HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
<<>>
STEERING COMMITTEE

AGENDA

12 noon, Thursday, September 5, 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 — Daphne L. Jones, Chair

Item: FY 2020 EIIHA Target Populations
Recommended Action: FYI: The EIIHA Workgroup met on July 30, 2019 to select the FY2020 EIIHA target populations for inclusion in the Ryan White Part A grant application. Please see the attached target populations criteria worksheet and the target populations selection matrix. This information was distributed broadly along with instructions on how to submit public comment. On August 8, 2019, the Comprehensive HIV Planning Committee approved the attached motions from the EIIHA Workgroup.

Item: Epidemiological Profile
Recommended Action: FYI: The Committee reviewed and offered content feedback on drafts of Chapter 3 (Vulnerability to HIV in the Houston Area) and Chapter 4 (HIV Service Utilization in the Houston Area).

Item: Needs Assessment Progress
Recommended Action: FYI: As of 8/22/20, 509 valid surveys have been collected. This is 87% of the minimum target sample size.

B. Affected Community Committee — Rodney Mills and Isis Torrente, Co-Chairs

Item: Training: Standards of Care and Performance Measures
Recommended Action: FYI: The Committee received a copy of the training on Standards of Care and Performance Measures. Most had already been trained at the Quality Improvement or other committee meeting.

Item: 2019 Workgroup Meetings for FY 2020 Standards of Care and Performance Measures
Recommended Action: FYI: The 2019 workgroup meetings to provide input into the FY 2020 Standards of Care and Performance Measures are scheduled for the following dates:

- 12 noon, Mon. Sept. 23, 2019 – Consumer-Only Workgroup Meeting
- 2 pm, Mon. Oct. 7, 2019 – Community Workgroup Meeting

Item: Training: *What is the Difference? Telehealth vs. Telemedicine*
Recommended Action: FYI: See the attached training materials for *What is the Difference? Telehealth vs. Telemedicine.*

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. Heartfelt thanks go to those who greet our guests as they arrive and help them feel comfortable at our meetings.

C. Quality Improvement Committee — Denis Kelly and Gloria Sierra, Co-Chairs

Item: Training: *What is the Difference? Telehealth vs. Telemedicine*
Recommended Action: FYI: The Quality Improvement Committee also received training on *What is the Difference? Telehealth vs. Telemedicine.* **And**, please see attached memo from Nancy Miertschin at Harris Health System regarding HRSA's Position Statement on Telehealth & Telemedicine as Applied to the Practice of Infectious Disease.

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

- FY19 Procurement Report – Part A & MAI, dated 08/07/19
- FY19 Service Utilization Report – Part A & MAI, as of 05/31/19

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

- FY 2019/20 Procurement Report Part B – dated 07/24/19
- FY 2018/19 Procurement Report DSHS** SS – dated 07/24/19
- FY 2019/20 RW Part B Service Utilization – dated 07/31/19
- FY 2018/19 DSHS Service Utilization – dated 07/31/19
- FY 2018/19 Health Insurance Program Report – dated 07/29/19

Item: Assessment of the Administrative Mechanism – Part A/MAI
Recommended Action: **Motion:** Approve the attached *FY 2018 Assessment of the Administrative Mechanism for Part A and Minority AIDS Initiative (MAI)*. No corrective action required.

Item: Quarterly Committee Report
Recommended Action: FYI: See the attached Quarterly Committee Report.

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

E. Operations Committee — Ronnie Galley and Allen Murray, Co-Chairs
No report.

IV. Report from Ryan White 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

* *Minority AIDS Initiative funding (MAI)*
** *Texas Department of Health Services State Services funding*

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

MINUTES

12 noon, Thursday, August 1, 2019
2223 W. Loop South, Suite 240; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
C. Bruce Turner, Chair	John Poole, excused	*Ryan White Grant Administration*
Tana Pradia, Secretary	Gloria Sierra, excused	Carin Martin
Rodney Mills		Samantha Bowen
Isis Torrente		
Daphne L. Jones		*The Resource Group*
Ronnie Galley		Sha'Terra Johnson-Fairley
Allen Murray		
Bobby Cruz		*Office of Support*
Peta-gay Ledbetter		Tori Williams
Denis Kelly		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 said that on July 15, 2019 the director of the CDC was in Houston to discuss funding for the national plan to end HIV. Also, Tracy Wilson, an activist and Council member from the year 2000 until 2005, passed away recently. He left the Council a computer and a printer in his will. Turner and Williams are working with the executor of his estate to arrange receipt of this kind gift. The Project LEAP graduation on July 24th was heartfelt and well attended. Turner thanked those who helped host the event. He said that he has appointed several 2019 Project LEAP graduates to serve as external committee members. Please help these recent graduates feel welcome as it can be challenging to be thrown into our complicated processes in the middle of the year. Turner then called for a Moment of Reflection.

Adoption of the Agenda: ***Motion #1:*** *it was moved and seconded (Galley, Ledbetter) to adopt the agenda.* **Motion Carried Unanimously.**

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Kelly, Ledbetter) to approve the July 3, 2019 minutes.* **Motion Carried.** Abstention: Kelly, Ledbetter.

Those selected to represent their committee at today's meeting were: Torrente for Affected Community, Jones for Comprehensive HIV Planning, Murray for Operations, and Cruz for Priority and Allocations.

Public Comment and Announcements: See attached.

Reports from Committees

Comprehensive HIV Planning Committee: Daphne L. Jones, Chair, reported on the following:
Needs Assessment Progress: As of 7/25, 304 valid surveys have been collected. This is 52% of the minimum target sample size. Harbolt said that as of yesterday, 374 surveys have been completed which is 62-63% of the minimum sample size.

Affected Community Committee: Rodney Mills, Co-Chair, reported on the following:
Joint Meeting with the Project LEAP Advisory Committee: The Affected Community Committee met with members of the Project LEAP Advisory Committee in order to prepare for the Project LEAP graduation on July 24, 2019.

Public Hearing for the 2020 Priorities and Allocations: On Monday, July 1, 2019, the Affected Community Committee hosted a televised public hearing to announce the proposed FY 2020 service priorities and allocations for Ryan White Part A, Minority AIDS Initiative, Part B and State Services funding.

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

Quality Improvement Committee: No report.

Priority and Allocations Committee: Bobby Cruz, Co-Chair, reported on the following:
Reports from the Administrative Agent – Part A/Minority AIDS Initiative (MAI): See the attached report:

- FY19 Procurement – Part A & MAI, dated 07/25/19

Reports from Administrative Agent – Part B/State Services: See the attached email regarding the status of State Services and Ryan White Part B funds.

FY 2020 Ryan White Part A Increase Funding Scenario: ***Motion #3:*** *Regarding the Increase Funding Scenario for Ryan White Part A Funding:*

Step 1: Allocate the first $200,000 to the Pay for Performance pilot program in Primary Care (category 1).
Step 2: Allocate next $300,000 to Health Insurance Assistance Program (category 5).
Step 3: Any remaining increase in funds following application of Steps 1 & 2 will be allocated by the Ryan White Planning Council. **Motion Carried.**

July 2019 Reallocations for Ryan White Part A & MAI Funds: ***Motion #4:*** *Approve the attached July 2019 Reallocation of Ryan White Part A and Minority AIDS Initiative funds.* **Motion Carried.**

Quarterly Committee Report: See the attached Quarterly Committee Report.

Operations Committee: No report.

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, summarized the attached report.

Announcements: None.

Adjournment: The meeting adjourned at 12:27 p.m.

Submitted by: Approved by:

Tori Williams, Director Date Committee Chair Date

2019 Steering Committee Voting Record for Meeting Date 08/01/19

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** Agenda **Carried**				**Motion #2** July 3, 2019 Minutes **Carried**				**Motion #3** Part A Increase funding scenario **Carried**				**Motion #4** July 2019 Reallocations for Part A and MAI **Carried**			
	Absent	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**	**Absent**	**Yes**	**No**	**Abstain**
C. Bruce Turner, Chair				**C**				**C**				**C**				**C**
Tana Pradia, Secretary		**X**				**X**				**X**				**X**		
Isis Torrente, Aff		**X**				**X**				**X**				**X**		
Daphne L. Jones, Comp		**X**				**X**						**X**				**X**
Ronnie Galley, Op		**X**				**X**				**X**				**X**		
Peta-gay Ledbetter, PA		**X**						**X**		**X**				**X**		
Denis Kelly, QI		**X**						**X**				**X**				**X**
Non-voting members at the meeting:																
Rodney Mills, Aff																
Allen Murray, Op																
Bobby Cruz, PA																
Absent members:																
John Poole, Vice Chair																
Gloria Sierra, QI																

Comprehensive HIV Planning Committee Report

EIIHA WG Approved – 07/30/19

Fiscal Year 2020
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Criteria Worksheet

Type of Data	Possible Criterion	Definition	Suggested Thresholds	Selected
Epidemiological	**1. HIV diagnosis rate***	Number of new diagnoses of HIV disease within the population after accounting for population size (per 100,000)	Rate > EMA rate	✓
	2. HIV prevalence rate	Number of HIV diagnosed people within the population after accounting for population size (per 100,000)	Rate > EMA rate	
	3. Unaware estimates*	Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%)	Comprises largest # of status-unaware within demographic category	✓
Care Continuum	**4. Linked proportion***	Percent of population that was linked to HIV medical care within **3 months**** of diagnosis	% < EMA %	✓
	5. Unmet need/out of care proportion*	Percent of diagnosed persons in the population with no evidence of HIV medical care in the previous 12 months per HRSA definition	% > EMA %	✓
Planning	**6. Special populations***	Population is designated as a "special population" in the Comprehensive HIV Plan	Yes/No	✓
	7. FY19 EIIHA Target Group*	Population was included in the FY19 EIIHA Matrix as a Target Group	Yes/No	✓
Other	**8. Late diagnosis***	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of initial HIV diagnosis	% > EMA %	✓

*Criteria used in selection of FY 2019 EIIHA target populations

**Linkage within 1 month not available by population

Fiscal Year 2020
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Selection Matrix

EIIHA WG APPROVED – 7/30/19

■ = meets criteria

	1. HIV Diagnosis Rate	3. Undiagnosed Estimate	4. Linked Proportion	5. Unmet Need / Out of Care Proportion	6. Special Populations	7. FY19 EIIHA Target Group	8. Late Diagnosis	Total # Criteria
Houston EMA	20.0	6,625	80%	25%	--	--	22%	7
Sex								
Male	32.6	4,971	80%	25%	Y	Y	22%	4
Female	7.6	1,654	81%	23%	Y	Y	23%	3
Race/Ethnicity								
White	6.7	1,249	84%	22%	N	N	21%	0
Black / African American	53.1	3,246	77%	26%	Y	Y	19%	6
Hispanic	19.4	1,860	83%	25%	Y	Y	27%	3
Other	4.8	91	69%	28%	N	N	22%	2
Multi-race	--	178	91%	15%	Y	N	16%	1
Age								
0 - 1	0.0	0	--	---	N	N	--	0
2 - 12	0.1	14	100%	9%	N	N	--	0
13 - 24	27.3	289	79%	22%	Y	N	9%	3
25 - 34	49.3	1,347	78%	24%	N	Y	20%	3
35 - 44	27.3	1,557	82%	26%	N	Y	30%	4
45 - 54	20.4	1,795	84%	24%	Y	Y	34%	6
55-64 (55-64 in 2017)	11.1	1,217	86%	24%	Y	Y	34%	3
65+ (new in 2017)	2.3	406	76%	31%	Y	Y	30%	5
Risk Category								
Male-Male Sexual Contact	[d]	3787	79%	24%	Y	Y	19%	4
PWIDU	[d]	556	72%	28%	Y	N	33%	4
MSM/PWIDU	[d]	258	83%	24%	Y	N	23%	1
Sex with Female/Sex with Male	[d]	1,940	83%	25%	Y	N	28%	2
Perinatal	[d]	81	100%	28%	N	N	--	1
Adult other risk	[d]	4	--	28%	N	N	--	1

Notes	1. **HIV Diagnosis Rate**	**3. Undiagnosed Estimate**	**4. Linked Proportion**	**5. Unmet Need / Out of Care Proportion**	**6. Special Populations**	**7. FY19 EIIHA Target Group**	**8. Late Diagnosis**
Definition of selection criterion	Number of new diagnoses of HIV within a population while accounting for population size (rate is the number of new HIV cases per 100,000 population)	Number of people in each population group estimated to be living with HIV and unaware of their status using the CDC estimate (19.0%)	Percent of newly diagnosed individuals linked to HIV medical care within 3 months of diagnosis	Percent of diagnosed people living with HIV with no evidence of HIV medical care in the previous 12 months per HRSA definition	Population is designated as a "special population" in the Comprehensive HIV Plan	Population was included in the FY19 EIIHA Matrix	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of HIV diagnosis. **Denominator is new diagnoses ONLY.**
Threshold for prioritization	Rate > EMA rate	Comprises largest # of status-unaware within demographic category	% < EMA %	% > EMA %	Yes/No	Yes/No	% > EMA %
Data source	DSHS, New diagnoses 2017. Released 7/23/18	DSHS, HIV Undiagnosed 2017. Released 7/20/18	DSHS, Linkage to care 2017. Released 7/20/18	DSHS, Unmet need 2017. Released 7/20/18	2017 Comprehensive Plan Special Populations	FY19 Houston EMA EIIHA Target Populations, approved by the Comprehensive HIV Planning Committee on 7/30/18	DSHS, Late Diagnosis by population 2016. Released 7/20/18
Explanations and additional background	Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	Estimates have been extrapolated using a national approximation of status unaware. No local estimates are available.	Linked proportion not available for risk category Adult other	Unmet need proportion numerator for age range 0-1 was 1 individual	--	Target Groups for FY19 EIIHA Plan were: • African Americans • Hispanics/Latinos age 25 and over • Men who have Sex with Men (MSM)	Late diagnosis proportion not available for age range 0-1; risk category Adult Other There were no late diagnoses observed among age range 2 – 12.

EIIHA Workgroup Motions
FY 2020 EIIHA Target Populations – 07/30/2019

The EIIHA Workgroup met on July 30, 2019. Participants included representatives from prevention and care, community members, and consumers. The Workgroup reviewed the FY 2020 guidance from HRSA, adopted selection criteria, and selected the FY 2020 target populations.

Item: FY 2020 EIIHA Plan Target Populations
Recommended Action: **FYI: (Committee provided final approval):** Approve the following target populations for the FY 2020 EIIHA Plan:

1. African Americans
2. Hispanics/Latinos age 25 and over
3. Men who have Sex with Men (MSM)

Office of Support is to include information on late diagnoses, along with HIV and aging, in the EIIHA section of the HRSA application.

Recommended Action: **FYI: (Committee provided final approval):** Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data fails to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24.

The Comprehensive HIV Planning Committee will meet on Thursday, August 8, 2019 at 2:00 p.m., located at 2223 West Loop South, Room 532, Houston, TX 77027, to review and approve the FY 2020 EIIHA Plan target populations.

All are welcome to provide public comment at the August 8th Comprehensive HIV Planning Committee meeting at 2:00 p.m. Those unable to attend are encouraged to provide input via phone, email or fax to Amber Harbolt no later than Wednesday, August 7, 2019 at 9:00 a.m. Those submitting input via email or fax are encouraged to call to confirm receipt.

Input can be submitted via:

Phone: (832) 927-7926
Email: amber.harbolt@cjo.hctx.net
Fax: (713) 572-3740

Thank you very much, and we look forward to receiving your input!

Amber Harbolt, Health Planner
Ryan White Planning Council
Office of Support

2019 Houston Area HIV Needs Assessment Group (NAG)
Analysis Workgroup

Principles for the FY 2019 Needs Assessment Analysis

(Approved by the NAG on 08-19-19)

1. Needs assessment is an ongoing process of collecting and analyzing information about the needs of PLWH from a variety of data sources in order to provide a sound information base for HIV services planning and decision making in the EMA/HSDA.
2. Primary data collected directly from PLWH ("consumer survey") are the Planning Council's principal source of information on what services are needed, what barriers to services exist, and what conditions are experienced that may influence services. Focus groups provide context to help interpret findings from the survey.
3. Results from the consumer survey and focus groups should have meaningful use for the Planning Council; therefore, analytics performed on the data will be prioritized for the following purposes:
    a) Reviewing service definitions (*How to Best Meet the Need*)
    b) Analyzing needs by a specific PLWH population group, risk factor, geographic area, or other characteristic, and determining if there is a need to target services
    c) Setting priorities for the allocation of funds
    d) Evaluation and monitoring of the comprehensive plan
    e) Determining the need for special studies of service gaps or PLWH subpopulations
    f) In response to specific data requests made by the Planning Council or its Committees
    g) Use by specific Ryan White Parts, providers, or other partners to assess services
4. Results should be presented in a format and with a level of detail that is understandable and useful by individuals of varying technical backgrounds and familiarity with data.
5. Results should produce information about documented need for services as well as emerging need for services using a social determinants framework.
6. Though sampling methods and quality control measures have been applied to survey data, limitations to the data and data analysis will exist. However, data collected through this process represent the most current and comprehensive primary data source on PLWH needs in the EMA/HSDA. Other data sources should be used to provide context for and to better understand the results.
7. Per HRSA guidance, a comprehensive consumer survey should be administered only every three years in order to avoid "survey fatigue." As such, survey results will be used in Planning Council activities for the subsequent three year period. Other sources of needs assessment data, such as epidemiologic data and unmet need estimates, will be produced during interim years of the cycle.

Affected Community Committee Report

WHAT'S THE DIFFERENCE?

PRESENTED TO RYAN WHITE PLANNING COUNCIL COMMITTEE

COMPARING AND CONTRASTING TELEHEALTH AND TELEMEDICINE

Presented by Daphne L. Jones

July 2019

HOUSTON HEALTH DEPARTMENT

A QUICK OVERVIEW

HOUSTON HEALTH DEPARTMENT

3

To learn the difference between telehealth and telemedicine in an effort to better educate and serve our community.

TELEHEALTH DEFINED

HOUSTON HEALTH DEPARTMENT

4

Telehealth: the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage personal health care. These may be technologies you use from home or that your doctor uses to improve or support health care services. [1]

TELEHEALTH

HOUSTON HEALTH DEPARTMENT

5

Examples of Telehealth

Patient Portal – electronic medium where patients can communicate with staff, access information, and complete other necessary tasks

Virtual Appointments – being treated by a provider remotely with use of an electronic device

Doctors Networking with Doctors – inclusion of a specialist or third party with virtual appointment

Personal Health Records – protected storage of a client's medical history

Personal Health Applications – electronic programs that assist users with medical care

TELEMEDICINE DEFINED

HOUSTON HEALTH DEPARTMENT

6

Telemedicine (also referred to as "telehealth" or "e-health") allows health care professionals to evaluate, diagnose, and treat patients in remote locations using telecommunications technology. [2]

TELEMEDICINE

HOUSTON HEALTH DEPARTMENT

7

Remember This?

Virtual Appointments – being treated by a provider remotely with use of an electronic device

Telemedicine is one segment of telehealth and focuses on the direct care between patient and provider.

There may be occasions in which more than one provider is providing care directly.

COMPARE AND CONTRAST

HOUSTON HEALTH DEPARTMENT

8

Telehealth

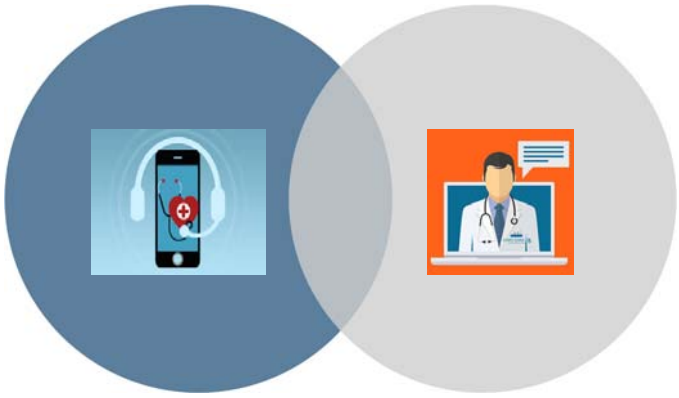
Uses multiple electronic mediums and supports

Has interactive and adaptable access for client

Heightened personal responsibility

Inclusive of care beyond visit

Technology knowledge needed



Telemedicine

One part of Telehealth

Focus on direct care access

Minimal personal responsibility

Emphasis on virtual visit

Technology accessibility needed

DISCUSSION TIME

HOUSTON HEALTH DEPARTMENT

Now that we have put it all together, are there any missing pieces?

WORKS CITED PAGE

HOUSTON HEALTH DEPARTMENT

1. "Telehealth:Technology meets health care." *MAYOCLINIC,* 16 Aug. 2017, https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/telehealth/art-20044878

2. "Telemedicine Defined." *AMD Global Telemedicine,* 2018, https://www.amdtelemedicine.com/telemedicine-resources/telemedicine-defined.html

THANK YOU!

HOUSTON HEALTH DEPARTMENT

Affected Community Committee
2019 Community Events (as of 08-22-19)

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 1 pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown 1100 Bagby Street, 77002	**Need 3 volunteers – distribute LEAP flyers:** Tana, Tony and Ronnie
Friday, May 31 10 am – 2 pm	SPRY Senior Health and Resource Fair	Montrose Center	**Need 4 volunteers: PP: Isis**, Rodney, Tana, Ronnie and Eddie G.
Sun. June 2	Long-Term HIV Survivors Event	Neon Boots	**Need 5 Volunteers: PP: Skeet,** Tana, Tony, Ronnie and Johnny
June 22	Pride Festival	Downtown near City Hall	Shift 1 (11:30 am-2 pm): **PP: Rod**, Tana, Skeet & Ronnie Shift 2 (2-4:30 pm): Tana, Holly & Veronica Shift 3 (4:30-7 pm): **PP: Isis,** Johnny and maybe Tony
Monday, July 8 5 – 7 pm	Camino hacia tu Salud	Postive713 Leonel Castillo Community Center	**Need 6 Volunteers: PP: Rod,** Isis, Tana, Skeet, Ronnie, Johnny, Tony, and Rodney
12 noon, Wed. Aug. 7 11:30 am, Wed. Aug. 21	Road 2 Success 1.) Case Mgrs. 2.) Consumers	AIDS Foundation Houston	**Need 6 Volunteers: PP: Tori & Rod**, Rodney, Isis, Ronnie and Mel **Need 6 Volunteers: PP: Tori & Rod,** Isis, Rodney, Tana, and Ronnie
12 noon, Thurs. Aug. 22	Road 2 Success	Thomas Street Health Center	**Need 6 Volunteers: PP: Rod,** Lionel, Skeet, Ronnie, Tana, Veronica and Isis
Sat, Oct. 12 2 pm set up	The Forgotten Population A Heterosexual Experience	18215 Ammi Trail Houston, 77060	**Need 4 Volunteers: PP: Skeet,** Veria, Ronnie, Tana.
Monday, October 14 5 – 7 pm	Camino hacia tu Salud	Positive713 Leonel Castillo Community Center 2101 South Street, 77009	**Need 6 Volunteers: PP: Rod,** Tana, Isis, Skeet, Ronnie and Johnny
October	MISS UTOPIA	**NOTE CHANGE OF VENUE IN 2018** **CROWNE PLAZA HOUSTON** **(Near Reliant - Medical)** **8686 Kirby Drive** **Houston, Texas 77054**	**4 Volunteers: PP: Possibly Rod** DISTRIBUTE LEAP FLYERS
November or December	Road 2 Success		**Need 6 Volunteers: PP: Rod,**
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: 08-22-19)

2019 Meeting Dates (**Please arrive at 11:45 a.m.** Unless otherwise noted, the meetings are held at 2223 W. Loop South)	**Greeter #1** External Member	**Greeter #2**	**Greeter #3**
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	Skeet	Veronica	Holly
Thurs. August 8	Skeet	Johnny	Ronnie
Thurs. September 12	Skeet	Veronica	Holly
Thurs. October 10	Skeet	Tana	Ronnie
Thurs. November 14 External Committee Member Appreciation	Lionel	Tana	Ronnie
Thurs. December 12	Lionel	Veronica	Ronnie

Quality Improvement Committee Report

HARRISHEALTH SYSTEM

Secured Message Reply ReplyAll Forward

From:	Miertschin, Nancy <Nancy.Miertschin@harrishealth.org>
To:	"Jenkins, Dawn" <Dawn.Jenkins@harrishealth.org>, "Giordano, \ Thomas" <Thomas.Giordano@harrishealth.org>, "Carey, \ Jennifer Haejin Kim" <Jennifer.Carey@harrishealth.org>, "Ruggerio, \ Michael Christopher" <Michael.Ruggerio@harrishealth.org>, "Martin, \ Carin (PHES)" <cmartin@hcphes.org>, "Williams, \ Victoria (County Judge's Office)" <Victoria.Williams@cjo.hctx.net>
Date:	07/16/2019 08:58:56 PM
Subject:	FW: IDSA Position Statement on Telehealth and Telemedicine as Applied to the Practice of Infectious Diseases
Attachments:	Infectious Diseases Society of America Position Statement on Use of Telehealth and Telemedicine May 2019.pdf

I received this today from HRSA. Thought it might be of interest.

From: Brisueno, Ralph (HRSA) [mailto:RBrisueno@hrsa.gov]
Sent: Tuesday, July 16, 2019 7:19 AM
Cc: Glasser, Gail (HRSA)
Subject: IDSA Position Statement on Telehealth and Telemedicine as Applied to the Practice of Infectious Diseases

Please share among Ryan White Program administrators and clinical staff

Reference: Infectious Diseases Society of America Position Statement on Telehealth and Telemedicine as Applied to the Practice of Infectious Diseases

The Infectious Diseases Society of America (IDSA) supports the appropriate use of technologies to provide evidence-based, cost-effective, subspecialty care to resource-limited populations; manage persons with chronic infectious diseases; deliver consultative care across diverse settings; perform outpatient parenteral antimicrobial therapy (OPAT) duties; conduct research; manage antimicrobial stewardship programs (ASP); and implement infection prevention and control (IPC) measures. The purpose of this position statement is to educate IDSA members on the use of telehealth and to promote the use of such technologies in clinical care, research, and education.

The IDSA supports the use of telemedicine for human immunodeficiency virus (HIV) care. Studies have shown improved adherence to antiretroviral therapy and more favorable clinical outcomes when clinicians with experience and formal training in HIV management are involved in care. Clinician expertise can improve outcomes and decrease the risk of toxicities, side effects, and drug-drug interactions. Compared to on-site management by generalists, subspecialty care using synchronous telemedicine in a large prison system improved adherence and virologic suppression and resulted in a greater rise in CD4+ T-cell counts, which are outcomes associated with

reductions in morbidity, mortality, and transmission. Such programs may prove beneficial in other resource-lim ited settings and enhance care coordination. Studies in the developing world have shown improved antiretrovir al therapy adherence with mHealth interventions, such as text message reminders and adherence monitoring. The IDSA anticipates great advances, especially in the realm of reliable, device-enabled tools, for the transfer a nd analysis of
clinical data and timely patient communication.

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

FY 2019 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,783,470**	**0**	**0**	**0**	**0**	**9,783,470**	**44.34%**	**9,783,470**	**0**		**2,193,127**	**22%**	**33%**
1.a	Primary Care - Public Clinic (a)	3,591,064	0	0	0		3,591,064	16.27%	3,591,064	0	3/1/2019	$539,566	15%	33%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	0	0		940,447	4.26%	940,447	0	3/1/2019	$323,399	34%	33%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	0	0		786,424	3.56%	786,424	0	3/1/2019	$367,330	47%	33%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,023,797	0	0	0		1,023,797	4.64%	1,023,797	0	3/1/2019	$222,154	22%	33%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761	0	0	0		1,149,761	5.21%	1,149,761	0	3/1/2019	$335,554	29%	33%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540	0	0			1,874,540	8.50%	1,874,540	0	3/1/2019	$273,673	15%	33%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2019	$2,400	16%	33%
1.h	Vision	402,000	0	0	0		402,000	1.82%	402,000	0	3/1/2019	$129,050	32%	33%
2	**Medical Case Management**	**2,535,802**	**0**	**0**	**0**	**0**	**2,535,802**	**11.49%**	**2,535,802**	**0**		**483,377**	**19%**	**33%**
2.a	Clinical Case Management	488,656	0	0	0		488,656	2.21%	488,656	0	3/1/2019	$159,018	33%	33%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.19%	482,722	0	3/1/2019	$31,958	7%	33%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0		321,070	1.46%	321,070	0	3/1/2019	$86,175	27%	33%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0		321,072	1.46%	321,072	0	3/1/2019	$32,272	10%	33%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0		107,247	0.49%	107,247	0	3/1/2019	$32,757	31%	33%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.58%	348,760	0	3/1/2019	$74,559	21%	33%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.82%	180,311	0	3/1/2019	$19,416	11%	33%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.73%	160,051	0	3/1/2019	$15,017	9%	33%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.36%	80,025	0	3/1/2019	$26,119	33%	33%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2019	$6,087	13%	33%
3	**Local Pharmacy Assistance Program (a) (e)**	**2,657,166**	**500,000**	**0**	**0**	**0**	**3,157,166**	**14.31%**	**3,157,166**	**0**	3/1/2019	**$356,049**	**11%**	**33%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.75%**	**166,404**	**0**	3/1/2019	**55,650**	**33%**	**33%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.75%	166,404	0	3/1/2019	$55,650	33%	33%
5	**Mental Health Services (c)**	0	0	0	0	0	0	0.00%	0	0	NA	$0	0%	0%
6	**Health Insurance (c)**	**1,173,070**	**166,000**	**0**	**0**	**0**	**1,339,070**	**6.07%**	**1,339,239**	**-169**	3/1/2019	**$448,315**	**33%**	**33%**
7	**Home and Community-Based Services (c)**	0	0	0	0	0	0	0.00%	0	0	NA	$0	0%	0%
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.21%**	**45,677**	**0**	3/1/2019	**$7,794**	**17%**	**33%**
9	**Early Intervention Services (c)**	0	0	0	0	0	0	0.00%	0	0	NA	$0	0%	0%
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.55%**	**341,395**	**0**	3/1/2019	**$107,112**	**31%**	**33%**
11	**Hospice Services**	0	0	0	0	0	0	0.00%	0	0	NA	$0	0%	0%
12	**Outreach Services**	**420,000**	**0**				**420,000**	**1.90%**	**420,000**	**0**	**3/1/2019**	**$62,537**	**15%**	**33%**
13	**Emergency Financial Assistance**	**450,000**	**0**	**0**	**0**	**0**	**450,000**	**2.04%**	**450,000**	**0**	**3/1/2019**	**$101,003**	**22%**	**33%**
14	**Referral for Health Care and Support Services (c)**	0	0	0			0	0.00%	0	0	NA	$0	0%	0%
15	**Non-Medical Case Management**	**1,231,002**	**0**	**0**	**0**	**0**	**1,231,002**	**5.58%**	**1,231,002**	**0**		**336,494**	**27%**	**33%**
15.a	Service Linkage targeted to Youth	110,793	0	0			110,793	0.50%	110,793	0	3/1/2019	$20,985	19%	33%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0		0		100,000	0.45%	100,000	0	3/1/2019	$20,948	21%	33%
15.c	Service Linkage at Public Clinic (a)	427,000	0	0	0		427,000	1.94%	427,000	0	3/1/2019	$86,014	20%	33%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0		593,209	2.69%	593,209	0	3/1/2019	$208,546	35%	33%
16	**Medical Transportation**	**424,911**	**0**	**0**	**0**	**0**	**424,911**	**1.93%**	**424,911**	**0**		**117,152**	**28%**	**33%**
16.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.15%	252,680	0	3/1/2019	$95,368	38%	33%
16.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.44%	97,185	0	3/1/2019	$21,784	22%	33%
16.c	Transportation vouchering (bus passes & gas cards)	75,046	0	0	0		75,046	0.34%	75,046	0	3/1/2019	$0	0%	0%
17	**Linguistic Services (c)**	0	0	0	0	0	0	0.00%	0	0	NA	$0	0%	0%
BES27516	**Total Service Dollars**	**19,228,897**	**666,000**	**0**	**0**	**0**	**19,894,897**	**88.26%**	**19,895,066**	**-169**		**4,268,609**	**21%**	**33%**
	Grant Administration	**1,675,047**	**119,600**	**0**	**0**	**0**	**1,794,647**	**8.13%**	**1,794,647**	**0**	**N/A**	**627,328**	**35%**	**33%**
BES27517	HCPHES/RWGA Section	1,183,084	119,600	0		0	1,302,684	5.90%	1,302,684	0	N/A	$462,731	36%	33%
PC	RWPC Support*	491,963			0	0	491,963	2.23%	491,963	0	N/A	164,598	33%	33%

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

FY 2019 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
DES27521	Quality Management	495,000	-119,600	0	0	0	375,400	1.70%	375,400	0	N/A	$84,702	23%	33%
		21,398,944	666,000	0	0	0	22,064,944	98.10%	22,065,113	-169		4,980,639	23%	33%
								Unallocated	Unobligated					
	Part A Grant Award:	22,065,113	*Carry Over:*	0		*Total Part A:*	22,065,113	169	-169					

	Original Allocation	Award Reconcilation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
Core (must not be less than 75% of total service dollars)	16,702,984	666,000	0	0	0	17,368,984	87.30%	3,651,424	85.54%
Non-Core (may not exceed 25% of total service dollars)	2,525,913	0	0	0	0	2,525,913	12.70%	617,185	14.46%
Total Service Dollars (does not include Admin and QM)	19,228,897	666,000	0	0	0	19,894,897		4,268,609	
Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	119,600	0	0	0	1,794,647	8.13%		
Total QM (must be ≤ 5% of total Part A + MAI)	495,000	-119,600	0	0	0	375,400	1.70%		

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	1,846,845	40,438	0	0	0	1,887,283	85.50%	1,887,283	0		636,625	34%	33%
1.b (MAI)	Primary Care - CBO Targeted to African American	934,693	20,219		0	0	954,912	43.26%	954,912	0	3/1/2019	$403,975	42%	33%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	912,152	20,219		0	0	932,371	42.24%	932,371	0	3/1/2019	$232,650	25%	33%
2	**Medical Case Management**	320,100	0	0	0	0	320,100	14.50%	320,100	0		$82,013	26%	33%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.25%	160,050	0	3/1/2019	$55,053	34%	33%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.25%	160,050	0	3/1/2019	$26,960	17%	33%
	Total MAI Service Funds	2,166,945	40,438	0	0	0	2,207,383	100.00%	2,207,383	0		718,638	33%	33%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
DES 27511	**Total MAI Funds**	2,166,945	40,438	0	0	0	2,207,383	100.00%	2,207,383	0		718,638	33%	33%
	MAI Grant Award	2,207,383	*Carry Over:*	0		*Total MAI:*	2,207,383							
	Combined Part A and MAI Orginial Allocation Total	23,565,889												

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

Prepared by: Ryan White Grant Administration

FY 2019 Ryan White Part A and MAI Service Utilization Report

RW Part A SUR - 1st Quarter (3/1-5/31)																	
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Outpatient/Ambulatory Primary Care (excluding Vision)**	6,467	4,210	73%	27%	41%	15%	3%	41%	0%	0%	4%	24%	27%	14%	28%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,098	69%	31%	47%	10%	2%	41%	0%	0%	2%	15%	26%	16%	37%	4%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	611	65%	35%	100%	0%	0%	0%	0%	0%	6%	39%	28%	11%	14%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	737	84%	16%	0%	0%	0%	100%	0%	1%	8%	30%	31%	13%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	391	87%	13%	0%	85%	15%	0%	0%	1%	4%	28%	21%	18%	27%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	413	70%	30%	42%	25%	1%	31%	0%	0%	7%	31%	27%	12%	21%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	656	0%	100%	58%	7%	2%	33%	0%	0%	1%	11%	29%	19%	35%	5%
1.g	Primary Care - Pediatric (a)	7	4	100%	0%	25%	0%	0%	75%	25%	25%	50%	0%	0%	0%	0%	0%
1.h	Vision	1,600	747	75%	25%	48%	12%	3%	37%	0%	0%	4%	23%	23%	14%	31%	5%
2	**Medical Case Management (f)**	3,075	2,284														
2.a	Clinical Case Management	600	494	80%	20%	53%	15%	2%	31%	0%	1%	3%	29%	24%	9%	30%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	278	96%	4%	67%	8%	2%	23%	0%	0%	1%	31%	22%	13%	30%	3%
2.c	Med CM - Targeted to AA (a)	550	536	69%	31%	100%	0%	0%	0%	0%	0%	6%	36%	26%	11%	18%	2%
2.d	Med CM - Targeted to H/L(a)	550	180	82%	18%	0%	0%	0%	100%	0%	1%	8%	28%	36%	7%	18%	1%
2.e	Med CM - Targeted to White and/or MSM (a)	260	187	84%	16%	0%	92%	8%	0%	0%	0%	2%	22%	18%	20%	35%	4%
2.f	Med CM - Targeted to Rural (a)	150	327	69%	31%	47%	29%	3%	20%	0%	0%	5%	26%	19%	11%	34%	4%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	114	0%	100%	71%	8%	3%	18%	0%	0%	0%	12%	30%	17%	38%	4%
2.h	Med CM - Targeted to Pedi (a)	125	56	59%	41%	70%	5%	2%	23%	55%	34%	11%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	108	94%	6%	71%	20%	1%	7%	0%	0%	0%	0%	5%	3%	61%	31%
2.j	Med CM - Targeted to Youth	120	4	75%	25%	50%	25%	0%	25%	0%	0%	100%	0%	0%	0%	0%	0%
3	**Local Drug Reimbursement Program (a)**	2,845	2,149	77%	23%	46%	15%	2%	37%	0%	0%	4%	25%	27%	16%	26%	2%
4	**Oral Health**	200	162	67%	33%	44%	33%	2%	21%	0%	0%	4%	17%	28%	12%	33%	5%
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	162	67%	33%	44%	33%	2%	21%	0%	0%	4%	17%	28%	12%	33%	5%
5	**Mental Health Services (d)**	NA	NA														
6	**Health Insurance**	1,700	1,101	79%	21%	44%	26%	3%	27%	0%	0%	1%	14%	17%	14%	44%	10%
7	**Home and Community Based Services (d)**	NA	NA														
8	**Substance Abuse Treatment - Outpatient**	40	8	88%	13%	25%	38%	13%	25%	0%	0%	0%	13%	38%	38%	13%	0%
9	**Early Medical Intervention Services (d)**	NA	NA														
10	**Medical Nutritional Therapy/Nutritional Supplements**	650	289	79%	21%	35%	26%	3%	36%	0%	0%	1%	10%	14%	15%	49%	11%
11	**Hospice Services (d)**	NA	NA														
12	**Outreach**	700	180	78%	22%	59%	8%	1%	32%	0%	1%	8%	26%	22%	14%	27%	2%
13	**Non-Medical Case Management**	7,045	2,781														
13.a	Service Linkage Targeted to Youth	320	74	80%	20%	53%	4%	3%	41%	0%	19%	81%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	47	77%	23%	53%	11%	6%	30%	0%	0%	0%	47%	28%	6%	11%	9%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,483	67%	33%	62%	10%	2%	27%	0%	0%	0%	16%	25%	14%	41%	4%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,177	76%	24%	48%	14%	2%	36%	1%	2%	6%	27%	26%	10%	25%	3%
14	**Transportation**	2,850	920														
14.a	Transportation Services - Urban	170	252	67%	33%	61%	10%	3%	26%	0%	1%	3%	31%	23%	14%	25%	3%
14.b	Transportation Services - Rural	130	64	77%	23%	39%	39%	2%	20%	0%	0%	3%	16%	22%	9%	47%	3%
14.c	Transportation vouchering	2,550	604														
15	**Linguistic Services (d)**	NA	NA														
16	**Emergency Financial Assistance (e)**	570	150														
17	**Referral for Health Care - Non Core Service (d)**	NA	NA														
	Net unduplicated clients served - all categories*	12,941	8,774	74%	26%	49%	15%	2%	33%	0%	1%	4%	22%	24%	13%	32%	4%
	Living AIDS cases + estimated Living HIV non-AIDS (from FY 18 App) (b)	NA	28,225	60%	21%	39%	18%	3%	20%	0%	5%		15%	22%	25%	15%	

Prepared by: Ryan White Grant Administration

FY 2019 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report

Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	1,095	72%	28%	99%	0%	1%	0%	0%	1%	7%	36%	25%	11%	19%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	639	85%	15%	0%	0%	0%	100%	0%	1%	7%	27%	35%	13%	16%	2%
2	**Medical Case Management (f)**																
2.c	Med CM - Targeted to AA (a)	1,060	99	64%	36%	52%	14%	4%	30%	0%	2%	4%	40%	26%	12%	13%	2%
2.d	Med CM - Targeted to H/L(a)	960	33	88%	12%	45%	15%	3%	36%	0%	6%	9%	30%	33%	6%	15%	0%

RW Part A New Client Service Utilization Report

Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/18 - 2/28/19)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	**Primary Medical Care**	2,100	446	74%	26%	52%	12%	3%	33%	0%	2%	11%	31%	27%	12%	15%	2%
2	**LPAP**	1,200	99	64%	36%	52%	14%	4%	30%	0%	2%	4%	40%	26%	12%	13%	2%
3.a	Clinical Case Management	400	33	88%	12%	45%	15%	3%	36%	0%	6%	9%	30%	33%	6%	15%	0%
3.b-3.h	Medical Case Management	1,600	270	73%	27%	61%	11%	2%	26%	1%	3%	6%	33%	26%	13%	17%	1%
3.i	Medical Case Manangement - Targeted to Veterans	60	15	100%	0%	60%	33%	7%	0%	0%	0%	0%	0%	13%	0%	47%	40%
4	**Oral Health**	40	7	57%	43%	43%	29%	0%	29%	0%	0%	14%	29%	14%	0%	29%	14%
12.a. 12.c. 12.d.	**Non-Medical Case Management (Service Linkage)**	3,700	558	71%	29%	55%	15%	2%	28%	0%	2%	7%	24%	26%	12%	27%	3%
12.b	**Service Linkage at Testing Sites**	260	36	83%	17%	50%	11%	6%	33%	0%	0%	19%	39%	19%	6%	11%	6%

Footnotes:

(a) Bundled Category

(b) Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.

(d) Funded by Part B and/or State Services

(e) Total MCM served does not include Clinical Case Management

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1920 Ryan White Part B

Procurement Report

April 1, 2019 - March 31, 2020

Reflects spending through June 2019

Spending Target: 25.0%

Revised 7/24/19

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	$2,186,905	65%	$31,973	$2,218,878	$0	$2,218,878	4/1/2019	$513,737	23%
5	Health Insurance Premiums and Cost Sharing (1)	$1,040,351	31%	$0	$1,040,351	$0	$1,040,351	4/1/2019	$0	0%
8	Home and Community Based Health Services	$113,315	3%	$0	$113,315	$0	$113,315	4/1/2019	$28,480	25%
	Increased RWB Award added to OHS per Increase Scenario*	$0	0%	-$31,973	$0					
	Total Houston HSDA	3,340,571	100%	0	3,372,544	$0	$3,372,544		542,217	16%

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

-1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. No expenditures submitted - Focusing on spending State Services 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 June 2019

Spending Target: 83.33%

Revised 7/24/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing**	$979,694	52%	**$142,285**	$1,121,979	$0	$1,121,979	9/1/2018	$1,050,581	94%
6	**Mental Health Services (1)**	$300,000	16%	**$0**	$300,000	-$100,000	$200,000	9/1/2018	$126,373	63%
7	**EIS - Incarcerated**	$166,211	9%	**$0**	$166,211	$0	$166,211	9/1/2018	$133,504	80%
11	**Hospice (2)**	$359,832	19%		$359,832	$0	$359,832	9/1/2018	$187,440	52%
15	**Linguistic Services (3)**	$68,000	4%		$68,000	$0	$68,000	9/1/2018	$26,325	39%
	Increased award amount -Approved by RWPC for Health Insurance (a)	$0	0%	**-$142,285**						
	Total Houston HSDA	**1,873,737**	**100%**	**$0**	$2,016,022	-$100,000	$1,916,022		1,524,223	76%

(1) Mental Health Services are under utilized. Need to reduce for reallocation -

(2) Hospice care has had lower than expected client turn out and agency has other grant funding. TRG will reduce contract for reallocations - amount TBD.

(3) Linguistic is one month behind on reporting due to slow invoicing by provider, additionally there has been lower than expected client turn out.

(a) Reflect increase in State Services award and RWPC approval of increasing HIP category

2018 - 2019 DSHS State Services Service Utilization Report
9/1/2018 thru 5/31/2019 Houston HSDA
3rd Quarter

Revised 7/31/2019

Funded Service	UDC		Gender				Race				Age Group							
	Goal%	YTD	Male	Female	F-TM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	871	594	85.69%	14.31%	0.00%	0.00%	68.85%	15.99%	13.80%	1.36%	0.00%	1.01%	6.39%	32.66%	23.74%	23.40%	11.95%	0.85%
Health Insurance Premiums	1,600	1,018	82.02%	17.98%	0.00%	0.00%	37.72%	29.37%	29.76%	3.15%	0.00%	0.12%	1.27%	15.42%	19.15%	29.27%	28.09%	6.68%
Hospice	88	26	99.93%	0.07%	0.00%	0.00%	97.20%	2.10%	0.70%	0.00%	0.00%	0.00%	1.00%	1.00%	50.80%	1.00%	46.00%	12.20%
Linguistic Services	150	36	52.78%	47.22%	0.00%	0.00%	50.00%	2.78%	8.33%	38.89%	0.00%	0.00%	2.78%	22.22%	22.22%	41.67%	8.33%	2.78%
Mental Health Services	325	206	90.29%	9.71%	0.00%	0.00%	39.32%	41.26%	17.96%	1.46%	0.00%	0.46%	0.46%	24.27%	16.99%	30.58%	22.33%	4.85%
Unduplicated Clients Served By State Services Funds:	NA	1,839	82.14%	17.86%	0.00%	0.00%	58.62%	18.30%	14.11%	8.97%	0.00%	0.32%	2.00%	19.11%	26.58%	25.18%	21.34%	5.47%

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

Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2018

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

Houston Area
Ryan White HIV/AIDS Program
Assessment of the Administrative Mechanism
Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2018

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Background

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

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

Methodology

In July and August 2018, the approved assessment tool was applied to the administrative mechanism for Part A and MAI funds The approved assessment tool will be applied to the administrative mechanism for Part B and State Services funds in November 2019. The contract periods designated in the tool are:

- Part A and MAI: March 1, 2018 – February 28, 2019 (FY18)
- Part B: April 1, 2018 –March 31, 2019 (FY 1819)
- State Services: Most recent completed FY

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

[1]Ryan White Program Manual, Section V, Chapter 1, Page 4
[2]Ibid, Page 7
[3]Ibid, Page 8

Part A and Minority AIDS Initiative (MAI)
Contract Period: March 1, 2018 – February 28, 2019 (FY18)

Summary of Findings

I. Procurement/Request for Proposals Process

a) The Administrative Agent (**AA**) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (**NGA**). As a result of this practice, four days elapsed between receipt of the initial NGA and extension of positions for FY18. Twenty-nine days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers, and there were no lapses in services to consumers.
b) Due to the extensions of Part A and MAI contracts and positions described in (a) above, 100% of the FY18 Part A and MAI grant award was procured to funded service providers by the first day of the contract period (03/01/18).
c) The AA procured funds in FY18 only to Planning Council-approved Service Categories. Moreover, the amounts of funds procured per Service Category at the beginning of the contract period matched Planning Council-approved final allocations for level funding for FY18 following application of the Increase Funding Scenario. During the contract period, the AA applied Planning Council-approved policies for the shifting of funds within Service Categories, including application of the increased funding scenarios for Part A and MAI, billing reconciliations, and receipt of carry-over funds in approved categories.
d) Beginning in FY12, Part A and MAI services could be contracted for up to four years, with Service Categories rotated for bidding every three years. According to this schedule, the only Request for Proposal (RFP) issued in FY18 was for bundled Community-based Comprehensive Outpatient Primary Medical Care including Local Pharmacy Assistance Program (LPAP), Emergency Financial Assistance (EFA) – Pharmacy Assistance, Medical Case Management and Service Linkage Services targeted to Rural under Part A (Supplemental) for FY18 contracts. These Service Categories were competitively bid via a RFP process during the FY18 contract period for service contracts also in FY18.The RFP issued by the AA for these services contains information about the grant application process, which took place via the Harris County Purchasing Agent. The AA also held a pre-proposal conference for the RFP. These steps indicate that the AA maintained a grant award process that provided potential bidders with information on applying for grants through the Purchasing Agent as well as the opportunity to address questions prior to submission.
e) As described in (d) above, the AA issued an RFP during the FY18 contract period for these services that included the FY18 Planning Council-adopted Service Category definitions. This indicates that the AA maintained a grant award process that adhered potential bidders to Planning Council-approved definitions for contracted Service Categories.
f) The AA procured 100% of total service dollars for Part A and MAI by the end of the contract period, including the addition of reconciliations and carry-over funds.
g) There were unspent service dollars in both Part A and MAI at the end of the FY18 contract period that occurred in Primary Care, Medical Case Management, Substance Abuse Services, Outreach Services, Service Linkage, and Medical Transportation. The total amount of unspent service funds for both Part A and MAI was $269,354, or 1.2% of the total allocation for service dollars for the contract period. Ninety-nine percent (99%) of FY18 Part A service dollars and 99% of MAI service dollars were expended by the end of the fiscal year.

h) In FY18, the AA continued to communicate to the Planning Council the results of the procurement process, including agendizing procurement reports at Committee and Full Council meetings throughout the contract period.

II. Reimbursement Process

i) The average number of days elapsed between receipt of an accurate Contractor Reimbursement Report (**CER**) from contracted agencies and the issuance of payment by the AA for FY18 was 28 days. The AA paid all contracted Part A and/or MAI agencies within an average of 37 days following receipt of an accurate invoice.

III. Monitoring Process

j) The AA continued to use the Standards of Care as part of thecontract selection and monitoring process that took place in FY18, and clearly indicated this in various quality management policies, procedures, and plans, including the AA's Policy and Procedure for Performing Site Visits and the AA's current Quality Management Plan. Moreover, the RFP issued during the FY18 contract period states that the AA will monitor for compliance with Standards of Care during site monitoring visits of contracted agencies.

Administrative Assessment Checklist -- Part A and MAI		Contract Period: 3/1/18 - 2/28/19 (FY18)	
Section I: Procurement/Request for Proposals Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	• The Administrative Agent (**AA**) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (**NGA**) in order to prevent lapses in services to consumers. • For the FY18 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at Commissioners Court meetings on 01/30/2018. The Part A and MAI NGA was received on 01/26/18 (partial #1), 03/14/18 (partial #2), and 05/23/18 (final). Agreements were executed at the Court meetings on 02/13/18, amended to reflect the second partial award on 04/10/18, and amended to reflect the final NGA on 06/12/18. *Conclusion*: Because the AA rapidly processed contract and position extensions, four days elapsed between receipt of the initial NGA and extension of positions for FY18. Twenty-nine days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers.	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	FY18 Part A and MAI NGA (issued 01/26/18, 03/14/18 and 05/23/18) Commissioner's Court Agendas (01/30/18, 02/13/18, 04/10/18, 06/12/18)
b) What percentage of the grant award was procured by the: ☒ 1st quarter? ☐ 2nd quarter? ☐ 3rd quarter?	• FY18 procurement reports from the AA indicate that all allocated funds in each Service Category were procured by 03/01/18, the first day of the contract period. This is due to the contract and position extensions processed by the AA prior to receipt of the NGA, as described in (a) above. *Conclusion*: Because of contract and position extensions processed by the AA in anticipation of the grant award, 100% of the Part A and MAI grant award was procured by the 1st quarter of the contract period.	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	FY18 Part A and MAI Procurement Report provided by the AA to the PC (Printed 08/07/19)

Section I: Procurement/Request for Proposals Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
c) Did the awarding of funds in specific categories match the allocations established by the Planning Council?	• The Planning Council makes allocations per Service Category for each upcoming contract period based on the assumption of level funding. It then designs scenarios to be applied in the event of an increase or decrease in funding per the actual NGA. The Planning Council further permits the AA to re-allocate funds within Service Categories (up to 10%) without pre-approval throughout the contract period for standard business practice reasons, such as billing reconciliations, and to apply carry-over funds as directed. In addition, the Planning Council allows the AA to shift funds in the final quarter of the contract period in order to prevent the grantee from leaving more than 5% of its formula funds unspent. • The most recent FY18 procurement report from the AA (dated 08/07/19) shows that the Service Categories and amounts of funds per Service Category procured at the beginning of the contract period matched the final Planning Council-approved allocations for level funding for FY17, except for Emergency Financial Assistance. Upon receipt of the final NGA, the Increase Scenario was applied for the $742,768 (4.0%) increase in Part A Formula and Supplemental. The AA applied the Increase Scenario to the $49,060 (1.0%) increase in MAI. As a result, total allocations for FY18 matched the allocations established by the Planning Council with application of the Increase Funding Scenario. *Conclusion*: The AA procured funds in FY18 only to Planning Council-approved Service Categories, and the amounts of funds per Service Category procured at the beginning of the contract period were a match to final allocations approved by the Planning Council for level funding. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories during the contract period, including increased funding scenarios, billing reconciliations, and receipt of carryover funds.	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	FY18 Part A and MAI Procurement Report provided by the AA to the PC (Printed 08/07/19) PC FY18 Allocations Level Funding Scenario (7/13/17) PC Final FY18 Allocations Increase Scenario (7/13/17)

Section I: Procurement/Request for Proposals Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
d) Does the AA have a grant award process which: ☒ Provides bidders with information on applying for grants? ☒ Offers a bidder's conference?	• Beginning in FY12, Part A and MAI services could be contracted for up to four years, with Service Categories rotated for bidding every three years. According to this schedule, the only RFP issued in FY18 was for bundled Community-based Comprehensive Outpatient Primary Medical Care including Local Pharmacy Assistance Program (LPAP), Emergency Financial Assistance (EFA) – Pharmacy Assistance, Medical Case Management and Service Linkage Services targeted to Rural under Part A (Supplemental). The Request for Proposal (**RFP**) process took place during FY18 for FY18 contracts. • The RFP issued on 08/11/18 for the above Service Categories (Job No. 18/0143) contains information about the process for applying for grants through the Harris County Purchasing Agent (see, for example, "Vendor Instructions," page 10, and "Suggestions for Completing Proposals," page 24). • Moreover, the AA held a pre-proposal conference for the RFP on 05/18/18 with the stated purpose to "discuss and clarify the RFP requirements and answer vendor questions regarding the proposal review and award process." *Conclusion*: A review of the RFP issued in FY18 indicates that the AA has maintained a grant award process that provides potential bidders with information on how to apply for grants via the Harris County Purchasing Agent as well as the opportunity to address questions about the grant award process.	Confirmation of communication by the AAs to potential bidders specific to the grant award process	Part A Supplemental RFP issued in FY18 for FY18 contracts - Job No. 18/0143 (05/11/18) Courtesy Notice for Pre-Proposal Conference in FY18 for FY18 contracts (05/18/18)
e) Does the REQUEST FOR PROPOSALS incorporate service category definitions that are consistent with those defined by the Planning Council?	• The RFP issued in FY18 (on 05/11/18) (Job No. 18/0143) for services to be contracted for FY18 includes the FY18 Planning Council-adopted Service Category definitions for this service category (see "Service Category Specifications," pages 35-48). *Conclusion*: The RFP issued in FY18 includes Service Category definitions that are consistent with those defined by the Planning Council.	Confirmation of communication by the AAs to potential bidders specific to PC products	Part A Supplemental RFP issued in FY18 for FY18 contracts - Job No. 18/0143 (05/11/18)
f) At the end of the award process, were there still unobligated funds?	• The most recent procurement report produced on 08/07/19 shows that 100% of total service dollars for Part A and MAI were procured by the end of the contract period, including the addition of reconciliations and carry-over funds. *Conclusion*: There were no unobligated funds for the contract period.	Comparison of final amounts procured and total amounts allocated in each service category	FY18 Part A and MAI Procurement Report provided by the AA to the PC (Printed 08/07/19)

Section I: Procurement/Request for Proposals Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
g) At the end of the year, were there unspent funds? If so, in which service categories?	• The most recent FY18 procurement report produced on 08/07/19 shows unspent service dollars as follows: (i) Part A: $250,493 in unspent service dollars with less than 95% of the amount procured expended in the following Service Categories: Primary Care – CBO Targeted to White/MSM – 61% expended Primary Care – CBO Targeted to Rural – 90% expended Primary Care – Women at Public Clinic – 94% expended Primary Care – Pediatric – 64% expended Med. Case Management – Targeted to Public Clinic – 63% expended Med. Case Management – Targeted to H/L – 70% expended Med. Case Management – Targeted to Rural – 78% expended Med. Case Management – Targeted to Women at Public Clinic – 67% expended Med. Case Management – Targeted to Veterans – 84% expended Substance Abuse Services - Outpatient – 71% expended Outreach Services – 64% expended Service Linkage – Targeted to Youth– 90% expended Med. Transportation – Targeted to Rural – 87% expended (ii) MAI: $18,861 with less than 95% of the amount procured expended in the following Service Categories: Primary Care – CBO Targeted to H/L – 83% expended Med. Case Management – Targeted to H/L – 76% expended • The total amount of unspent service funds for both Part A and MAI in FY18 was $269,354 or 1.2% of the total service dollar allocation. *Conclusion*: There were $269,354 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY18. Unspent funds represented 1.2% of the total FY18 Part A and MAI allocation for service dollars. Ninety-nine percent (99%) of FY18 Part A service dollars and 99% of MAI service dollars were expended by the end of the fiscal year.	Review of final spending amounts for each service category	FY18 Part A and MAI Procurement Report provided by the AA to the PC (Printed 08/07/19)

Section II: Reimbursement Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
h) Does the ADMINISTRATIVE AGENT have a method of communicating back to the Planning Council the results of the procurement process?	• The Memorandum of Understanding (MOU) (signed 3/1/12) between the CEO, Planning Council, AA, and Office of Support requires the AA to "inform the Council no later than the next scheduled [.] Steering Committee meeting of any allocation changes" (page 4). • In addition, FY18 Part A and MAI procurement reports from the AA were agendized for Planning Council meetings occurring on 07/17/18, 08/09/18, 10/11/18, 11/08/18, 03/14/19, 04/11/19, 06/13/19, and 07/11/19. Results of the procurement process were also provided during the AA report. *Conclusion*: The AA was required to and maintained a method of communicating back to the Planning Council the results of the procurement process, including agendized procurement reports to Committees and Full Council.	Confirmation of communication by the AAs to the PC specific to procurement results	Houston EMA MOU (signed 3/1/12) PC Agendas (07/17/18, 08/09/18, 10/11/18,11/08/18, 03/14/19, 04/11/19, , 06/13/19, 07/11/19)
i) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA? What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice: ☐ Within 20 days? ☒ Within 35 days? ☐ Within 50 days?	• The Annual Contractor Reimbursement Report (**CER**) Tracking Summary for FY18 produced by the AA on 08/06/19 showed an average of 28 days elapsing between receipt of an accurate CER from contracted agencies and the issuance of payment by the AA, compared to 35 days on average in FY17. • 100% of contracted agencies were paid within an average of 37 days following the receipt of an accurate CER. In comparison, the AA paid 100% of contracted agencies within an average of 49 days in FY17. No contracted agencies were paid within an average of 20 days, and 90% were paid within an average of 35 days. *Conclusion*: The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds and the issuance of payment by the AA was 28 days. The AA paid all contracted Part A and/or MAI agencies within an average of 37 days following receipt of an accurate invoice.	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	FY18 Part A and MAI Contractor Reimbursement Report (CER) Tracking Summary (08/06/19)

Section III: Contract Monitoring Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
j) Does the ADMINISTRATIVE AGENT use the Standards of Care as part of the contract monitoring process?	• As described in (d) above, the AA issued an RFP during the FY18 contract period for bundled Community-based Comprehensive Outpatient Primary Medical Care including Local Pharmacy Assistance Program (LPAP), Emergency Financial Assistance (EFA) – Pharmacy Assistance, Medical Case Management and Service Linkage Services targeted to Rural under Part A (Supplemental) FY18 contracts. Page 27 of the RFP states that the AA will monitor for compliance with the Standards of Care during site monitoring visits of contracted agencies. Directions to current Standards of Care document is also provided. • In addition, the AA's Site Visit Guidelines used during the FY18 contract period includes the process for reviewing compliance with Standards of Care. • The AA's Quality Management Plan (dated 01/18) states that the RWGA Clinical Quality Improvement Project Coordinator and Quality Management Development Project Coordinator both "[conduct] onsite QM program monitoring of funded services to ensure compliance with RWGA Standards of Care and QM plan" (Page 6). The Plan also states that "Annual site visits are conducted by RWGA at all agencies to ensure compliance with the standards of care" (Page 9). *Conclusion*: 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.	Confirmation of use of adopted SOC in contract monitoring activities	Part A Supplemental RFP issued in FY18 for FY18 contracts - Job No. 18/0143 (05/11/18) HCPH/RWGA Policy and Procedures for Performing Ryan White Part A Site Visits (Revised 03/17) HCPH/RWGA Quality Management Plan (01/18)

2019 Quarterly Report
Quality Improvement Committee
(May 2019)

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

1. Conduct the "How to Best Meet the Needs" (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.

   Done

2. Develop a process for including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.

   The review takes place in September

3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:

   a. Identify "The Un-met Need";

   b. Determine "How to Best Meet the Needs";

   } See the Summary of Service Category Information and the HTBMN Justification Chart.

   c. *Strengthen and improve the description and measurement of medical and health related outcomes.

4. *Identify and review the required information, processes and reporting needed to assess the "Efficiency of the Administrative Mechanism". Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of: See the checklist for the assessment.

   a. Planning fund use (meeting RWPC identified needs, services and priorities);

   b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity);

   c. Distributing funds (reporting contract/service/re-imbursement expenditures and status, as well as, reporting contract/service utilization information).

5. Annually, review the status of committee activities identified in the current Comprehensive Plan. To be done

Status of Tasks on the Timeline:

G. Scott

Committee Chairperson

8/13/19

Date