable Medical Equipment-Emergency Financial Assistance

Hi Glenn,

The issue is whether the need for DME is truly an emergency, short-term need versus an anticipated need for everyday or extended use, for lack of a better description. Also, do they have a specific list of DME items that are currently unavailable through other funding? I would appreciate seeing the list of items under consideration, which would help in determining allowability under the EFA service category vs. Home & Community-Based Services. For example, oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics would generally be needed for an extended period of time and costs would need to be covered through funding allocated to Home & Community-Based Services. Finally, how much Part A funding is under consideration for use in purchasing DME? If it's a reasonably small amount, why couldn't subrecipients purchase DME with their program income funds or general funds?

And to your last question, DME would be considered "another HRSA RWHAP-allowable cost needed to improve health outcomes" under the EFA service category. The other thing to consider is that Home & Community-Based Services is a core medical service and EFA is a support service. That may or may not be relevant to any decision made.

Hope this is of some help.

Thanks,

Mark Peppler, MAHS  
Chief, Southern Branch  
(He/Him)

Division of Metropolitan HIV/AIDS Programs  
HIV/AIDS Bureau