

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



## STEERING COMMITTEE

### AGENDA

12 noon, Thursday, April 4, 2019  
2223 W. Loop South, Suite 240  
Houston, Texas 77027

- I. Call to Order Bruce Turner, Chair  
Ryan White Planning Council
- A. Welcoming Remarks
  - B. Moment of Reflection
  - C. Select the Committee Co-Chair who will be voting today
  - D. Adoption of the Agenda
  - E. Adoption of the Minutes
- II. Public Comment and Announcements
- (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)
- III. Reports from Committees
- A. Comprehensive HIV Planning Committee Ted Artiaga and  
Daphne L. Jones, Co-Chairs
    - Item:* Epidemiological Profile
    - Recommended Action:* FYI: The Committee reviewed the revised version of Chapter 1 and Chapter 2, including data to be used in the FY2020 How to Best Meet the Need process. Dr. Imran Shaikh provided an update on the Houston Health Department data elements currently in the internal review process.
  
    - Item:* Needs Assessment Group
    - Recommended Action:* FYI: The Epidemiology Workgroup met on March 18, 2019 to draft the attached 2019 Needs Assessment Survey Sampling Principles and Plan. The Survey Workgroup also met on March 18<sup>th</sup> to begin revision of the previous survey tool for 2019. NAG will meet on April 15, 2019 to approve both the Survey Sampling Principles and Plan and the survey tool. Please see Diane to be added to any of the NAG or NAG Workgroup lists.

*Item:* FY 2020 EIIHA\* Plan

*Recommended Action:* **Motion:** In order to meet HRSA grant application deadlines, request the Planning Council to allow the Comprehensive HIV Planning Committee to have final approval of the FY 2020 EIIHA Plan target populations, provided that:

- The FY 2020 EIIHA Plan is developed through a collaborative process that includes stakeholders from prevention and care, community members, and consumers; and
- The recommended FY 2020 EIIHA Plan target populations are distributed to Planning Council members for input prior to final approval from the Comprehensive HIV Planning Committee.

B. Affected Community Committee

Rodney Mills and  
Isis Torrente, Co-Chairs

*Item:* Training: How To Best Meet the Need Process

*Recommended Action:* FYI: The Committee reviewed the same power point presentation on the How To Best Meet the Need process that was viewed at the March Council meeting and more. Members signed up to participate in the 2019 How To Best Meet the Need workgroup meetings.

*Item:* 2019 Community Events

*Recommended Action:* FYI: See the attached list of 2019 Community Events.

*Item:* 2019 Community Events

*Recommended Action:* FYI: See the attached list of 2019 Community Events.

*Item:* 2019 Greeters

*Recommended Action:* FYI: See the attached list of 2019 Greeters who will host guests at monthly Council meetings.

C. Quality Improvement Committee

Denis Kelly and  
Gloria Sierra, Co-Chairs

*Item:* Criteria for Determining the FY 2020 Service Definitions

*Recommended Action:* **Motion:** Approve the attached criteria for determining the FY 2020 Service Definitions.

*Item:* Reports from AA – Part A/MAI\*

*Recommended Action:* FYI: See the attached reports from the Part A/MAI Administrative Agent:

- FY18 Procurement Report – Part A & MAI, dated 03/19/19

*Item:* Reports from Administrative Agent – Part B/SS

*Recommended Action:* FYI: See the attached reports from the Part B/ State Services Administrative Agent:

- Procurement Report Part B – dated 03/11/19
- Procurement Report DSHS SS – dated 03/11/19
- Health Insurance Program Report – dated 02/25/19

*Item:* Training: Reports Related to Consumer Experiences in Care  
*Recommended Action:* FYI: See the attached diagram and power point presentations.

*Item:* FY 2020 How To Best Meet the Need Workgroup Schedule  
*Recommended Action:* FYI: Please see Diane or Rod to sign up to participate in the FY 2020 How To Best Meet the Need workgroups. See the attached schedule.

*Item:* 2020 Idea Forms  
*Recommended Action:* **Motion:** Approve the 2019 Criteria for Reviewing Ideas, and the 2019 Proposed Idea Form. See two attached documents.

*Item:* Checklist for the Assessment of the Administrative Mechanism  
*Recommended Action:* **Motion:** Approve the attached checklist for the Houston Ryan White Administrative Mechanism.

D. Priority and Allocations Committee  
No report. Peta-gay Ledbetter and Bobby Cruz, Co-Chairs

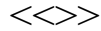
E. Operations Committee  
*Item:* Council Handouts  
*Recommended Action:* FYI: The new process for receiving Council handouts is as follows: after the Council meeting Packet has been mailed, additional handouts received at the Steering Committee meeting will be emailed to Council members and others after the Steering Committee adjourns. Ronnie Galley and Allen Murray, Co-Chairs

*Item:* Training Requirements for the Open Meetings Act  
*Recommended Action:* FYI: See the attached chart for a list of those who have not taken the required Open Meetings Act Training. Many thanks to those who took the training and turned the certificate in to the Office of Support.

*Item:* Training Requirements for the Open Meetings Act  
*Recommended Action:* **Motion:** The Planning Council will continue to follow Texas State law, which at this time requires Planning Council members to take the Open Meetings Act Training once in a lifetime.

- IV. Report from Office of Support  
Tori Williams, Director
- V. Report from Ryan White Grant Administration  
Carin Martin, Manager
- VI. Report from The Resource Group  
Sha'Terra Johnson-Fairley, Health Planner
- VII. Announcements
- VIII. Adjournment

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



## STEERING COMMITTEE

### MINUTES

12 noon, Thursday, March 7, 2019  
2223 W. Loop South, Suite 240; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
C. Bruce Turner, Chair	Ted Artiaga, excused	<i>Ryan White Grant Administration</i>
Tana Pradia, Secretary	Isis Torrente, excused	Carin Martin
Rodney Mills	John Poole, excused	Samantha Bowen
Daphne L. Jones	Gloria Sierra, excused	
Ronnie Galley	Peta-gay Ledbetter, excused	<i>The Resource Group</i>
Allen Murray		Sha'Terra Johnson-Fairley
Bobby Cruz		
Denis Kelly		<i>Office of Support</i>
		Tori Williams
		Amber Harbolt
		Diane Beck

**Call to Order:** C. Bruce Turner, Chair, called the meeting to order at 12:04 p.m.

During the opening remarks, Turner thanked all of the people who are helping with Project LEAP recruitment. Ronnie Galley has been spearheading the effort with lots of help from Gregory, Tana, Cecilia, Isis, Tony, Skeet, Crystal and Johnny Deal. They have been sending some great candidates! He also thanked those who handed out Project LEAP information at the AIDS Walk: Ronnie, Allen, Tana, Bianca Burley and her daughter. He then called for a Moment of Reflection.

**Adoption of the Agenda:** *Motion #1:* *it was moved and seconded (Kelly, Pradia) to move Comprehensive HIV Planning Committee to the end of the committee reports. Motion Carried Unanimously.* *Motion #2:* *it was moved and seconded (Pradia, Mills) to adopt the agenda with the change. Motion Carried Unanimously.*

**Approval of the Minutes:** *Motion #3:* *it was moved and seconded (Boyle, Suazo) to approve the February 07, 2019 minutes. Motion Carried Unanimously.*

Turner invited committee co-chairs to select the co-chair who would be voting on behalf of their committee. Those selected to represent their committee at today's meeting were: Mills for Affected Community, Jones for Comprehensive HIV Planning, Galley for Operations, Cruz for Priority and Allocations and Kelly for Quality Improvement.

**Public Comment and Announcements:** None.

## **Reports from Committees**

**Comprehensive HIV Planning Committee:** Daphne Jones, Co-Chair, reported on the following:  
Committee Goals: Please see the attached 2019 Committee Goals.

Needs Assessment Group: Please see the attached 2019 Needs Assessment Timeline. NAG held its first meeting on February 18<sup>th</sup> to adopt quorum, voting, and attendance rules as well as key concepts for the 2019 survey. The NAG Epidemiology and Survey Workgroups will meet on March 18, 2019. Please see Diane to be added to any of the NAG Workgroup lists.

Committee Vice Chair: Rodney Mills was elected as vice chair for Comprehensive HIV Planning Committee.

**Affected Community Committee:** Rodney Mills, Co-Chair, reported on the following:

Committee Orientation: All committees dedicated the first portion of their February meeting to general orientation, which included a review of the purpose of the committee, requirements, such as the Open Meetings Act training deadline, work products, meeting dates and more. The Affected Community Committee also reviewed the Purpose of the Planning Council and Public Hearings, and role played questions that members might receive while staffing a booth at a health fair, see attached. Kelly asked Mills to highlight the information about Ryan White, the boy, at the Council Meeting because someone mentioned wanting information about him on the Council Orientation Evaluation. Bowen said that HRSA has videos about him on their website.

Committee Goals: See the attached 2019 Committee goals.

Community Events: See the attached list of 2019 Community Events.

Greeters for Council Meetings: See the attached list of 2019 Greeters.

The Resource Group: Problem Resolution: See the attached presentation from The Resource Group on problem resolution.

Committee Vice Chair: Ronnie Galley was elected as vice chair for the Affected Community Committee.

**Quality Improvement Committee:** Denis Kelly, Co-Chair, reported on the following:

Reports from AA – Part A/MAI: See the attached reports from the Part A/MAI Administrative Agent:

- FY18 Procurement Report – Part A & MAI, dated 02/08/19
- FY18 Service Utilization Report – Part A & MAI, dated 12/19/18
- FY17 Chart Reviews
  1. Primary Care
  2. Oral Health – Rural
  3. Vision
  4. Case Management
- Performance Measures, received 02/13/19
- Selected Core Performance Measures by Gender, received 02/13/19
- Clinical Quality Management Quarterly Committee Report, 02/07/19

Turner asked that a doctor come discuss why items have dropped on the chart reviews. Martin said that Keizman is a clinician and can speak to these issues as well as provider specific information.

Reports from Administrative Agent – Part B/SS: See the attached reports from the Part B/State Services Administrative Agent:

- How To Read TRG Reports 2019
- Procurement Reports Part B & SS – dated 02/06/19
- Service Utilization Report Part B – dated 02/05/19

- Health Insurance Program Reports – dated 01/08/19 & 02/04/19
- 2018 Chart Review Packet regarding:
  1. Early Intervention Services – Incarcerated
  2. Home and Community Based Services
  3. Hospice Services
  4. Mental Health Services
  5. Oral Health Care Services

Committee Vice Chair: Ronnie Galley was elected as vice chair for the Quality Improvement Committee.

**Priority and Allocations Committee:** Bobby Cruz, Co-Chair, reported on the following:  
Report from AA – Part A/MAI: See the attached reports from the Part A/MAI Administrative Agent:

- REVISED FY18 Procurement, dated 02/28/19

Reports from Administrative Agent – Part B/SS: See the attached reports from the Part B/State Services Administrative Agent:

- REVISED Procurement, FY18/19 Part B, dated 02/28/19
- Procurement, FY18/19 SS, dated 02/19/19

Guiding Principles and Criteria: **Motion #4:** *Approve the attached FY 2020 Guiding Principles and Decision Making Criteria.* **Motion Carried Unanimously.**

Priority Setting Process: **Motion #5:** *Approve the attached FY 2020 Priority Setting Process.* **Motion Carried Unanimously.**

Policy for Addressing Unobligated and Carryover Funds: **Motion #6:** *Approve the attached 2019 Policy for Addressing Unobligated and Carryover Funds.* **Motion Carried Unanimously.**

Committee Vice Chair: Allen Murray agreed to be vice chair for the Priority and Allocations Committee.

Committee Goals: See the attached 2019 Committee goals.

**Operations Committee:** Ronnie Galley, Co-Chair, reported on the following:  
Committee Goals: See the attached 2019 Committee goals.

Council Orientation Evaluation Results: See the attached evaluation results of the 2019 Council Orientation.

Training Topics for Council Meetings: See the attached list of Training Topics for 2019 Council Meetings.

Committee Vice Chair: Bobby Cruz was elected as vice chair for the Operations Committee.

**Report from Office of Support:** Tori Williams, Director, summarized the attached report.

**Report from Ryan White Grant Administration:** Carin Martin, Manager, summarized the attached report.

**Report from The Resource Group:** Sha'Terra Johnson-Fairly, Health Planner, submitted the attached report.

**Announcements:** Pradia said that Positive Women’s Network (PWN) received a grant related to legislative affairs. She is now officially on PWN’s national board.

**Adjournment:** The meeting adjourned at 1:03 p.m.

Submitted by:

Approved by:

\_\_\_\_\_  
Tori Williams, Director                      Date

\_\_\_\_\_  
Committee Chair                                      Date

## 2019 Steering Committee Voting Record for Meeting Date 03/07/19

C = Chaired the meeting, JA = Just arrived, LM = Left the meeting,  
VP = Participated via telephone, nv = Non-voting member

Aff-Affected Community Committee, Comp-Comprehensive HIV Planning Committee, Op-Operations Committee,  
PA-Priority and Allocations Committee, QI-Quality Improvement Committee

MEMBERS	Motion #1 Change the Agenda Carried				Motion #2 Agenda Carried				Motion #3 Minutes Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
C. Bruce Turner, Chair				C				C				C
Tana Pradia, Secretary		X						X		X		
Rodney Mills, Aff		X						X		X		
Daphne L. Jones, Comp ja 12:30 pm	X				X				X			
Ronnie Galley, Op		X						X		X		
Bobby Cruz, PA		X				X				X		
Denis Kelly, QI		X				X				X		
<b>Non-voting members at the meeting:</b>												
Allen Murray, Op ja 12:28 pm												
<b>Absent members:</b>												
John Poole, Vice Chair												
Isis Torrente, Aff												
Ted Artiaga, Comp												
Peta-gay Ledbetter, PA												
Gloria Sierra, QI												

MEMBERS	Motion #4 Principles & Criteria Carried				Motion #5 Priority Setting Process Carried				Motion #6 Unspent Funds Policy Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
C. Bruce Turner, Chair				C				C				C
Tana Pradia, Secretary		X				X				X		
Rodney Mills, Aff		X				X				X		
Daphne L. Jones, Comp		X				X				X		
Ronnie Galley, Op		X				X				X		
Bobby Cruz, PA		X				X				X		
Denis Kelly, QI		X				X				X		
<b>Non-voting members at the meeting:</b>												
Allen Murray, Op												
<b>Absent members:</b>												
John Poole, Vice Chair												
Isis Torrente, Aff												
Ted Artiaga, Comp												
Peta-gay Ledbetter, PA												
Gloria Sierra, QI												



**Comprehensive HIV  
Planning Committee  
Report**

## Houston Area HIV Services Ryan White Planning Council

### 2019 Houston Area HIV Needs Assessment Epidemiology Workgroup (Workgroup Approved 3-18-2019)

#### Survey Sampling Principles and Plan

1. Calculate finite population sample size using current total prevalence of diagnosed HIV in the Houston EMA (2017=28,225) and determine a high/low range for the total respondent size (*n*) based on a 95% confidence interval

$$n = N * X / X + (N - 1)$$

$$X = Z^2 * p * (1-p) / MOE^2$$

$$Z = 1.96$$

$$MOE = 0.04 \text{ or } 0.03$$

$$p = 0.05$$

$$N = 28,225$$

Using a 95% confidence interval, the total respondent (*n*) range would be as follows:

	<b>Low</b>	<b>High</b>
<b>Confidence Interval</b>	95%	95%
<b>Confidence Level (=/-)</b>	4%	3%
<b>Sample Size (n)</b>	<b>588</b>	<b>1,029</b>

2. Obtain approximately 91% of surveys from Harris County and 9% from non-Harris County; as this is representative of the distribution of current prevalent cases in the EMA:

	<b>Low (n)</b>	<b>High (n)</b>
<b>Total EMA</b>	<b>588</b>	<b>1,029</b>
<b>Harris County (91%)</b>	535	936
<b>Non-Harris County (9%)</b>	53	93

3. Apply the current unmet need estimate (2017=25%) for the Houston EMA to sampling totals for the estimated out-of-care respondent pool for the survey. Recognizing that this is a hard-to-reach population, actual surveying levels are expected to be lower.

	<b>Low (n)</b>	<b>High (n)</b>
<b>Total EMA</b>	<b>588</b>	<b>1,029</b>
<b>In-Care (N) (75%)</b>	441	772
<b>Out-of-Care (25%)</b>	147	257

4. Create ranges for survey respondents per demographic category based on the proportion of current total prevalence for the EMA, including transmission risk. Smaller units of analysis are not practical for survey administration.

	<b>% of Prevalence</b>	<b>Low (n)</b>	<b>High (n)</b>
<b>Total EMA</b>	<b>100%</b>	<b>588</b>	<b>1,029</b>
<b>Male</b>	75%	441	772
<b>Female</b>	25%	147	257
<b>White</b>	19%	112	196
<b>Black</b>	49%	288	504
<b>Hispanic</b>	28%	165	288
<b>13 – 24*</b>	4%	24	41
<b>25 – 34</b>	20%	118	206
<b>35 – 44</b>	24%	141	247
<b>45 – 54</b>	27%	159	278
<b>55 – 64</b>	18%	106	185
<b>65+</b>	6%	35	62
<b>MSM</b>	57%	335	587
<b>PWIDU</b>	8%	47	82
<b>Heterosexual</b>	29%	171	298

\*Surveys for PLWH between the ages of 13 and 17 must be completed by parent or legal guardian.

5. Undertake targeted efforts to sample Special Populations: youth (13-24 yoa, see above), homeless, incarcerated/recently released (**I/RR**), people with injection drug use (**PWIDU**), men who have sex with men (**MSM**), people who are transgender/gender non-conforming, women of color (**WOC**), aging populations (50+ yoa), and substance use/treatment/recovery populations.
6. Develop estimates of the number of surveys to collect at each Ryan White-funded agency that are proportional to the agency's share of clients served.
  - The denominator for this calculation will be the unique number of clients served per agency and in total for calendar year 2018.
  - As clients may receive services at more than one agency within a calendar year, the agency-level denominators will include duplicate clients. This will inflate some of the proportions.
  - Agencies that served clients in 2018 but that are not currently funded by Ryan White will be removed from the sampling proportions, but will be included as survey administration sites.

Sources:

<sup>1, 4</sup>Texas eHARS. Prevalence as of 12/31/17. Released August 2018.

<sup>2</sup>Texas 2017 HIV Surveillance Annual Report. Released July 27, 2018.

<sup>3</sup>Texas Department of State Health Services, Unmet Need by EMA/TGA 2017. Released August 2018

<sup>5</sup>Special Populations identified in the Houston Area Comprehensive HIV Prevention and Care Services Plan (2017 – 2021). Released September 30, 2016.

<sup>6</sup>To be developed using CPCDMS utilization data for CY 2018.

J:\Committees\Comprehensive HIV Planning\2019 Needs Assessment\Survey Process\Sampling\2019 Sampling Plan - WG Approved - 03-18-19.doc

# Affected Community Committee Report

## **Steps to Participate in the 2019 Ryan White *How To Best Meet the Need* Process**

### **What is *How To Best Meet the Need*?**

It is defining the HRSA approved service categories so that they “best meet the needs” of our local community.

The Ryan White Planning Council is responsible for planning the organization and delivery of HIV services, specifically in the areas of outpatient medical care, case management and comprehensive treatment services. Each year, the Planning Council reviews and refines its service definitions in preparation for the next funding cycle which begins March 1<sup>st</sup> of the following year. The purpose of each workgroup is to review specific service category definitions and make recommendations as needed to improve service delivery and effectiveness.

### **In 2019:**

- Step 1: Sign up with Rod or Diane in the Office of Support to attend trainings on:
- The process used by the various workgroups - **12 noon, March 25th**
  - The documents used to justify changes made to service definitions - **1:30 pm, April 11th**
- Step 2: Determine the criteria to be used to select FY 2020 service categories. **2 pm, March 19th**
- Step 3: Pick up materials for the workgroups – **any time on or after April 11<sup>th</sup>**
- Step 4: Workgroups take place. At the workgroups, participants are invited to:
- Introduce themselves and state their conflict of interest
  - Staff explains their role in the process
  - The Administrative Agent provides general information
  - The Office of Support staff provides general information
  - Each service definition is discussed and recommended changes are made
  - The financial eligibility for the service is made
- Step 5: Workgroup recommendations are moved forward to the Quality Improvement Committee where additional changes can be made to the definitions. **2 pm, Tues. May 14th**
- Step 6: There is a Public Hearing where the service definitions are presented to the public. **7 pm, Mon., May 20th, City Annex, 900 Bagby St, downtown Houston.**
- Step 7: Service definitions and recommended changes move forward to the Steering Committee at **12 noon on June 6th**. Changes made to services are final only after the Council has approved the FY 2020 service definitions at **12 noon on June 13<sup>th</sup>**.

March 1, 2020: Changes made to FY 2020 service categories take effect.

**Affected Community Committee**  
**2019 Community Events** (as of 03-26-19)

Point Person (PP): Committee member who picks up display materials and returns them to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 3 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	<b><u>Need 3 volunteers – distribute LEAP flyers:</u></b> Tana, Tony and Ronnie
April or May	Road 2 Success	Thomas Street Health Center	<b><u>Need 4 Volunteers:</u></b> Lionel, Skeet, Ronnie, Holly and Veronica
Sun. June 2	Long-Term HIV Survivors Event	Neon Boots	<b><u>Need 4 Volunteers:</u></b> PP:Skeet, Tana, Tony, Ronnie
June 22	Pride Festival	Downtown near City Hall	<b><u>Shift 1 (11:30 am-2 pm): PP: Rod,</u></b> Tana, Skeet & Ronnie <b><u>Shift 2 (2-4:30 pm):</u></b> Tana, Holly & Veronica <b><u>Shift 3 (4:30-7 pm): PP:</u></b> Maybe Tony
August	Road 2 Success		
September	Camino hacia tu Salud	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	<b><u>Need 4 Volunteers:</u></b>
October	Road 2 Success		<b><u>Need 4 Volunteers:</u></b>
October	MISS UTOPIA	<b>NOTE CHANGE OF VENUE IN 2018 CROWNE PLAZA HOUSTON ( Near Reliant - Medical ) 8686 Kirby Drive Houston, Texas 77054</b>	<b><u>4 Volunteers: PP:</u></b> DISTRIBUTE LEAP FLYERS
November	Camino hacia tu Salud		
Sunday, December 1	World AIDS Day Events	SEE CALENDAR OF EVENTS	Most committee members attend events DISTRIBUTE LEAP FLYERS

## Greeters for 2019 Council Meetings

(Revised: 03-26-19)

<b>2019 Meeting Dates</b> (Please arrive at 11:45 a.m. Unless otherwise noted, the meetings are held at 2223 W. Loop South)	<b>Greeter #1</b> External Member	<b>Greeter #2</b>	<b>Greeter #3</b>
Thurs. March 14	Skeet	Tony	Ronnie
Thurs. April 11	Lionel	Veronica	Holly
Thurs. May 9	Lionel	Rodney	Tony
Thurs. June 13 – LEAP presentation	Ronnie	Tony	Skeet
Thurs. July 11			
Thurs. August 8			
Thurs. September 12			
Thurs. October 10			
Thurs. November 14 External Committee Member Appreciation			
Thurs. December 12			

# **Quality Improvement Committee Report**



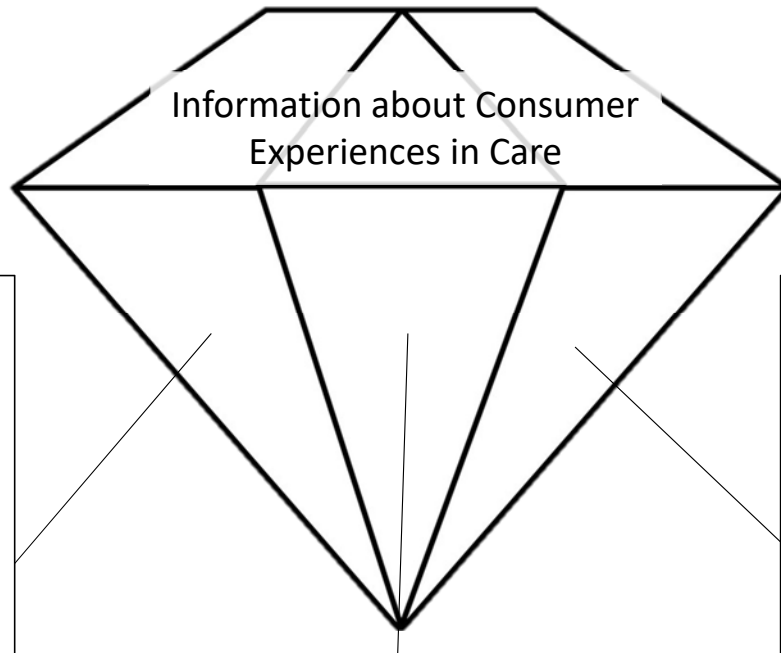
<p><b>Service Category</b></p>	<p><b>Is this a core service?</b> If no, how does the service support access to core services &amp; support clients achieving improved outcomes?</p>	<p><b>How does this service assist individuals <i>not in care</i>* to access primary care?</b>   <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care   <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months   <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.</p>	<p><b>Documentation of Need</b>                       (Sources of Data include: 2016 Needs Assessment, 2017-2021 Comp Plan, 2016 Outcome Measures, 2016 Chart Reviews, Special Studies and surveys, etc.)                       Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p><b>Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources</b>                       (i.e., Alternative Funding Sources)                       Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p><b>Justify the use of Ryan White Part A, Part B and State Services funds for this service.</b>   <b>Is this a duplicative service or activity?</b></p>	<p><b>Service Efficiency</b>                      Can we make this service more efficient? For:                      a) Clients                      b) Providers                      Can we bundle this service?                       Has a recent capacity issue been identified?</p>	<p><b>Recommendation(s)</b></p>
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**Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-17-17**

**Ambulatory/Outpatient Primary Medical Care (incl. Vision):**

<p><b>CBO, Adult – Part A, Including LPAP, MCM &amp; Svc Linkage</b> (Includes OB/GYN) <i>See below for Public Clinic, Rural, Pediatric, Vision</i></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input type="checkbox"/> EIIHA  <input type="checkbox"/> Unmet Need  <input type="checkbox"/> Continuum of Care</p>		<p>Covered under QHP?  <input checked="" type="checkbox"/> Yes ___ No</p>			
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‡ Service Category for Part B/State Services only.



### **Chart reviews**

- Collected by the AAs
- Gathered from a sample of medical charts
- Examines quality of care within the provision of particular services
- Answers the questions “Are RW consumers receiving services that meet Standards of Care and medical guidelines?”
- Can be tied to a specific provider, but presented to Council either de-identified or at the system level



### **Client Satisfaction Surveys**

- Collected by the AAs
- Reported directly from consumer
- Examines client satisfaction within the provision of particular services
- Answer the question: “Are RW consumers satisfied with the quality of care they are receiving?”
- Can be tied to a specific provider, but presented to Council either de-identified or at the system level

### **Needs Assessment / Special Studies**

- Collected by Office of Support
- Reported directly from consumer
- Examines the system of services in relation to need and accessibility\*
- Answers the question: “What services do PLWH need to stay in medical care, and are those services accessible?”
- Not tied to any specific provider

\*Also assesses service needs of those not in care



## Ryan White Part A, Houston EMA FY 2017 Quality Reports



### Two Ways RWGA Obtains Data

- ▀ CPCDMS
- ▀ Chart Review
  - ▀ Primary Care
  - ▀ Vision
  - ▀ Dental- Rural Target

## HAB Performance Measures

- HIV Viral Suppression
- Prescription of HIV Antiretroviral Therapy
- HIV Medical Visit Frequency
- Prescription of HIV Antiretroviral Therapy
- PCP Prophylaxis
- HIV Drug Resistance Testing Before Initiation of Therapy
- Influenza Immunization
- Lipid Screening
- Tuberculosis Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Gonorrhea Screening
- Hepatitis B Screening
- Hepatitis B Vaccination
- Hepatitis C Screening
- HIV Risk Counseling
- Oral Exam
- Pneumococcal Vaccination
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Substance Abuse Screening
- Syphilis Screening

## Compare and Contrast: CPCDMS vs. Chart Review

### CPCDMS

- Process:
  - agencies are required to enter comprehensive, non-identifying client information, including demographic, service utilization, and laboratory data
  - Monthly data is entered by the 10<sup>th</sup> day of the following month
  - CPCDMS generates QM reports
- Pros
- Cons

### Chart Review

- Process:
  - agency EMR is accessed
  - Non-identifying medical information is transferred to an abstraction tool
  - Data is then exported into an Access database
  - Data analysis is performed
- Pros
- Cons

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>9,634,415</b>	<b>391,824</b>	<b>703,670</b>	<b>30,517</b>	<b>-120,000</b>	<b>10,640,426</b>	<b>48.14%</b>	<b>10,640,426</b>	<b>0</b>		<b>8,758,375</b>	<b>82%</b>	<b>92%</b>
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	378,670	0		3,969,734	17.96%	3,969,734	0	3/1/2018	\$3,326,786	84%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	100,000	1,839	-40,000	1,083,209	4.90%	1,083,209	0	3/1/2018	\$1,103,100	102%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	100,000	1,839	-40,000	929,186	4.20%	929,186	0	3/1/2018	\$811,993	87%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	100,000	1,839	-40,000	1,166,559	5.28%	1,166,559	0	3/1/2018	\$605,694	52%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.20%	1,149,761	0	3/1/2018	\$943,654	82%	92%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.48%	1,874,540	0	3/1/2018	\$1,605,779	86%	75%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	\$9,900	64%	92%
1.h	Vision	402,000	0	25,000	25,000		452,000	2.05%	452,000	0	3/1/2018	\$351,470	78%	92%
<b>2</b>	<b>Medical Case Management</b>	<b>2,535,802</b>	<b>0</b>	<b>0</b>	<b>-200,714</b>	<b>-30,000</b>	<b>2,305,088</b>	<b>10.43%</b>	<b>2,305,088</b>	<b>0</b>		<b>1,785,205</b>	<b>77%</b>	<b>92%</b>
2.a	Clinical Case Management	488,656	0	0	-30,000		458,656	2.08%	458,656	0	3/1/2018	\$397,985	87%	92%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.18%	482,722	0	3/1/2018	\$226,028	47%	75%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	-50,038		271,032	1.23%	271,032	0	3/1/2018	\$318,660	118%	92%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	-50,038		271,034	1.23%	271,034	0	3/1/2018	\$169,089	62%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	-50,038		57,209	0.26%	57,209	0	3/1/2018	\$91,027	159%	92%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.58%	348,760	0	3/1/2018	\$251,512	72%	92%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.82%	180,311	0	3/1/2018	\$111,815	62%	75%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	-20,600	-30,000	109,451	0.50%	109,451	0	3/1/2018	\$112,745	103%	92%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.36%	80,025	0	3/1/2018	\$63,292	79%	92%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	\$43,053	94%	75%
<b>3</b>	<b>Local Pharmacy Assistance Program (a) (e)</b>	<b>1,934,796</b>	<b>256,674</b>	<b>0</b>	<b>69,363</b>	<b>0</b>	<b>2,260,833</b>	<b>10.23%</b>	<b>2,260,833</b>	<b>0</b>		<b>\$1,849,028</b>	<b>82%</b>	<b>92%</b>
<b>4</b>	<b>Oral Health</b>	<b>166,404</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166,404</b>	<b>0.75%</b>	<b>166,404</b>	<b>0</b>		<b>153,700</b>	<b>92%</b>	<b>92%</b>
4.a	Oral Health - Untargeted (c)	0	0				0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.75%	166,404	0	3/1/2018	\$153,700	92%	92%
<b>5</b>	<b>Mental Health Services (c)</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>6</b>	<b>Health Insurance (c)</b>	<b>1,244,551</b>	<b>28,519</b>	<b>0</b>	<b>0</b>	<b>150,000</b>	<b>1,423,070</b>	<b>6.44%</b>	<b>1,423,070</b>	<b>0</b>		<b>\$1,094,858</b>	<b>77%</b>	<b>92%</b>
<b>7</b>	<b>Home and Community-Based Services (c)</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>8</b>	<b>Substance Abuse Services - Outpatient</b>	<b>45,677</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45,677</b>	<b>0.21%</b>	<b>45,677</b>	<b>0</b>		<b>\$28,163</b>	<b>62%</b>	<b>92%</b>
<b>9</b>	<b>Early Intervention Services (c)</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>10</b>	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>341,395</b>	<b>1.54%</b>	<b>341,395</b>	<b>0</b>		<b>\$298,242</b>	<b>87%</b>	<b>92%</b>
<b>11</b>	<b>Hospice Services</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>12</b>	<b>Outreach Services</b>	<b>420,000</b>	<b>39,927</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>459,927</b>	<b>2.08%</b>	<b>459,927</b>	<b>0</b>		<b>\$220,023</b>	<b>48%</b>	<b>92%</b>
<b>13</b>	<b>Non-Medical Case Management</b>	<b>1,231,002</b>	<b>0</b>	<b>0</b>	<b>-49,400</b>	<b>0</b>	<b>1,181,602</b>	<b>5.35%</b>	<b>1,181,602</b>	<b>0</b>		<b>1,180,346</b>	<b>100%</b>	<b>92%</b>
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.50%	110,793	0	3/1/2018	\$93,093	84%	92%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			-29,400		70,600	0.32%	70,600	0	3/1/2018	\$81,269	115%	92%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	1.93%	427,000	0	3/1/2018	\$405,449	95%	75%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	-20,000		573,209	2.59%	573,209	0	3/1/2018	\$600,534	105%	92%
<b>14</b>	<b>Medical Transportation</b>	<b>482,087</b>	<b>25,824</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>507,911</b>	<b>2.30%</b>	<b>507,911</b>	<b>0</b>		<b>\$321,880</b>	<b>63%</b>	<b>92%</b>
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.14%	252,680	0	3/1/2018	\$245,144	97%	92%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.44%	97,185	0	3/1/2018	\$76,736	79%	92%
14.c	Transportation vouchers (bus passes & gas cards)	132,222	25,824	0	0		158,046	0.72%	158,046	0	3/1/2018	\$0	0%	0%
<b>15</b>	<b>Linguistic Services (c)</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>16</b>	<b>Emergency Financial Assistance</b>	<b>450,000</b>	<b>0</b>	<b>0</b>	<b>150,000</b>	<b>0</b>	<b>600,000</b>	<b>2.71%</b>	<b>600,000</b>	<b>0</b>		<b>\$252,614</b>	<b>42%</b>	<b>92%</b>
<b>17</b>	<b>Referral for Health Care and Support Services (c)</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>BES27516</b>	<b>Total Service Dollars</b>	<b>18,486,129</b>	<b>742,768</b>	<b>703,670</b>	<b>-234</b>	<b>0</b>	<b>19,932,333</b>	<b>88.10%</b>	<b>19,932,333</b>	<b>0</b>		<b>15,469,797</b>	<b>78%</b>	<b>92%</b>
	<b>Grant Administration</b>	<b>1,675,047</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,675,047</b>	<b>7.58%</b>	<b>1,675,047</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>92%</b>
<b>BES27517</b>	<b>HCPHES/RWGA Section</b>	<b>1,146,388</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,146,388</b>	<b>5.19%</b>	<b>1,146,388</b>	<b>0</b>		<b>\$0</b>	<b>0%</b>	<b>92%</b>
<b>PC</b>	<b>RWPC Support*</b>	<b>528,659</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>528,659</b>	<b>2.39%</b>	<b>528,659</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>92%</b>

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	Quality Management	495,000	0	0	0	0	495,000	2.24%	495,000	0	N/A	\$0	0%	92%
		20,656,176	742,768	703,670	-234	0	22,102,380	97.92%	22,102,380	0		15,469,797	70%	92%
	<b>Part A Grant Award:</b>	<b>21,398,944</b>	<b>Carry Over:</b>	<b>703,670</b>		<b>Total Part A:</b>	<b>22,102,614</b>	Unallocated 234	Unobligated 0					
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	15,903,040	677,017	703,670	-100,834	0	17,182,893	86.38%	17,182,893	85.94%				
	Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	100,600	0	2,709,513	13.62%	2,810,113	14.06%				
	<b>Total Service Dollars (does not include Admin and QM)</b>	<b>18,486,129</b>	<b>702,841</b>	<b>703,670</b>	<b>-234</b>	<b>0</b>	<b>19,892,406</b>		<b>19,993,006</b>					
	<b>Total Admin (must be ≤ 10% of total Part A + MAI)</b>	<b>1,675,047</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,675,047</b>	<b>7.58%</b>						
	<b>Total QM (must be ≤ 5% of total Part A + MAI)</b>	<b>495,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>495,000</b>	<b>2.24%</b>						

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	<b>Outpatient/Ambulatory Primary Care</b>	<b>1,797,785</b>	<b>49,060</b>	<b>90,830</b>	<b>86,270</b>	<b>0</b>	<b>2,023,945</b>	<b>88.08%</b>	<b>2,023,945</b>	<b>0</b>		<b>1,793,000</b>	<b>89%</b>	<b>92%</b>
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530	45,415	43,135	0	1,023,243	44.53%	1,023,243	0	3/1/2018	\$1,050,775	103%	92%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530	45,415	43,135	0	1,000,702	43.55%	1,000,702	0	3/1/2018	\$742,225	74%	92%
2	<b>Medical Case Management</b>	<b>320,100</b>	<b>0</b>	<b>40,000</b>	<b>-86,270</b>	<b>0</b>	<b>273,830</b>	<b>11.92%</b>	<b>320,100</b>	<b>-46,270</b>		<b>\$186,453</b>	<b>58%</b>	<b>92%</b>
2.c (MAI)	MCM - Targeted to African American	160,050		20,000	-43,135		136,915	5.96%	136,915	0	3/1/2018	\$118,805	87%	92%
2.d (MAI)	MCM - Targeted to Hispanic	160,050		20,000	-43,135		136,915	5.96%	136,915	0	3/1/2018	\$67,648	49%	92%
	<b>Total MAI Service Funds</b>	<b>2,117,885</b>	<b>49,060</b>	<b>130,830</b>	<b>0</b>	<b>0</b>	<b>2,297,775</b>	<b>100.00%</b>	<b>2,023,945</b>	<b>273,830</b>		<b>1,793,000</b>	<b>89%</b>	<b>92%</b>
	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%
	<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>0.00%</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0%</b>	<b>0%</b>
	<b>Total MAI Funds</b>	<b>2,117,885</b>	<b>49,060</b>	<b>130,830</b>	<b>0</b>	<b>0</b>	<b>2,297,775</b>	<b>100.00%</b>	<b>2,023,945</b>	<b>273,830</b>		<b>1,793,000</b>	<b>89%</b>	<b>92%</b>
	<b>MAI Grant Award</b>	<b>2,166,944</b>	<b>Carry Over:</b>	<b>0</b>		<b>Total MAI:</b>	<b>2,166,944</b>							
	<b>Combined Part A and MAI Original Allocation Total</b>	<b>22,774,061</b>												

Footnotes:

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

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



Reflects spending through January 2019

Spending Target: 83.3%

Revised 3/11/2019

Priority	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	\$1,499,451	72%
7	Health Insurance Premiums and Cost Sharing (1)	\$726,885	22%	\$325,806	\$1,052,691	32%	4/1/2018	\$599,939	57%
9	Home and Community Based Health Services (2)	\$202,315	6%	\$0	\$202,315	6%	4/1/2018	\$116,640	58%
	Unallocated funds approved by RWPC for Health Insurance	\$325,806	10%	-\$325,806	\$0	0%	4/1/2018	\$0	0%
<b>Total Houston HSDA</b>		3,340,571	100%	\$0	\$3,340,571	100%		2,216,030	66%

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.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1819 DSHS State Services**  
**Procurement Report**  
**September 1, 2018- August 31, 2019**



Chart reflects spending through January 2019

Spending Target: 41.67%

Revised 3/11/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$979,694	49%	\$142,285	\$1,121,979	56%	1/0/1900	\$501,997	45%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	15%	9/1/2018	\$59,432	20%
7	EIS - Incarcerated	\$166,211	8%	\$0	\$166,211	8%	9/1/2018	\$72,632	44%
11	Hospice (3)	\$359,832	18%		\$359,832	18%	9/1/2018	\$55,880	16%
15	Linguistic Services (4)	\$68,000	3%		\$68,000	3%	9/1/2018	\$13,800	20%
	Unallocated (RWPC Approved for Health Insurance - TRG will amend contract)	\$142,285	7%	-\$142,285	\$0	0%	9/1/2018	\$0	0%
<b>Total Houston HSDA</b>		<b>2,016,022</b>	<b>100%</b>	<b>\$0</b>	<b>\$2,016,022</b>	<b>100%</b>		<b>703,741</b>	<b>0%</b>

First month of expenditures. Submissions/services/data entry are slow during first few months of contract.

- 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.
- 2 Mental Health Services are under Utilized and under reported.
- 3 Hospice care has had lower than expected client turn out
- 4 Linguistic is one behind on reporting due to slow invoicing by provider.



# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2018-01/31/2019

Revised: 2/25/2019

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	892	\$85,441.63	532			0
Medical Deductible	187	\$110,088.20	151			0
Medical Premium	3119	\$1,239,097.38	740			0
Pharmacy Co-Payment	2007	\$172,432.70	995			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
Totals:	6214	\$1,606,017.91	2426	0	\$0.00	

Comments: This report represents services provided under all grants.

**FY 2020 HOW TO BEST MEET THE NEED WORKGROUP SCHEDULE** (Revised 03/07/19)

Houston Ryan White Planning Council, 2223 W. Loop South; Houston, TX 77027

**TRAINING FOR ALL PARTICIPANTS:**

**1:30 p.m. ~ Thursday, April 11, 2019 ~ 2223 West Loop South, Room 532**

**SPECIAL WORKGROUP:**

**10 am, Thursday, April 18, 2019**

*A Special Workgroup Meeting to Discuss:* Rhode Island Connect Workforce Program, Geriatric Care, Telemedicine, Pay for Performance, Test and Treat, and Outreach to Those 35 Years of Age & Younger.

**2223 West Loop South, Room 416**

All workgroup packets are available online at [www.rwpcHouston.org](http://www.rwpcHouston.org) on the calendar for each date below (packets are in pdf format and are posted as they become available).

<b>Workgroup 1</b>	<b>Workgroup 2</b>	<b>Workgroup 3</b>	<b>Workgroup 4</b>
<b>10:30 a.m.</b> <b>Tuesday, April 23, 2019</b> Room #416	<b>1:30 p.m.</b> <b>Tuesday, April 23, 2019</b> Room #416	<b>3:00 p.m.</b> <b>Wednesday, April 24, 2019</b> Room #416	<b>12:00 p.m.</b> <b>Tuesday, May 14, 2019</b> Room #240
<b><u>Group Leaders:</u></b>	<b><u>Group Leaders:</u></b>	<b><u>Group Leaders:</u></b>	<b><u>Group Leaders:</u></b> Ronnie Galley & Allen Murray
<b><u>SERVICE CATEGORIES:</u></b> Ambulatory/Outpatient Medical Care (includes Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage) – Adult and Rural Ambulatory/Outpatient Medical Care (includes Medical Case Management and Service Linkage) – Pediatric Case Management - Clinical Case Management - Non-Medical (Service Linkage at Test Sites) Referral for Health Care and Support Services <sup>‡</sup> (ADAP workers) Vision Care	<b><u>SERVICE CATEGORIES:</u></b> Health Insurance Premium & Co-pay Assistance Medical Nutritional Therapy and Supplements Mental Health Services <sup>‡</sup> Oral Health – Rural & Untargeted <sup>‡</sup> Substance Abuse Treatment/ Counseling Case Management - Non-Medical <sup>‡</sup> (Substance Use Treatment Sites)	<b><u>SERVICE CATEGORIES:</u></b> Early Intervention Services <sup>‡</sup> (for the incarcerated) Home & Community-based Health Services <sup>‡</sup> (Adult Day Treatment) Hospice Linguistic Services <sup>‡</sup> Transportation (Van-based -- untargeted & rural)	<b><u>SERVICE CATEGORIES:</u></b> Blue Book
Part A categories in <b>BOLD</b> print are due to be RFP'd.			
<sup>‡</sup> Service Category for Part B/State Services only; Part B/State Services categories are RFP'd every year. <b>To confirm information for Part B/State Services, call 713 526-1016.</b>			

## DRAFT

### Quality Improvement Committee

### 2019 Criteria for Reviewing Ideas

In order for the Quality Improvement Committee to review a request for an idea, the idea must:

- 1.) Fit within the HRSA Glossary of HIV-Related Service Categories.
- 2.) Not duplicate a service currently being provided by Ryan White Part A or B or State Services funding.
- 3.) Document the need using one or more Planning Council publications.
- 4.) *For an emerging need only*, attach documentation from an outside source. Acceptable sources may include:
  - Letter on agency letterhead from three other agencies describing their experience related to this need.
  - Or, documentation from HIV websites or newspaper articles including a copy of the original document or study cited in the article or website.

2019 Proposed Idea

(Applicant must complete this two-page form as it is. Agency identifying information must be removed or the application will not be reviewed. Please read the attached documents before completing this form: 1.) HRSA HIV-Related Glossary of Service Categories to understand federal restrictions regarding each service category, 2.) Criteria for Reviewing New Ideas, and 3.) Criteria & Principles to Guide Decision Making.)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY
Control Number Date Received
Proposal will be reviewed by the: Quality Improvement Committee on: (date)
Priority & Allocation Committee on: (date)

THIS PAGE IS FOR THE QUALITY IMPROVEMENT COMMITTEE
(See Glossary of HIV-Related Service Categories & Criteria for Reviewing New Ideas)

1. SERVICE CATEGORY:
(The service category must be one of the Ryan White Part A or B service categories as described in the HRSA Glossary of HIV-Related Service Categories.)

This will provide clients with units of service.

2. ADDRESS THE FOLLOWING:

A. DESCRIPTION OF SERVICE:

B. TARGET POPULATION (Race or ethnic group and/or geographic area):

C. SERVICES TO BE PROVIDED (including goals and objectives):

D. ANTICIPATED HEALTH OUTCOMES (Related to Knowledge, Attitudes, Practices, Health Data, Quality of Life, and Cost Effectiveness):

3. ATTACH DOCUMENTATION IN ORDER TO JUSTIFY THE NEED FOR THIS NEW IDEA. AND, DEMONSTRATE THE NEED IN AT LEAST ONE OF THE FOLLOWING PLANNING COUNCIL DOCUMENTS:

Current Needs Assessment (Year: ) Page(s): Paragraph:
Current HIV Comprehensive Plan (Year: ) Page(s): Paragraph:
Health Outcome Results: Date: Page(s): Paragraph:
Other Ryan White Planning Document:
Name & Date of Document: Page(s): Paragraph:

RECOMMENDATION OF QUALITY IMPROVEMENT COMMITTEE:
Recommended Not Recommended Sent to How To Best Meet Need

REASON FOR RECOMMENDATION:

(Continue on Page 2 of this application form)

**Houston Area HIV Services Ryan White Planning Council**  
**Assessment of the Local Ryan White HIV/AIDS Program Administrative Mechanism**  
**Assessment Checklist**

(Quality Improvement Committee approved 03/19/19)

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**Background**

The Ryan White CARE Act requires local Planning Councils to “[a]ssess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area” (Ryan White Part A [formerly Title I] *Manual*, Section V, Chapter 1, Page 4). To meet this mandate, a time-specific documented observation of the local procurement, expenditure, and reimbursement process for Ryan White funds is conducted by the local Planning Councils (*Manual*, Section VI, Chapter 1, Page 7). 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 (*Manual*, Section VI, Chapter 1, Page 8). 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.

**Process**

In the Houston eligible area, an assessment of the local administrative mechanism is performed for each Fiscal Year of Ryan White funding using a written checklist of specific data points. Taken together, the information generated by the checklist is intended to measure the overall efficacy of the local procurement, reimbursement, and contract monitoring processes of the administrative agents for (1) Ryan White Part A and Minority AIDS Initiative (MAI) funds; and (2) Ryan White Part B and State Services (SS) funds. The checklist is reviewed and approved annually by the Quality Improvement Committee of the Houston Area HIV Services 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 in collaboration with the administrative agents for the funds. All data and documents reviewed in the process are publicly available.

**Checklist**

The checklist for the assessment of the administrative mechanism for the Houston eligible area is attached below. The following acronyms are used in the checklist:

AA:	Administrative Agent
DSHS:	Texas Department of State Health Services
FY:	Fiscal Year (The FY to be assessed for Part A, B, and MAI will be the immediate prior FY, ending February 28 [Part A and MAI] and March 31 [Part B]; the FY to be assessed for SS will be the most recent completed FY.
MAI:	Minority AIDS Initiative
MOU:	Memorandum of Understanding (between the AAs and the Planning Council)
NGA:	Notice of Grant Award
PC:	Ryan White Planning Council
RFP:	Request for Proposals
SOC:	Standards of Care
SS:	State Services

**Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area** (Quality Improvement Committee approved 03-19-19)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
<b>Section I: Procurement/Request for Proposals Process</b>			
<ul style="list-style-type: none"> <li>To assess the timeliness of the AA in authorizing contracted agencies to provide services</li> </ul>	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	Part A/MAI: (1) NGA; and (2) Commissioner's Court Agendas  Part B/SS: (1) DSHS Contract Face Sheet; and (2) Contract Tracking Sheet
<ul style="list-style-type: none"> <li>To assess the timeliness of the AA in procuring funds to contracted agencies to provide services</li> </ul>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	b) What percentage of the grant award was procured by the: <input type="checkbox"/> 1 <sup>st</sup> quarter? <input type="checkbox"/> 2 <sup>nd</sup> quarter? <input type="checkbox"/> 3 <sup>rd</sup> quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC
<ul style="list-style-type: none"> <li>To assess if the AA awarded funds to service categories as designed by the PC</li> </ul>	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	c) Did the awarding of funds in specific categories match the allocations established by the PC at the: <input type="checkbox"/> 1 <sup>st</sup> quarter? <input type="checkbox"/> 2 <sup>nd</sup> quarter? <input type="checkbox"/> 3 <sup>rd</sup> quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC  Final PC Allocations Worksheet
<ul style="list-style-type: none"> <li>To assess if the AAs make potential bidders aware of the grant award process</li> </ul>	Confirmation of communication by the AAs to potential bidders specific to the grant award process	d) Does the AA have a grant award process which: <input type="checkbox"/> Provides bidders with information on applying for grants? <input type="checkbox"/> Offers a bidder's conference?	RFP  Courtesy Notices for Pre-Bid Conferences
<ul style="list-style-type: none"> <li>To assess if the AAs are requesting bids for service category definitions approved by the PC</li> </ul>	Confirmation of communication by the AAs to potential bidders specific to PC products	e) Does the RFP incorporate service category definitions that are consistent with those defined by the PC?	RFP
<ul style="list-style-type: none"> <li>To assess if the AAs are procuring funds in alignment with allocations</li> </ul>	Comparison of final amounts procured and total amounts allocated in each service category	f) At the end of the award process, were there still unobligated funds?	Year-end FY Procurement Reports provided by AA to PC
<ul style="list-style-type: none"> <li>To assess if the AAs are dispersing all available funds for services and, if not, are unspent funds within the limits allowed by the funder</li> </ul>	Review of final spending amounts for each service category	g) At the end of the year, were there unspent funds? If so, in which service categories?	Year-end FY Procurement Reports provided by AA to PC

**Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area** (Quality Improvement Committee approved 03-19-19)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
<b>Section I: Procurement/Request for Proposals Process (con't)</b>			
<ul style="list-style-type: none"> <li>To assess if the AAs are making the PC aware of the procurement process</li> </ul>	Confirmation of communication by the AAs to the PC specific to procurement results	h) Does the AA have a method of communicating back to the PC the results of the procurement process?	MOU  PC Agendas
<b>Section II: Reimbursement Process</b>			
<ul style="list-style-type: none"> <li>To assess the timeliness of the AA in reimbursing contracted agencies for services provided</li> </ul>	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	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?  b) What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice: <input type="checkbox"/> Within 20 days? <input type="checkbox"/> Within 35 days? <input type="checkbox"/> Within 50 days?	Annual Contractor Reimbursement Report
<b>Section III: Contract Monitoring Process</b>			
<ul style="list-style-type: none"> <li>To assess if the AA is monitoring adherence by contracted agencies to PC quality standards</li> </ul>	Confirmation of use of adopted SOC in contract monitoring activities	a) Does the AA use the SOC as part of the contract monitoring process?	RFP  Policy and Procedure for Performing Site Visits  Quality Management Plan

# Operations Committee Report



LIST OF COUNCIL MEMBERS WHO HAVE NOT SUBMITTED THEIR  
OPEN MEETINGS ACT TRAINING CERTIFICATE

(as of 03-22-19)

NAME	Certificate in Chart	Missing Certificate
Bruce Turner, Chair	X	
John Poole, Vice Chair	X	
Tana Pradia, Secretary	X	
Veronica Ardoin	X	
Ted Artiaga	X	
Connie L. Barnes	X	
Rosalind Belcher	X	
Tony Crawford	X	
Bobby Cruz	X	
Johnny Deal	X	
Ronnie Galley	X	
Ahmier Gibson		X
Gregory Hamilton		X
Angela F. Hawkins	X	
Allison Hersterman	X	
Dawn Jenkins	X	
Arlene Johnson	X	
Daphne L. Jones	X	
J. Hoxi Jones	X	
Mel Joseph	X	
Denis Kelly	X	
Peta-gay Ledbetter	X	
Tom Lindstrom	X	
Holly McLean	X	
Rodney Mills	X	
Allen Murray	X	
Robert Noble	X	
Matilda Padilla	X	
Shital Patel	X	
Faye Robinson		X
Pete Rodriguez	X	
Imran Shaikh	X	
Gloria Sierra	X	
Crystal Starr	X	
Carol Suazo	X	
Isis Torrente	X	

## EMAILS REGARDING THE OPEN MEETINGS ACT (OMA)

**From:** "Oltrogge,Kymberly (HHSC)" <[Kymberly.Oltrogge@hhsc.state.tx.us](mailto:Kymberly.Oltrogge@hhsc.state.tx.us)>  
**Date:** March 1, 2019 at 11:55:43 AM CST  
**To:** Bruce Turner <[cbru49@gmail.com](mailto:cbru49@gmail.com)>  
**Subject:** RE: Oma

Yes, we are both correct. The OMA itself requires training only once per lifetime. It is HHS's policy, however, that our committee members are trained every five years.

Let me know if you have other questions.

Kym Oltrogge  
Associate Director  
Policy Department | Office of Chief Counsel  
Health and Human Services Commission  
4900 North Lamar Blvd. | Mail Code 1100  
Austin, Texas 78751  
Office : 512-424-6513  
Fax: 512-424-6586  
Website: [hhs.texas.gov](http://hhs.texas.gov)

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-----Original Message-----

**From:** Bruce Turner [<mailto:cbru49@gmail.com>]  
**Sent:** Friday, March 01, 2019 11:54 AM  
**To:** Oltrogge,Kymberly (HHSC) <[Kymberly.Oltrogge@hhsc.state.tx.us](mailto:Kymberly.Oltrogge@hhsc.state.tx.us)>  
**Subject:** Oma

Recently you gave a OMA training to the THMAC, when asked you replied that it was required every five years. Locally we had a lawyer do a presentation and said it is only required once in a lifetime. Is there something in writing to resolve the difference? Thank you. Bruce Turner

## **Williams, Victoria (County Judge's Office)**

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**From:** Venita Ray <venita\_ray@yahoo.com>  
**Sent:** Monday, February 18, 2019 8:29 PM  
**To:** Williams, Victoria (County Judge's Office)  
**Subject:** Texas OMA Training Requirements

Hi Tori. I could not find any language that states that the training needs to be taken every 5 years. I am not sure where Bruce got that information. So, I do not agree that the training must be taken every 5 years. So let me know if he provides any proof.

Good luck.

Venita

**FYI**

**SAVE** *the* **DATE**

**ETHIOPIAN COMMUNITY  
HEALTH FAIR**

**APRIL 27, 2019 | 10AM**

**401 PRESENT ST. | MISSOURI CITY | TEXAS 77489**

**SERVICES OFFERED INCLUDE THE FOLLOWING:**

- Blood pressure screening • Body Mass Index (BMI) • Blood glucose screening
  - Kidney function • Women's health program information • Immunization
- HIV, Hepatitis B and C screening • Dental hygiene information • Vision Screening
  - Nutritional information • Childhood development resources
  - Mental Health Awareness Information • Cancer Screening
  - Information/resource regarding access to health coverage

For more information, visit  
[www.ecohouston.org](http://www.ecohouston.org)

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MEDICAL • DENTAL • MENTAL HEALTH



**KEN R. DeMERCHANT**  
Fort Bend County Commissioner  
Precinct 4