HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

AGENDA
12 noon, Thursday, December 3, 2020

Meeting Location: Online or via phone, join Zoom Meeting by clicking onto:
https://us02web.zoom.us/j/499715637?pwd=YldZWUY1WmtHWFdVS3lNbkh4MCtDUT09
Meeting ID: 499 715 637
Passcode: 353438
Or, call 346 248-7799

I.	Call to Order	Tana Pradia, Chair
	A. Welcoming Remarks	Ryan White Planning Council
	B. Moment of Reflection	
	C. Select the Committee Co-Chair who will be voting today	
	D. Adoption of the Agenda	
	E. Approval 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 and
	Item: Year 3 Comprehensive Plan Evaluation Report	Steven Vargas, Co-Chairs
	Recommended Action: FYI: The Committee reviewed and approved a draft of the Year 3 Evaluation Report from the Comprehensive Plan Evaluation Workgroup. The report covers progress for the 2019 calendar year. Please see the attached report.	
	Item: Year 3 Comprehensive Plan Evaluation Report	
	Recommended Action: **Motion:** Approve the attached Year 3 Comprehensive Plan Evaluation Report.	

Item: Committee Quarterly Report
Recommended Action: FYI: Please see the attached Committee
Quarterly Report.

B. Affected Community Committee   Veronica Ardoin and
   Item: Road 2 Success   Rodney Mills, Co-Chairs
   Recommended Action: FYI: The Affected Community Committee is
   hosting Road 2 Success Events at AIDS Foundation Houston and other
   housing sites per a goal of the 2017 – 21 HIV Comprehensive Plan. Due
   to COVID-19, Ryan White staff and agency staff host an activity, like
   the Zoom version of Emergency Preparedness bingo, describe information
   about Ryan White funded COVID-19 programs and provide box lunches
   and face masks.

C. Quality Improvement Committee   Denis Kelly and
   Item: Reports from AA – Part A/MAI*   Pete Rodriguez, Co-Chairs
   Recommended Action: FYI: See the attached reports from the
   Part A/MAI Administrative Agent:
   - FY20 Procurement Report – Part A & MAI, dated 11/23/20
   - FY19 Service Utilization Report – Part A & MAI, dated 11/12/20

   Item: Reports from Administrative Agent – Part B/SS
   Recommended Action: FYI: See the attached reports from the Part B/
   State Services Administrative Agent:
   - FY 2020/21 Procurement Report Part B – dated 08/26/20
   - FY 2019/20 Procurement Report DSHS** SS – dated 08/26/20
   - Health Insurance Program Report 09/01/19-07/31/20 – dated 09/02/20

   Item: 2021-2022 Ryan White Part A Standards of Care
   Recommended Action: **<u>Motion:</u>** Support the proposed changes to the
   2021-2022 Ryan White Part A Standards of Care and the Emergency
   Financial Assistance Program (OTHER) Standards of Care. See attached.

D. Priority and Allocations Committee   Bobby Cruz and
   No report   Allen Murray, Co-Chairs

E. Operations Committee   Ronnie Galley and
   Item: Important Dates for the Ryan White 2021 Planning Year   Carol Suazo, Co-Chairs
   Recommended Action: FYI: Please note the following important
   meeting dates in 2021:
   - 10 am – 1:30 pm, Mentor Luncheon/Orientation for new Members
     Thursday, January 14, 2021
   - 10 am – 3:30 pm, Orientation for all Council Members
     Thursday, January 21, 2021 – **Judge Hidalgo will speak at 2:40 pm.**

Item: Youth Committee/Council
Recommended Action: FYI: Members of the Memorial Assistance
Ministries met with the Youth Group to provide information about
Budgeting, Money Management, Credit & Employment Opportunities.

Item: 2020 Team Building Activities
Recommended Action: FYI: The November Team Building activity was
movie night, which started with a five-minute video about the history of
The Ryan White Program, followed by a ninety-minute movie about the
young boy. In between the movies, Denis Kelly lead the group in a number
of dances. Twenty individuals participated and enjoyed the group activity.
Please see the attached list of 2020-2021 Team Building, fun-filled activities.
All Ryan White volunteers and their family members are welcome to attend
the activities.

Item: 2021 Council Membership
Recommended Action: FYI: The Operations Committee is in the process of
interviewing candidates who have applied for Council membership in 2021.
Candidates include Project LEAP graduates and others.

Item: Election of Officers for the 2021 Planning Council
Recommended Action: FYI: See the attached slate of nominees
and credentials for officers of the 2021 Ryan White Planning
Council. The floor will be open for additional nominees the day
of the election, which is Thursday, December 10, 2020. Please
note the new attendance requirements in the attached policy.

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	
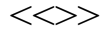
HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL
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STEERING COMMITTEE

MINUTES
12 noon, Thursday, November 5, 2020
Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Tana Pradia, Chair		*Ryan White Grant Administration*
Allen Murray, Vice Chair		Carin Martin
Crystal Starr		Heather Keizman
Veronica Ardoin		
Rodney Mills		*The Resource Group*
Daphne L. Jones		Sha'Terra Johnson-Fairley
Steven Vargas		
Carol Suazo		*Office of Support*
Ronnie Galley		Tori Williams
Bobby Cruz		Amber Harbolt
Denis Kelly		Diane Beck
Pete Rodriguez		

Call to Order: Tana Pradia, Chair, called the meeting to order at 12:03 p.m.

During the opening remarks, Pradia said the Council hosted its first Team Building meeting, Emergency Preparedness Bingo, and it was fun! Many thanks to Veronica and Project LEAP student Vincent James for facilitating the game. They did a great job. Many thanks to Denis for suggesting the idea. The November Team Building meeting will be Movie Night on Thursday, November 19th, hosted by the Operations Committee. The movie will be about Ryan White the boy and we will start with a five-minute video on the History of the Ryan White Program. This Tuesday November 10th at 10 am, Pradia will receive the World HIV/AIDS Day Resolution from Judge Hidalgo and the County Commissioners. Tori sent instructions on how to find the live stream video if you wish to see the presentation. Pradia then called for a Moment of Reflection.

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

Adoption of the Agenda: *Motion #1: it was moved and seconded (Kelly, Galley) to adopt the agenda.* **Motion carried.** Abstention: Ardoin.

Approval of the Minutes: *Motion #2: it was moved and seconded (Galley, Vargas) to approve the October 1, 2020 minutes.* **Motion carried.** Abstentions: Ardoin, Suazo.

Public Comment and Announcements: None.

Reports from Committees
Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following:
Comprehensive Plan Evaluation: The Comprehensive Plan Evaluation Workgroup met on Monday, October 12, 2020 and Wednesday, October 14, 2020. The findings will soon be published in a report for review by the Planning Council and its partners.

Affected Community Committee: Veronica Ardoin, Co-Chair, reported on the following:
Team Building/Fun Monthly Meetings: In the interest of being efficient at the end of the planning year, the Affected Community Committee has agreed to host the Team Building/Fun monthly meetings when needed until March 1, 2021.

Quality Improvement Committee: No report.

Priority and Allocations Committee: Bobby Cruz, Co-Chair, reported on the following:
Reports from the Administrative Agent – Part A/MAI*: See the attached reports from the Part A/MAI Administrative Agent:
   • FY20 Procurement Report – Part A & MAI, dated 10/15/20

Reports from the Administrative Agent – Part B/SS**: See the attached reports from the Part B/State Services Administrative Agent:
   • FY 2020/21 Procurement Report Part B – dated 08/26/20
   • FY 2019/20 Procurement Report DSHS*** SS – dated 008/26/20
   • FY 2019/20 Health Insurance Program Report – dated 09/02/20

FY 2020 Ryan White Part A Funding Increases: ___**Motion #3:**___ *Per the attached chart, fund the three increased funding requests in amounts that total $539,595 in Ryan White Part A funds.* **Motion Carried**. Abstention: Kelly.

Ryan White Part A - FY 2020 Carryover Funds: Rodriguez asked if the Emergency Financial Assistance service category would need additional funds. Martin said currently it did not but will look at it again next year. ___**Motion #4:**___ *If there are FY 2020 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating the full amount to Outpatient/Ambulatory Primary Medical Care.* **Motion Carried**. Abstention: Kelly.

FY 2020 Unspent Funds: ___**Motion #5:**___ *In the final quarter of the FY 2020 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the Texas Department of State Health Services. RWGA and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.* **Motion Carried**. Abstentions: Jones, Kelly.

* MAI = Minority AIDS Initiative funding
** SS = State Services funding
*** DSHS = Texas Department of State Health Services

Quarterly Committee Report: See the attached Quarterly Committee Report.

Operations Committee: Ronnie Galley, Co-Chair, reported on the following:
Youth Group: The Youth Group met with Rebecca Edwards, Ryan White Grant Administration, to provide input into the FY 2021Standards of Care and Performance Measures. Then, Rod provided box lunches, gift cards and cloth masks from Tana Pradia.

Item: Slate of Nominees for the 2021 RWPC* Officers: ***Motion #6:*** *Approve the attached slate of Nominees for officers of the 2021 Ryan White Planning Council.* **Motion Carried**.

Important Dates in 2021: Please note the following important meeting dates in 2021:
  - 10 am-1:30 pm, Mentor Luncheon/Orientation for new members Thursday, January 14, 2021
  - 10 am-3:30 pm, Orientation for all Council Members Thursday, January 21, 2021

RW** Memorandum of Understanding and Letter of Agreement: The Operations Committee will dedicate 2021 to updating the Memorandum of Understanding for all Ryan White Part A stakeholders and the Letter of Agreement for all Ryan White Part B stakeholders.

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. She said to please spread the word and remind clients that the eligibility extension for CPCDMS and ADAP will expire at the end of the year. ADAP has started reaching out to let people know and all Part A providers have been given a list of those who need to update their eligibility. The state developed an emergency application that can be used for Part A and can be done over the phone. Kelly asked that the office of support develop a flyer to disseminate this information.

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

Announcements: Vargas said that the End HIV Houston group mentioned the letter that is being drafted regarding access to medication at the Harris County Jail; they are waiting for the new medical staff to take over before it is sent.

Adjournment: *it was moved and seconded (Galley, Suazo) to adjourn the meeting at 12:58 p.m.* **Motion Carried**.

Submitted by: Approved by:

_____   _____
Tori Williams, Director   Date   Committee Chair   Date

* RWPC = Ryan White Planning Council
* RW = Ryan White

2020 Steering Committee Voting Record for Meeting Date 11/05/20

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 Oct 1, 2020 Minutes Carried				Motion #3 FY2020 Part A Reallocations Carried				Motion #4 FY20 Unspent Funds Carried				Motion #5 FY20 Carryover Funds Carried				Motion #6 Slate of Nominees for 2021 Officers Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Tana Pradia, Chair				C				C				C				C				C				C
Allen Murray, Vice Chair		X				X				X				X				X				X		
Crystal Starr, Secretary		X						X		X				X				X				X		
Rodney Mills, Aff		X				X				X				X				X				X		
Daphne L. Jones, Comp		X				X				X				X						X		X		
Carol Suazo, Op		X				X				X				X				X				X		
Denis Kelly, QI		X				X						X				X				X		X		
Non-voting members at the meeting:																								
Veronica Ardoin, Aff		X						X																
Steven Vargas, Comp		X				X																		
Ronnie Galley, Op		X				X																		
Bobby Cruz, PA		X				X																		
Pete Rodriguez, QI		X				X																		

Comprehensive HIV Planning Committee Report

2020 QUARTERLY REPORT
COMPREHENSIVE HIV PLANNING COMMITTEE

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

1. Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Prevention and Care Services Plan and corresponding areas of the End HIV Plan, in collaboration toward the development of ~~one local~~ *an* ending the HIV epidemic plan. *w/ stakeholders*

   ★ RWHAB Comp. Plan is federally-mandated. EHE plans are federally-funded, not necessarily mandated. We could still end up with 2 local plans. If so, my hope is for the RW Comp Plan to closely align with the EHE (hopefully, EHE) plan.

2. *Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status.   Done

3. *Work with the community and other committees to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and link and refer them into care.

   Ongoing. This year no updated info was received from the Texas DSHS to facilitate our annual EIIHA process. Additionally, no updates on local MHS plans have been received since PLWH raised concerns about the strategies' potential negative impact on communities, particularly communities of color.

4. *Explore and develop on-going needs assessment and comprehensive planning activities including the identification and prioritization of special studies.

   Ongoing, and with more emphasis this period given current work to develop EHE plans, and the interruptions of SARS-COVID-19.

5. *Review and disseminate the most current Joint Epidemiological Profile.

   An update has been posted on our website - However, see EIIHA answer to #3.

_____   11-16-2020
Committee Chairperson   **Date**

Quality Improvement Committee Report

Houston Area Comprehensive HIV Prevention and Care Services Plan

2017 - 2021

Capturing the community's vision for an ideal system of HIV prevention and care for the Houston Area

Year 3 (2019) Evaluation Report
Approval Pending

Table of Contents

Vision
The greater Houston area will become a community with an enhanced system of HIV prevention and care. New HIV infections will be reduced to zero. Should new HIV infections occur, every person, regardless of sex, race, color, ethnicity, national origin, age, familial status, marital status, military status, religion, disability, sexual orientation, genetic information, gender identity, pregnancy, or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free of stigma and discrimination.

Mission
The mission of the 2017-2021 Houston Area Comprehensive HIV Prevention & Care Services Plan is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations living with, affected by, or at risk for HIV.

Contributors

Members of the Houston Area Comprehensive HIV Plan Evaluation Workgroup *The following individuals serve as members of the Houston Area Comprehensive HIV Plan Evaluation Workgroup, which met in October 2020 to evaluate Year 3 implementation. This report summarizes their findings and recommendations.*

Nicholas Sloop, Co-Chair
Steven Vargas, Co-Chair
Bianca Burley
Cynthia Deverson
Chelsea Frand
Jon-Michael Gillispie
Ronnie Galley
Camden Hallmark
Angela F. Hawkins
Dawn Jenkins

Sha'Terra Johnson
Denis Kelly
Miyase Koksal-Ayhan
Rodney Mills
Matilda Padilla
Oscar Perez
Crystal Starr
Crystal Townsend
Mike Wilkerson
Larry Woods

Other Contributors *The following individuals provided data, analysis, and other information used during the evaluation process and in this report*

Ryan White Planning Council Office of Support
Tori Williams
Amber Harbolt
Diane Beck
Rodriga Avila

Harris County Public Health Ryan White Grant Administration
Carin Martin
Heather Keizman
Rebecca Edwards

The Houston Regional HIV/AIDS Resource Group, Inc.
Patrick Martin
Sha'Terra Johnson
Crystal Townsend

Houston Health Department Bureau of HIV/STD & Viral Hepatitis Prevention
Beau Mitts
Jon-Michael Gillispie
Nicholas Sloop
Miyase Koksal-Ayhan
Tya Johnson

Houston Health Department Division of Disease Prevention and Control
Camden Hallmark

Introduction

The Houston Area Comprehensive HIV Prevention and Care Services Plan (2017 – 2021) (also referred to as the 2017 Comprehensive Plan) was revealed to the public on January 10, 2017, following an 11-month planning process with collaboration between 90 individuals and 55 agencies. The final plan included 64 specific activities slated for completion by 2021 to help shape an ideal system of HIV prevention and care in the Houston Area. Seventy-five (75) distinct objectives and benchmark measurements were included to evaluate progress over time. The 2017 Comprehensive Plan included an *Evaluation and Monitoring Plan*, which set forth the annual assessment process of the plan's activities and progress made in achieving the plan's objectives and benchmarks. This report summarizes the findings of the evaluation and monitoring process for Year 3 (January 2019 – December 2019) plan implementation, including implementation highlights and recommendations.

Purpose

The 2017 Comprehensive Plan's *Evaluation and Monitoring Plan* (Section III) outlines specific goals and methods for assessing progress in both the short- and long-term aims of the plan:

> *The goal of the monitoring and evaluation plan is to assess successful implementation of the 2017-21 Comprehensive HIV Prevention and Care Services Plan as measured by:*
> > *1. Completion of stated activities and efforts (Section II); and*
> > *2. Annual progress toward the target measurements of stated objectives and benchmarks (Section II).*

Assessment of activities status measures the extent of the community's implementation of the 2017 Comprehensive Plan each calendar year, and allows for regular review and update. Over time, assessment of the progression of objectives and benchmarks reveals the plan's larger impact on reaching stated goals, filling gaps in the HIV prevention and care system in the Houston Area, and, ultimately, alleviating the local HIV epidemic.

Methods

The methods used for evaluating Year 3 implementation are consistent with the *Evaluation and Monitoring Plan* (Section III). Each Responsible Party (**RP**) named in the 2017 Comprehensive Plan (Section II) completed a series of written checklists of designated activities and benchmarks. For the designated activities, the RP provided process notes and other updates to support and provide context for progress made on each designated activity. The RP also indicated the level of completion for each assigned activity (NI = Not Initiated, P = In Progress, C = Complete). For the benchmarks, the RP supplied the most current and complete year-end data point for each benchmark using approved data sources. Staff in the Planning Council Office of Support cross-referenced and consolidated all checklists and supporting documentation, and gathered data on system-wide objectives and any benchmarks not assigned to a RP. Due to laboratory reporting issues, Texas Department of State Health Services (**TDSHS**) was unable to provide 2019 surveillance data. For this reason, staff used surveillance data for 2018. The 2017 Comprehensive Plan's standing *Evaluation Workgroup* convened twice in October 2020 to review activities and benchmarks progress for the 2019 calendar year, offer suggested revisions to activities, and identify key findings.

# Summary of Year 3 Implementation

- The Houston Area Report Card: Overall Status of Year 3 Activities and Benchmarks

  The 2017 Comprehensive Plan is organized into four specific Strategies, each containing activities and benchmarks. Across the four Strategies, 41 activities were designated for completion in Year 3, including activities to be conducted as needed or annually; and 67 benchmarks were measured for Year 3. Overall, 38 of the activities designated for Year 3 (93%) were completed <u>or</u> had progress made (**Figure 1**). Only three activities (7%) designated for completion in Year 3 were not initiated as the result of staff vacancies or limited capacity to complete the activity as written. Fifteen benchmarks measured in Year 3 (22%) met or exceeded targets set for 2019. Data were not available or were still pending for four benchmarks in Year 3 benchmarks (6%).

Figure 1: Activities and Benchmarks Completion for Year 3
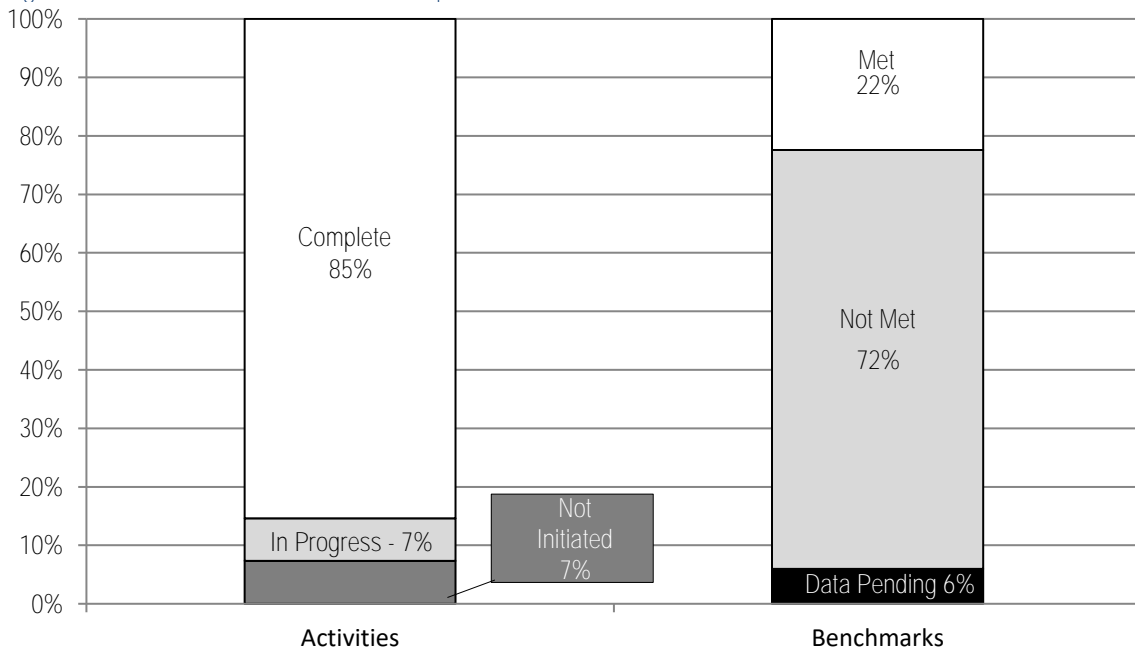
Overall, the *Strategy for Addressing the Needs of Special Populations* saw the most activity progress with 100% of its activities completed (**Figure 2**). The *Strategy for Prevention and Early Identification* saw the least overall activity progress with 75% of its activities completed by the end of Year 3. The *Strategy for Coordination of Effort* had the most benchmark progress with 44% of benchmarks met or exceeded. The *Strategy for Bridging Gaps in Care and Reaching the Out of Care* saw the least benchmark progress with no benchmarks measures met.

Figure 2: Percent of Activities and Benchmarks Completed/Met for Year 3, by Strategy
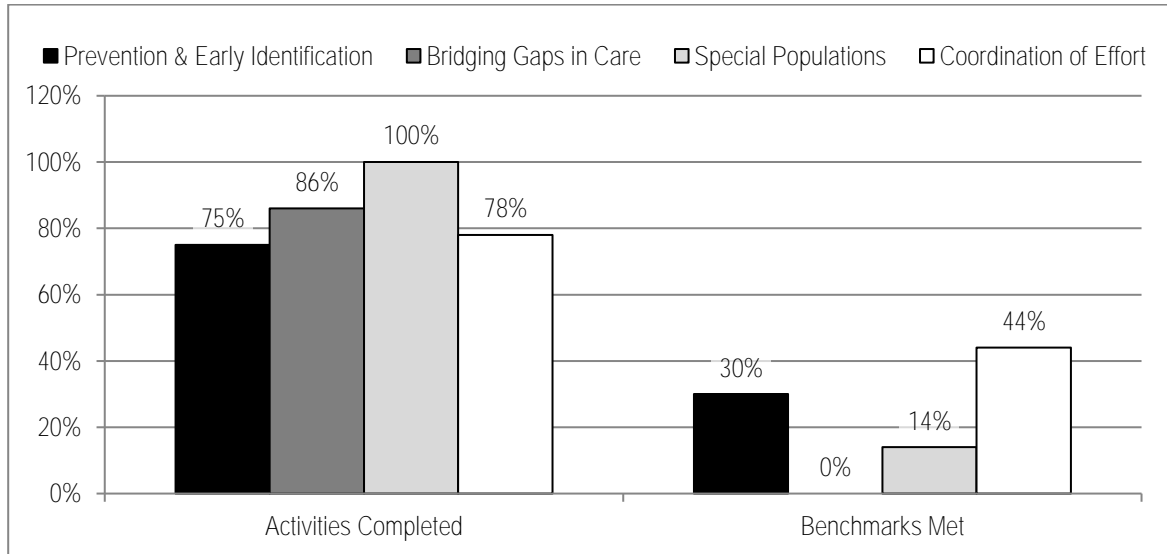
- The Houston Area Objectives: Progress Made in Year 3
  The 2017 Comprehensive Plan includes ten objectives intended to serve as measures of overall improvements in the Houston Area of HIV prevention and care system. The objectives include core epidemiological indicators of HIV diagnosis, nationally defined benchmarks for HIV prevention and care services, and locally defined goals for the Houston Area Ryan White HIV Program (**Figure 3**). Of the ten objectives measured for Year 3, two had most current measurements that met or exceeded the 2017 Comprehensive Plan targets originally set for Year 3.

Figure 3: Status of System-Wide Objectives for the Houston Area, Year 3

Objective	Baseline	Y3 Measure	Y3 Target	Status
1.) Number of new HIV diagnoses	1,386	1,350	≤1,157	✘
2.) Percent of newly diagnosed PLWH* informed of status through *targeted* testing	97%	90%	≥ 97%	✘
3.) Proportion of newly diagnosed PLWH linked to clinical care within one month	66%	60%	≥ 77%	✘
4.1) Percent of new HIV diagnoses with an HIV Stage 3 diagnosis within one year	26%	23%	≤ 22%	✘
4.2.) Percent of new HIV diagnoses with an HIV Stage 3 diagnosis within one year among Hispanic/Latino men age 35+	36%	13-30%	≤ 31%	✔
5.) Percent of RW Program clients who are in continuous HIV care	75%	75%	≥ 84%	✘
6.) Percent of diagnosed PLWH retained in HIV medical care	61%	68%	≥ 78%	✘
7.) Proportion of RW Program clients with are virally suppressed	80%	77%	≥ 80%	✘
8.) Percent of diagnosed PLWH who are virally suppressed	55%	59%	≥ 70%	✘
9.) Number of gay and bisexual men of color and women of color receiving PrEP** education each year	2,822	3,845	≥ 2,000	✔

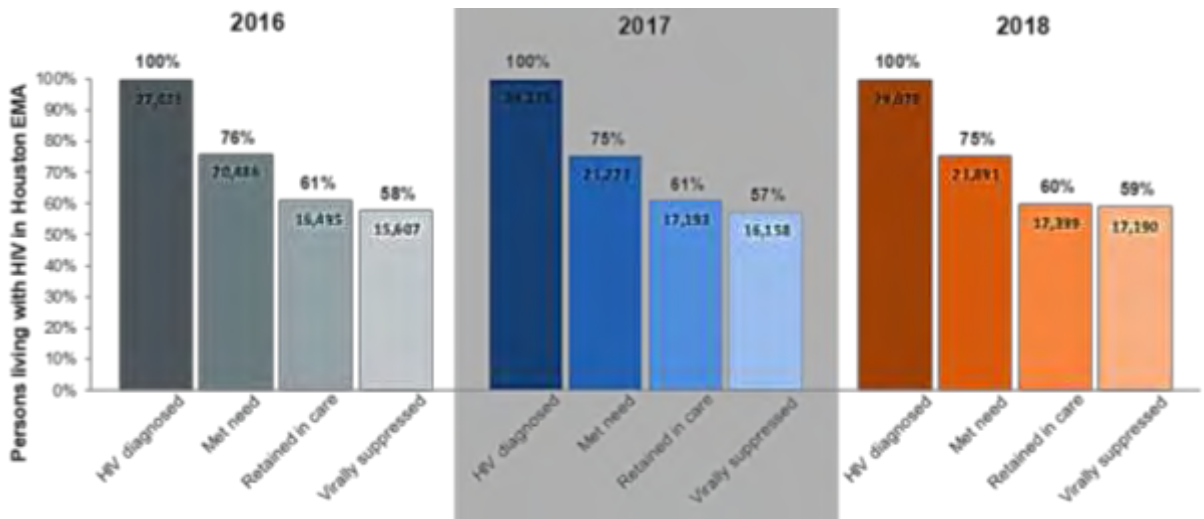*People Living with HIV
**Pre-Exposure Prophylaxis

Highlights of Year 3 Implementation

- New Activities Initiated in Year 3

  Year 3 marked in the initiation of several new activities to support a more cohesive and equitable system of HIV prevention and care in the Houston Area. Under the *Strategy for Prevention and Early Identification* Activity 11: "Explore feasibility of same-day PrEP initiation for high-risk HIV negative individuals", HHD began a contract in January 2019 for the 340B Program to generate revenue and assist in sustainability of PrEP services at the HHD. Activity 1 under the S*trategy for Bridging Gaps in Care and Reaching the Out of Care* to "coordinate a workgroup to develop and secure funding for a public service announcement detailing the benefits of treatment adherence, treatment as prevention, and retention in care," was found to be infeasible as written because securing media funding is beyond the Office of Support's allowable activities. However, the Office of Support retained this activity in 2020 and is currently working with Project LEAP classes to create grassroots public service announcements addressing these issues. Under the *Strategy for Addressing the Needs of Special Populations* Activity 3: "Partner with SIRR to develop a process for tracking linkage for recently released PLWH" TRG, the Criminal Justice Workgroup with the END Coalition, the EIS Workgroup with Harris County Jail, SIRR, and TDSHS have developed linkage tracking processes for recently released PLHW. Within the *Strategy for Improving Coordination of Effort* Activity 9 to "compile HIPAA compliant best practices for using technology to communicate with consumers, and incorporate into provider training", RWGA used the HRSA-funded Learning Collaborative to identify best practice information for integration into allowable Houston EMA provider policies. RWGA also provided funded agencies with technical assistance on implementing these practices.

- Fifteen Benchmarks Met or Exceeded Targets in Year 3

  Of the 67 benchmarks measured in Year 3, 15 had measurements that met or exceeded 2019 targets. The 2017 Comprehensive Plan's *Strategy for Prevention and Early Identification* benchmarks for the number of publicly-funded targeted and routine HIV test, the number of new HIV diagnoses in Sunnyside/South Park, Acres Home, and Montrose zip codes, the percentage of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training, and the number of MSM and transgender persons of color receiving PrEP education met or exceeded their 2019 targets. Four benchmark measurements met or exceeded 2019 targets for the *Strategy for Addressing the Needs of Special Populations*: the numbers of new diagnoses among people experiencing homelessness and those age 65+, the proportion of newly-diagnosed individuals age 13-24 linked to clinical care within three months of their HIV diagnosis, and the proportion of PLWH experiencing homelessness who are out of care. Under the *Strategy for Improving Coordination of Effort,* the proportion of Ryan White Planning Council (**RWPC**) members not employed at HIV care or prevention service providers, the proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Support Services, the proportion of PLWH reporting barriers to professional mental health counseling met or exceeded 2019 targets, and the percentage of Ryan White HIV/AIDS Program clients with private health insurance.

Progress in the Houston EMA HIV Care Continuum

In addition to monitoring the system objectives in the Plan Objectives, evaluation process includes monitoring of the local HIV Care Continuum (**HCC**). While the 2017 Comprehensive Plan includes the Houston Health Services Delivery Area (**HSDA**) served through Ryan White Part B and States Services funds, and through CDC HIV prevention funding in the Houston Metropolitan Statistical Area (**MSA**), the data reflected in the HCC are derived only from data collected for the counties that comprise the Houston Eligible Metropolitan Area (**EMA**) (**Figure 4**). As mentioned in the Methodology section, TDSHS was unable to provide 2019 surveillance data due to an issue with laboratory reporting. For this reason, the Houston EMA HCC reflects data for 2016 through 2018.

Figure 4: The Houston EMA HIV Care Continuum, 2016-2018

Source: Texas Department of State Health Services, 2019
HIV diagnosed = No. people living with diagnosed HIV in 2016, 2017, and 2018 in the Houston EMA
Met need = No. diagnosed PLWH with met need (at least one: medical visit, ART prescription, or CD4/VL test in 12 months) in 2016, 2017, and 2018 in the Houston EMA.
Retained in care = No. diagnosed PLWH retained in care (PLWH with at least 2 visits, labs, or ARVs in 12 months, at least 3 months apart) in 2016, 2017, and 2018 in the Houston EMA

The HCC reflects within the Houston EMA: the number of PLWH in who have been diagnosed; and, among the diagnosed, the numbers of PLWH with records of met need, retention in care, and viral suppression within the 2016, 2017, and 2018 calendar years. The proportions of the diagnosed PLWH with met need, who were retained in care, and who had suppressed viral loads at the end of the calendar year have remained consistent since 2016.

Recommendations from the Evaluation Workgroup

- Recommendations for Existing Activities
  The Evaluation Workgroup reviewed updates for all activities with annual, as needed, or 2019 completion timeframes, and recommends the following modifications to existing activities:
  Strategy for Prevention and Early Identification: No recommendations

  Strategy for Bridging Gaps in Care and Reaching the Out of Care: No recommendations

  Strategy for Addressing the Needs of Special Populations:
  - Activity 10: "Investigate the need for Ryan White-funded support groups (traditional or online) for youth, seniors, LGBTQ populations, heterosexual, and rural populations in the 2019 Needs Assessment."
    - **Recommendation: Retain as an activity for 2021 for staff to conduct analysis in special population profiles.** Rationale: Questions assessing need for traditional and online support groups were included in the 2020 Needs Assessment. Thirty-eight percent (38%) of participants reported needing psychosocial support/support groups, with a majority expressing preference for in-person groups. Additional analysis is needed to determine specific needs for the populations listed.
  - Activity 13: "Train frontline staff on resources and access to gender-affirming medications."
    - **Recommendation: Retain as an activity for 2021.** Rationale: This activity was added by Evaluation Workgroup at the request of the 2018 Project LEAP class, but HHD management did not vet this addition. HHD will consider this activity for 2021 following management vetting.

  Strategy for Improving Coordination of Effort:
  - Activity 4: "Extend notification of general trainings where capacity does not present a barrier to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.)."
    - **Recommendation: Retain as an activity for 2021.** Rationale: This activity was expanded to all RPs by Evaluation Workgroup, but HHD management did not vet this addition. HHD will consider this activity for 2021 following management vetting.
  - Activity 9: "Compile HIPAA compliant best practices for using technology to communicate with consumers, and incorporate into provider training."
    - **Recommendation: Specify "best practices for telehealth" and retain as an activity for 2021.** Rationale: As a result of the COVID-19 pandemic, more PLWH may be seeking healthcare through telehealth services.

- No Recommended Technical Adjustments to Benchmarks
  The Evaluation Workgroup reviewed the Objectives and Benchmark Evaluation tool (see **Appendix**), and had the opportunity to make recommendations for technical adjustments. No recommendations were made.

Appendix: Year 3 Comprehensive Plan Objectives & Benchmarks
System Objective Evaluation Tool

Objective to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ OBJECTIVE 1: Number of new HIV diagnoses in the Houston Area	TDSHS eHARS	1,386 (2014)	≤1,157	1,350 (2018)	✘ Not met	⮕ at least 25% to ≤1004 (NHAS target)	Region is EMA
❖ OBJECTIVE 2: Percentage of newly diagnosed individuals identified through *targeted* HIV testing who are informed of their HIV+ status	HHD, TDSHS HIV Testing & Awareness Data	97.2% (2015)	97.2%	90.4% (HHD - 2018)	✘ Not met	Maintain or increase ≥97.2% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS Target exceeds NHAS 90% goal;
❖ OBJECTIVE 3: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	77.4%	60% (2018)	✘ Not met	↑ to at least 85% (NHAS target)	Region is EMA
❖ OBJECTIVE 4.1: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year	TDSHS Late Diagnoses Data	25.9% (2014)	22.0%	23% (2017)	✘ Not met	⮕ at least 25% =19.4% (DHAP target)	Region is EMA
❖ OBJECTIVE 4.2: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year among Hispanic/Latino men age 35 and up	TDSHS Late Diagnoses Data	36% (2014)	30.6%	HL: 29.7% Male: 23.9% 35+: 13.1% (2017)	✔ Met	⮕ at least 25% = 27% (local target)	Region is EMA
❖ OBJECTIVE 5: Percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart)	CPCDMS	75.0% (2014)	84%	74.8% (2019)	✘ Not met	↑ to at least 90% (NHAS target)	
❖ OBJECTIVE 6: Percentage of individuals with diagnosed HIV in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests in a 12 month period)	TDSHS Retention Data	61% (2014)	78.4%	68% (2018)	✘ Not met	↑ to at least 90% (NHAS target)	Region is EMA
❖ OBJECTIVE 7: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	77.4% (2019)	✘ Not met	Maintain or increase ≥80.4% (local target)	
❖ OBJECTIVE 8: Percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	70%	59% (2018)	✘ Not met	↑ to at least 80% (NHAS target)	Region is EMA
❖ OBJECTIVE 9: Number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education each year	HHD	2,822 (2017)	≥2000	3,845 (2019)	✔ Met	≥2000 (local target)	

Prevention and Early Identification Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV diagnoses in the Houston Area	TDSHS eHARS	1,386 (2014)	≤1,157	1,350 (2018)	✕ Not met	⬇ at least 25% to ≤1004 (NHAS target)	Region is EMA
❖ BENCHMARK 2: Number of HIV/STD brochures distributed	HHD	88,700 (2014)	88,700	3,500 (2018)	✕ Not met	Maintain =88,700 (local target)	Region is Houston/Harris County
❖ BENCHMARK 3: Number of publicly-funded targeted and routine HIV tests							Region is Houston/Harris County for HHD; EMA for TDSHS
Number of publicly-funded *targeted* HIV tests	HHD, TDSHS HIV Testing & Awareness Data	10,109 (2015)	10,109	11,963 (2018)	✓ Met	Maintain = 10,109 (local target)	
Number of publicly-funded *routine* HIV tests	HHD, TDSHS HIV Testing & Awareness Data	117,610 (2015)	117,610	129,543 (2018)	✓ Met	Maintain = 117,610 (local target)	
❖ BENCHMARK 4: New diagnoses positivity rate for publicly-funded *targeted* HIV testing	HHD, TDSHS HIV Testing & Awareness Data	1.76% (2015)	1.76%	1.54% (2018)	✕ Not met	Maintain = 1.76% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS;
❖ BENCHMARK 5: Percentage of newly diagnosed individuals identified through *targeted* HIV testing who are informed of their HIV+ status	HHD, TDSHS HIV Testing & Awareness Data	97.2% (2015)	97.2%	90.4% (HHD - 2018)	✕ Not met	Maintain or increase ≥97.2% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS Target exceeds NHAS 90% goal

Prevention and Early Identification Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 6: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year	TDSHS Late Diagnoses Data	25.9% (2014)	22.0%	23% (2017)	✖ Not met	⬜ at least 25% =19.4% (DHAP target)	Region is EMA
❖ BENCHMARK 7: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	77.4%	60% (2018)	✖ Not met	↑ to at least 85% (NHAS target)	Region is EMA
❖ BENCHMARK 8: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	77.4% (2019)	✖ Not met	Maintain or increase ≥80.4% (local target)	
❖ BENCHMARK 9: Percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	60%	59% (2018)	✖ Not met	↑ to at least 80% (NHAS target)	Region is EMA
❖ BENCHMARK 10: Number of new HIV diagnoses in high HIV/STD morbidity zip codes targeted for intervention							
Sharpstown (77036 and 77074)	HHD, eHARS	56 (2014)	48	44 (2019)	✖ Not met	↓25% =42 (NHAS target)	
Sunnyside/South Park (77033 and 77051)	HHD, eHARS	34 (2014)	29	24 (2019)	✔ Met	↓25% =26 (NHAS target)	
Greater 5th Ward (77020 and 77026)	HHD, eHARS	28 (2014)	24	30 (2019)	✖ Not met	↓25% =21 (NHAS target)	
Acres Home (77088 and 77091)	HHD, eHARS	32 (2014)	27	24 (2019)	✔ Met	↓25% =24 (NHAS target)	
Montrose (77006)	HHD, eHARS	26 (2014)	22	18 (2019)	✔ Met	↓25% =20 (NHAS target)	

Prevention and Early Identification Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 11: Rate of STD diagnoses per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)	HHD, STDMIS	CT: 600.4 GC: 184.1 P&S: 7.6 (2016)	CCT: 531.7 GC: 159.2 P&S: 7.3	CT: 592.3 GC: 187.5 P&S: 11.6 (2019)	✖ Not met ✖ Not met ✖ Not met	CT: =510.3 (local target) GC: ↓0.6%/ year =157.0 (local target) P&S: 6.7 (HP 2020 males target)	Region is Houston/Harris County CT/GC targets based on available historical data
❖ BENCHMARK 12: Number of condoms distributed	HHD	450,000 (2014)	450,000	280,000 (2019)	✖ Not met	Maintain =450,000 (local target)	Includes mass and targeted condom distribution efforts
❖ BENCHMARK 13: Number of high-risk individuals that completed an evidence-based behavioral intervention to reduce risk for HIV	HHD	4,944 (2015)	4,944	750 (2019)	✖ Not met	Maintain =4,944 (local target)	Includes completion of ILI or GLI intervention only (not CLI)
❖ BENCHMARK 14: Percentage of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training	HHD, RWGA, TRG	100% (2017)	100%	100% (2019)	✓ Met	100% (local target)	
❖ BENCHMARK 15: Number of MSM and transgender persons of color receiving pre-exposure prophylaxis (PrEP) education	Project PrIDE	1,215 (2017)	2,000	2,213 (Subcontractors) 40 (Service Linkage) 360 (HHD Clinics-2018)*	✓ Met	2,000 annually (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e. DIS and SLWs) and HHD-funded contractors. *HHD cannot provide the number of MSM and transgender POC seen by DIS and receiving PrEP education due to problems in retrieving data from THISIS. As the 2019 data is incomplete, the HHD provided the 2018 data for the number of MSM and transgender persons of color seen at HHD clinics and receiving PrEP education.
❖ BENCHMARK 16: Percentage of HIV-negative clients screened for PrEP eligibility	HHD Project PrIDE, ECLIPS, Maven	68% (2017)	71.5%	70% (2019)	✖ Not met	10% increase to 75% (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e., DIS and SLWs) and HHD-funded contractors

Gaps in Care/Reaching OOC Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Proportion of PLWH with Unmet Need	TDSHS Unmet Need Data	25.0% (2014)	20.2%	25% (2018)	✖ Not met	⬇ 1.6% annually =17.0% (local target)	Region is EMA Target based on available historic data (2010= 33.1%)
❖ BENCHMARK 2: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	77.4%	60% (2018)	✖ Not met	↑ to at least 85% (NHAS target)	Region is EMA
❖ BENCHMARK 3: Percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart)	CPCDMS	75.0% (2014)	84%	74.8% (2019)	✖ Not met	↑ to at least 90% (NHAS target)	
❖ BENCHMARK 4: Percentage of individuals with diagnosed HIV in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests in a 12 month period)	TDSHS Retention Data	61% (2014)	78.4%	68% (2018)	✖ Not met	↑ to at least 90% (NHAS target)	Region is EMA
❖ BENCHMARK 5: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	77.4% (2019)	✖ Not met	Maintain or increase ≥80.4% (local target)	
❖ BENCHMARK 6: Percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	70%	59% (2018)	✖ Not met	↑ to at least 80% (NHAS target)	Region is EMA

Address Needs of Special Pops. Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV diagnoses among each special population:							
Youth (13-24)	TDSHS eHARS	360 (2014)	186	308 (2018)	✖ Not met	↓25% =70 (NHAS target)	Region is EMA
Homeless	HMIS (potential)	54 (2014)	46	39 (2018)	✓ Met	↓25% =41 (NHAS target)	Region is Harris/Fort Bend County 2019 PIT Report – 2.9% homeless also PLWH. Applied to 2018 new dx
Incarcerated in Jail	TRG	Baseline to be established	---		Data pending	↓25% (NHAS target)	
Incarcerated in Prison	TDCJ	Baseline to be established	---		Data pending	↓25% (NHAS target)	
PWID	TDSHS eHARS	66 (2014)	56	60 (2018)	✖ Not met	↓25% =50 (NHAS target)	Region is EMA
MSM	TDSHS eHARS	930 (2014)	791	919 (2018)	✖ Not met	↓25% = 698 (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	HHD, HIV Surveillance System	20 (2016)	16	37 (2019)	✖ Not met	↓25% =14 (NHAS target)	Region is Houston/Harris County
Women of Color	TDSHS eHARS	219 (2017)	205	246 (2018)	✖ Not met	↓25% = 164 (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS eHARS	45+ = 264 55+ = 88 65+ = 20 (2014)	45+ = 217 55+ = 72 65+ = 16	45+ = 303 55+ = 112 65+ = 14	✖ Not met ✖ Not met ✓ Met	↓25% 45+ = 198 55+ = 66 65+ = 15 (NHAS target)	Region is EMA

Address Needs of Special Pops. Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ **BENCHMARK 2:** Proportion of newly-diagnosed individuals within each special population linked to clinical care within one month of their HIV diagnosis							Where region is EMA, Baseline and 2019 measure reflects 3 month linkage window
Youth (13-24)	TDSHS Linkage to Care Data	74.0% (2014)	80.6%	81% (2018)	✓ Met	85% (NHAS target)	Region is EMA
Homeless	Needs Assessment	53.9% (2016)	72.6%	45.2% (Unstable housing); 45.2% (Homeless) 2020	✗ Not met No set target	85% (NHAS target)	Region is HSDA Baseline: Unstable housing
Recently Released from Jail (*linked within 1 month of release)	TRG	Baseline to be established	---		Data pending	85% (NHAS target)	Region is HSDA Harris County Jail only.
Recently Released from Prison (*linked within 1 months of release)	TRG	Baseline to be established	---		Data pending	85% (NHAS target)	Region is HSDA
PWID	TDSHS Linkage to Care Data	85.0% (2014)	≥85.0%	76.9% (2018)	✗ Not met	85% (NHAS target)	Region is EMA
MSM	TDSHS Linkage to Care Data	78.0% (2014)	82.2%	79.2% (2018)	✗ Not met	85% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment	54.1% (2016)	72.7%	27.2% (2020)	✗ Not met	85% (NHAS target)	Region is HSDA
Women of Color	TDSHS eHARS	81% (2017)	83%	82% (2018)	✗ Not met	85% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS eHARS	45+ = 83% 55+ = 85% 65+ = Not available (2014)	45+ = 85% 55+ = 85% 65+ = 85%	45+ = 78% 55+ = 75% 65+ = 65%	✗ Not met ✗ Not met ✗ Not met	85% (NHAS target)	Region is EMA

Address Needs of Special Pops. Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 3: Proportion of PLWH with unmet need within each Special Population							NHAS 90% retention target
Youth (13-24)	TDSHS Unmet Need Analysis	24.0% (2014)	15.6%	23% (2018)	✘ Not met	10% (NHAS target)	Region is EMA
Homeless	TDSHS Unmet Need Analysis	60% (2015)	30%	48.3% (2018)	✔ Met	10% (NHAS target)	Region is EMA
Recently Released from Jail/Prison	TDSHS Minority AIDS Initiative Coordinator	Local data not available	---	Local data not available	No 2019 target specified	10% (NHAS target)	Region is HSDA 2014 NA = 11.9%
PWID	TDSHS Unmet Need Analysis	27.0% (2014)	16.8%	28% (2018)	✘ Not met	10% (NHAS target)	Region is EMA
MSM	TDSHS Unmet Need Analysis	25.0% (2014)	16%	24% (2018)	✘ Not met	10% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	TDSHS HIV Systems Consultant	17% (2017)	13.5%	Data Unavailable	Data Unavailable	10% (NHAS target)	Region is HSDA
Women of Color	TDSHS Unmet Need Analysis	To be developed	---	22.8%	No 2017 target specified	10% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS Unmet Need Analysis	45+ = 24% 55+ = 26% (2014) 65+ = 21% (2017)	45+ =14% 55+ = 15% 65+ = 16%	45+ = 25% 55+ = 25% 65+ = 31%	✘ Not met ✘ Not met ✘ Not met	10% (NHAS target)	Region is EMA
❖ BENCHMARK 4: Percentage of grievances relating to cultural and linguistic competence received through the Ryan White grievance lines and the HHD prevention "warmline" and website	HHD: RWGA; TRG	To be developed	Track only	HHD: 0% RWGA: Data Pending TRG: Data Pending	Track only	Track only	Region is Houston/Harris Count; EMA; HSDA

Coordination of Effort Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Proportion of Ryan White Planning Council members who are not employed at HIV care or prevention service providers	RWPC-OS FY Membership Roster (Program Terms Report)	19/37 (51%) (FY16)	46% - 56%	18/34 (53%) (FY19)	✓ Met	Maintain within 5 percentage points of 51% (local target)	
❖ BENCHMARK 2: Number of non-HIV prevention and care service providers requesting information about HIV services	RWPC-OS	110 (2015)	>110	These data are not reliably collected	These data are not reliably collected;	Increase (local target)	Data cannot be reliability collected and therefore cannot be measured
❖ BENCHMARK 3: Proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Core Medical Services	Needs Assessment	40.5% (2016)	<40.5%	56.6% (2020)	✗ Not met	Decrease (local target)	Baseline: Numerator = 203; Denominator = 501 Measure: Numerator = 312; Denominator = 551
❖ BENCHMARK 4: Proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Support Services	Needs Assessment	20.2% (2016)	<20.2% (2016)	9.9% (2020)	✓ Met	Decrease (local target)	Baseline: Numerator = 93 Denominator = 461 Measure: Numerator = 55; Denominator = 551
❖ BENCHMARK 5: Proportion of PLWH reporting barriers to outpatient alcohol or drug abuse treatment services	Needs Assessment	8.2% (2016)	<8.2% (2016)	10.8% (2020)	✗ Not met	Decrease (local target)	Baseline: Numerator = 10 Denominator = 122 Measure: Numerator = 15 Denominator = 139

Coordination of Effort Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ **BENCHMARK 6:** Proportion of PLWH reporting barriers to professional mental health counseling	Needs Assessment	12.1% (2016)	<12.1%	10.2% (2020)	✔ Met	Decrease (local target)	Baseline: Numerator = 32 Denominator = 265 Measure: Numerator = 30 Denominator = 293
❖ **BENCHMARK 7:** Proportion of PLWH reporting housing instability	Needs Assessment	25.6% (2016)	≤25.6%	32% (2020)	✘ Not met	Maintain / decrease =25.6% (local target)	Target based on current resources and planning
❖ **BENCHMARK 8:** Percentage of Ryan White HIV/AIDS Program clients with Medicaid or Medicare enrollment	CPCDMS	27% (2014)	>27%	21.7% (2019)	✘ Not met	Increase (local target)	
❖ **BENCHMARK 9:** Proportion of Ryan White HIV/AIDS Program clients who may qualify for Medicaid or Medicare, but who are not enrolled in either program	CPCDMS	To be developed	---	RWGA cannot determine who may be qualified for Medicaid or Medicare	RWGA cannot determine who may be qualified for Medicaid or Medicare	Decrease (local target)	RWGA cannot determine who may be qualified for Medicaid or Medicare
❖ **BENCHMARK 10:** Percentage of Ryan White HIV/AIDS Program clients with private health insurance (including Marketplace QHPs)	CPCDMS	10% (2014)	>10%	16.1% (2019)	✔ Met	Increase (local target)	Baseline to be updated
❖ **BENCHMARK 11:** Proportion of Ryan White HIV/AIDS Program who may qualify for an Advanced Premium Tax Credit, but who are not enrolled in an ACA Marketplace QHP.	CPCDMS	77% (2017)	<77%	79% (2019)	✘ Not met	Decrease (local target)	6.3% of RW enrolled in QHP in 2015

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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	9,869,619	201,116	413,485	0	0	10,484,220	45.77%	10,335,560	148,660		3,436,575	33%	67%
1.a	Primary Care - Public Clinic (a)	3,591,064					3,591,064	15.68%	3,591,064	0	3/1/2020	$288,133	8%	67%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	952,498		121,162			1,073,660	4.69%	1,073,660	0	3/1/2020	$924,802	86%	67%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	798,473		121,162			919,635	4.02%	919,635	0	3/1/2020	$747,626	81%	67%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,035,846		121,162			1,157,008	5.05%	1,157,008	0	3/1/2020	$302,703	26%	67%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761		25,000			1,174,761	5.13%	1,174,761	0	3/1/2020	$713,769	61%	67%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540					1,874,540	8.18%	1,874,540	0	3/1/2020	$209,667	11%	67%
1.g	Primary Care - Pediatric (a.1)	15,437	1,116				16,553	0.07%	16,553	0	3/1/2020	$5,100	31%	67%
1.h	Vision	452,000		25,000			477,000	2.08%	477,000	0	3/1/2020	$244,775	51%	67%
1.x	Primary Care Health Outcome Pilot	0	200,000				200,000	0.87%	51,340	148,660	7/14/2020	$0	0%	67%
2	Medical Case Management	2,185,802	-160,051	25,000	0	0	2,050,751	8.95%	2,050,751	0		854,636	42%	67%
2.a	Clinical Case Management	488,656		25,000			513,656	2.24%	513,656	0	3/1/2020	$269,270	52%	67%
2.b	Med CM - Public Clinic (a)	427,722					427,722	1.87%	427,722	0	3/1/2020	$50,549	12%	67%
2.c	Med CM - Targeted to AA (a) (e)	266,070					266,070	1.16%	266,070	0	3/1/2020	$197,127	74%	67%
2.d	Med CM - Targeted to H/L (a) (e)	266,072					266,072	1.16%	266,072	0	3/1/2020	$97,691	37%	67%
2.e	Med CM - Targeted to W/MSM (a) (e)	52,247					52,247	0.23%	52,247	0	3/1/2020	$60,255	115%	67%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.20%	273,760	0	3/1/2020	$103,199	38%	67%
2.g	Med CM - Women at Public Clinic (a)	125,311					125,311	0.55%	125,311	0	3/1/2020	$36,024	29%	67%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	-160,051				0	0.00%	0	0	3/1/2020	$0	#DIV/0!	67%
2.i	Med CM - Targeted to Veterans	80,025					80,025	0.35%	80,025	0	3/1/2020	$30,891	39%	67%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.20%	45,888	0	3/1/2020	$9,628	21%	67%
3	Local Pharmacy Assistance Program	3,157,166	0	0	0	0	3,157,166	13.78%	3,157,166	0	3/1/2020	$840,772	27%	67%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	610,360					610,360	2.66%	610,360	0	3/1/2020	$55,042	9%	67%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	2,546,806					2,546,806	11.12%	2,546,806	0	3/1/2020	$785,730	31%	67%
4	Oral Health	166,404	0	0	0	0	166,404	0.73%	166,404	0	3/1/2020	75,200	45%	67%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404					166,404	0.73%	166,404	0	3/1/2020	$75,200	45%	67%
5	Health Insurance (c)	1,339,239	43,898	0	0	0	1,383,137	6.04%	1,383,137	0	3/1/2020	$534,644	39%	67%
6	Mental Health Services (c)	0					0	0.00%	0	0	NA	$0	0%	0%
7	Early Intervention Services (c)	0					0	0.00%	0	0	NA	$0	0%	0%
8	Home and Community-Based Services (c)	0					0	0.00%	0	0	NA	$0	0%	0%
9	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.20%	45,677	0	3/1/2020	$1,850	0%	67%
10	Medical Nutritional Therapy (supplements)	341,395	0	40,000	0	0	381,395	1.67%	381,395	0	3/1/2020	$257,325	67%	67%
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	1.83%	420,000	0	3/1/2020	$163,800	39%	67%
13	Emergency Financial Assistance	525,000	0	0	0	0	525,000	2.29%	525,000	0	3/1/2020	$230,896	44%	67%
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	1,381,002	0	117,000	0	0	1,498,002	6.54%	1,498,002	0		604,063	40%	67%
15.a	Service Linkage targeted to Youth	110,793					110,793	0.48%	110,793	0	3/1/2020	$24,088	22%	67%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000					100,000	0.44%	100,000	0	3/1/2020	$24,330	24%	67%
15.c	Service Linkage at Public Clinic (a)	427,000					427,000	1.86%	427,000	0	3/1/2020	$98,147	23%	67%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	743,209		117,000			860,209	3.76%	860,209	0	3/1/2020	$457,498	53%	67%
16	Medical Transportation	424,911	0	0	0	0	424,911	1.86%	424,911	0		234,748	55%	67%
16.a	Medical Transportation services targeted to Urban	252,680					252,680	1.10%	252,680	0	3/1/2020	$164,434	65%	67%
16.b	Medical Transportation services targeted to Rural	97,185					97,185	0.42%	97,185	0	3/1/2020	$70,314	72%	67%
16.c	Transportation vouchering (bus passes & gas cards)	75,046					75,046	0.33%	75,046	0	3/1/2020	$0	0%	0%
17	Linguistic Services (c)	0					0	0.00%	0	0	NA	$0	0%	0%
	Total Service Dollars	19,856,215	84,963	595,485	0	0	20,536,663	87.83%	20,388,003	148,660		7,234,510	35%	67%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	7.84%	1,795,958	0	N/A	0	0%	67%

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
BEU2517	HCPHES/RWGA Section	1,271,050		0		0	1,271,050	5.55%	1,271,050	0	N/A		0%	67%
PG	RWPC Support*	524,908			0	0	524,908	2.29%	524,908	0	N/A		0%	67%
BEU2521	Quality Management	412,940		0	0	0	412,940	1.80%	412,940	0	N/A		0%	67%
		22,065,113	84,963	595,485	0	0	22,745,561	97.47%	22,596,901	148,660		7,234,510	32%	67%
								Unallocated	Unobligated					
	Part A Grant Award:	22,309,011	Carry Over:	595,485		Total Part A:	22,904,496	158,935	148,660					

		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)	17,105,302	84,963	478,485	0	0	17,668,750	86.04%	5,464,508	81.58%				
	Non-Core (may not exceed 25% of total service dollars)	2,750,913	0	117,000	0	0	2,867,913	13.96%	1,233,508	18.42%				
	Total Service Dollars (does not include Admin and QM)	19,856,215	84,963	595,485	0	0	20,536,663		6,698,016					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	7.06%						
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.62%						

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	1,887,283	115,502	106,554	0	0	2,109,339	86.82%	2,109,339	0		831,875	39%	67%
1.b (MAI)	Primary Care - CBO Targeted to African American	954,912	58,441	53,277			1,066,630	43.90%	1,066,630	0	3/1/2020	$482,625	45%	67%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	932,371	57,061	53,277			1,042,709	42.92%	1,042,709	0	3/1/2020	$349,250	33%	67%
2	Medical Case Management	320,100	0	0	0	0	320,100	13.18%	320,100	0		$96,618	30%	67%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	6.59%	160,050	0	3/1/2020	$44,448	28%	67%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.59%	160,050	0	3/1/2020	$52,170	33%	67%
	Total MAI Service Funds	2,207,383	115,502	106,554	0	0	2,429,439	100.00%	2,429,439	0		928,493	38%	67%
	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%
BEO2518	Total MAI Funds	2,207,383	115,502	106,554	0	0	2,429,439	100.00%	2,429,439	0		928,493	38%	67%
	MAI Grant Award	2,429,513	Carry Over:	106,554		Total MAI:	2,536,067							
	Combined Part A and MAI Orginial Allocation Total	24,272,496												

Footnotes:

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

FY 2019 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 2nd Quarter (3/1-8/31)

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	5,378	73%	25%	2%	46%	12%	2%	39%	0%	0%	5%	27%	28%	12%	26%	2%
1.a	Primary Care - Public Clinic (a)	2,350	1,785	69%	30%	1%	47%	8%	2%	43%	0%	0%	2%	16%	27%	14%	38%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,475	66%	31%	3%	99%	0%	1%	0%	0%	0%	6%	36%	28%	11%	17%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,197	81%	15%	4%	0%	0%	0%	100%	0%	1%	6%	32%	31%	12%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	466	87%	11%	2%	0%	86%	14%	0%	0%	0%	3%	27%	24%	11%	32%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	542	70%	29%	1%	44%	24%	2%	30%	0%	0%	6%	30%	26%	13%	23%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	495	0%	100%	0%	55%	6%	1%	38%	0%	0%	1%	11%	28%	19%	36%	4%
1.g	Primary Care - Pediatric (a)	7	8	75%	25%	0%	38%	0%	0%	63%	13%	38%	50%	0%	0%	0%	0%	0%
1.h	Vision	1,600	1,443	73%	26%	2%	50%	12%	2%	35%	0%	0%	5%	24%	25%	13%	30%	3%
2	Medical Case Management (f)	3,075	3,816															
2.a	Clinical Case Management	600	691	76%	21%	2%	56%	14%	1%	29%	0%	0%	4%	23%	26%	12%	31%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	366	89%	10%	1%	54%	14%	1%	31%	0%	0%	2%	21%	27%	10%	36%	3%
2.c	Med CM - Targeted to AA (a)	550	1,149	68%	29%	3%	99%	0%	1%	0%	0%	1%	6%	35%	25%	11%	20%	2%
2.d	Med CM - Targeted to H/L(a)	550	545	79%	16%	5%	0%	0%	0%	100%	0%	1%	6%	30%	28%	12%	20%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	260	353	89%	10%	2%	0%	90%	10%	0%	0%	0%	3%	25%	21%	11%	34%	6%
2.f	Med CM - Targeted to Rural (a)	150	400	68%	31%	1%	48%	27%	3%	23%	0%	0%	6%	22%	22%	12%	35%	4%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	166	0%	100%	0%	70%	8%	1%	21%	0%	0%	2%	16%	31%	10%	38%	4%
2.h	Med CM - Targeted to Pedi (a)	125	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.i	Med CM - Targeted to Veterans	200	137	93%	7%	0%	68%	20%	0%	12%	0%	0%	0%	1%	5%	1%	65%	28%
2.j	Med CM - Targeted to Youth	120	9	67%	33%	0%	78%	11%	0%	11%	0%	11%	89%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	3,989	74%	23%	3%	47%	14%	2%	38%	0%	0%	4%	28%	28%	14%	24%	1%
4	Oral Health	200	161	62%	37%	1%	41%	28%	2%	29%	0%	0%	4%	20%	24%	14%	34%	5%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	161	62%	37%	1%	41%	28%	2%	29%	0%	0%	4%	20%	24%	14%	34%	5%
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	1,279	78%	20%	1%	46%	24%	3%	28%	0%	0%	2%	16%	18%	12%	42%	10%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	6	100%	0%	0%	17%	67%	0%	17%	0%	0%	0%	33%	17%	33%	17%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	395	75%	24%	1%	40%	22%	4%	35%	0%	0%	1%	11%	15%	12%	47%	14%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	476	77%	20%	3%	60%	12%	1%	27%	0%	1%	6%	34%	24%	11%	23%	2%
13	Non-Medical Case Management	7,045	5,437															
13.a	Service Linkage Targeted to Youth	320	109	72%	27%	1%	58%	3%	2%	38%	0%	14%	86%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	55	75%	22%	4%	64%	9%	0%	27%	0%	0%	0%	58%	20%	11%	11%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,583	66%	33%	1%	56%	9%	1%	34%	0%	0%	0%	16%	25%	14%	40%	4%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	2,690	75%	22%	3%	53%	15%	2%	31%	1%	1%	5%	29%	23%	12%	25%	3%
14	Transportation	2,850	1,341															
14.a	Transportation Services - Urban	170	632	67%	30%	2%	58%	9%	2%	31%	0%	0%	4%	31%	27%	11%	22%	4%
14.b	Transportation Services - Rural	130	172	67%	31%	2%	36%	34%	2%	28%	0%	0%	5%	20%	24%	15%	31%	5%
14.c	Transportation vouchering	2,550	537															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	NA	217	74%	24%	2%	50%	14%	0%	35%	0%	0%	3%	30%	23%	15%	27%	2%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
	Net unduplicated clients served - all categories*	12,941	11,150	73%	25%	2%	51%	14%	2%	33%	0%	1%	4%	24%	24%	12%	30%	4%
	Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)	NA																	

FY 2019 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 2nd Quarter (03/01 -08/31)

Priority	Service Category — MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	803	70%	28%	2%	99%	0%	1%	0%	0%	0%	6%	34%	31%	11%	17%	0%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	633	82%	15%	4%	0%	0%	0%	100%	0%	0%	6%	33%	32%	13%	15%	1%
2	**Medical Case Management (f)**																	
2.c	Med CM - Targeted to AA (a)	1,060	392	79%	18%	3%	47%	16%	2%	35%	0%	1%	9%	33%	23%	14%	18%	2%
2.d	Med CM - Targeted to H/L(a)	960	319	86%	11%	2%	61%	23%	2%	14%	0%	0%	14%	32%	18%	11%	18%	7%

RW Part A New Client Service Utilization Report - 2nd Quarter (03/01-08/31)
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/20 - 2/28/21)

Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	634	76%	21%	3%	51%	13%	2%	34%	0%	1%	11%	36%	23%	11%	1%	18%
2	LPAP	1,200	359	79%	18%	3%	47%	16%	2%	35%	0%	1%	9%	33%	23%	14%	2%	18%
3.a	Clinical Case Management	400	44	86%	11%	2%	61%	23%	2%	14%	0%	0%	14%	32%	18%	11%	7%	18%
3.b-3.h	Medical Case Management	1,600	540	76%	21%	3%	51%	15%	2%	31%	0%	1%	11%	37%	21%	10%	1%	18%
3.i	Medical Case Management - Targeted to Veterans	60	19	89%	11%	0%	84%	11%	0%	5%	0%	0%	0%	5%	21%	0%	16%	58%
4	Oral Health	40	15	47%	53%	0%	40%	33%	7%	20%	0%	0%	13%	7%	20%	33%	0%	27%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	798	72%	26%	2%	58%	13%	2%	27%	1%	2%	9%	29%	22%	12%	24%	2%
12.b	Service Linkage at Testing Sites	260	32	78%	19%	3%	69%	9%	0%	22%	0%	3%	19%	41%	19%	13%	6%	0%

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
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served

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

Reflects spending through June 2020

Spending Target: 25.0%

Revised 8/26/20

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care (1)	$1,758,878	52%	$0	$1,758,878	$0	$1,758,878	4/1/2020	$186,700	11%
	Oral Health Care -Prosthodontics	$460,000	14%	$0	$460,000	$0	$460,000	4/1/2020	$78,822	17%
5	Health Insurance Premiums and Cost Sharing (2)	$1,028,433	31%	$0	$1,028,433	$0	$1,028,433	4/1/2020	$105,489	10%
8	Home and Community Based Health Services	$113,315	3%	$0	$113,315	$0	$113,315	4/1/2020	$24,080	21%
	Increased RWB Award added to OHS per Increase Scenario*	$0	0%	$0	$0					
	Total Houston HSDA	3,360,626	100%	0	3,360,626	$0	$2,900,626		395,091	14%

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

(1) OHC- service utilization has decreased due to the interruption of COVID.

(2) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31

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

Chart reflects spending through June 2020

Spending Target: 83.33%

Revised   8/26/2020

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	$864,506	43%	$0	$864,506	$0	$864,506	9/1/2019	$679,278	79%
6	Mental Health Services (2)	$300,000	15%	$0	$300,000	$0	$300,000	9/1/2019	$121,018	40%
7	EIS - Incarcerated	$175,000	9%	$0	$175,000	$0	$175,000	9/1/2019	$131,679	75%
11	Hospice (3)	$259,832	13%	$0	$259,832	$0	$259,832	9/1/2019	$249,920	96%
	Non Medical Case Management (4)	$350,000	17%	$0	$350,000	$0	$350,000	9/1/2019	$195,428	56%
15	Linguistic Services (5)	$68,000	3%	$0	$68,000	$0	$68,000	9/1/2019	$42,375	62%
	Increased award amount -Approved by RWPC for Health Insurance (a)	$0	0%	-$142,285						
	Total Houston HSDA	2,017,338	100%	-$142,285	$2,017,338	$0	$1,667,338		1,419,697	85%

Note

(1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31

(2) Mental Health reporting services utilization is down and additional back billing has not been submitted. In addition some groups have been suspended for the first two months of COVID.

(3) Hospice- There has been an continuous increase in

(4) N-Medical Case Management service utilization has decreased due to the interruption of COVID. Service is also behind one month of submitting billing.

(5) Linguistic- service utilization has decreased due to the interruption of COVID.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2019-7/31/20

Revised: 9/2/2020

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1932	$172,288.60	829			0
Medical Deductible	129	$20,904.36	111			0
Medical Premium	6525	$2,390,090.28	802			0
Pharmacy Co-Payment	17201	$557,113.50	1468			0
APTC Tax Liability	1	$500.00	1			0
Out of Network Out of Pocket	0	$0.00	0			0
ACA Premium Subsidy Repayment	17	$1,614.02	9	NA	NA	NA
Totals:	25805	$3,139,282.72	3220	0	$0.00	

Comments: **This report represents services provided under all grants.**

Harris County
Public Health
Building a Healthy Community

2021-2022 Houston EMA: RWGA Part A
Standards of Care for HIV Services
Ryan White Grant Administration Section
SUMMARY OF PROPOSED CHANGES
AS OF 10/15/2020

* = Initiated based on feedback received from RWPC

ISSUE	LOCATION	CURRENT	PROPOSED
*Clarify requirements of communication pathways to specify plan for clients	General Standards 7.3 Emergency Management	"The emergency preparedness plan shall address the six critical areas for emergency management including • Communication pathways • Essential resources and assets…"	"The emergency preparedness plan shall address the six critical areas for emergency management including • Communication pathways (for both clients and staff) • Essential resources and assets…"
Addition of Emergency Financial Assistance- Other	N/A	N/A	SEE ATTACHMENT
Reduce unnecessary burden on CCM when not indicated as necessary by assessment	Clinical Case Management 2.3	"Case conferences must at a minimum include the clinical case manager; mental health/counselor and/or medical case manager and occur at least every three (3) months for the duration of Clinical Case Management services."	"Case conferences must at a minimum include the clinical case manager; mental health/counselor and/or medical case manager and occur at least every six (6) months or more often if clinically indicated for the duration of Clinical Case Management services."

Harris County
Public Health
Building a Healthy Community

202**1**-202**2** HOUSTON ELIGIBLE METROPOLITAN AREA: RYAN WHITE CARE
ACT PART A
STANDARDS OF CARE FOR HIV SERVICES
RYAN WHITE GRANT ADMINISTRATION SECTION
HARRIS COUNTY PUBLIC HEALTH (HCPH)

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Introduction

According to the Joint Commission (2008)[1], a standard is a "statement that defines performance expectations, structures, or processes that must be in place for an organization to provide safe, high-quality care, treatment, and services". Standards are developed by subject experts and are usually the minimal acceptable level of quality in service delivery. The Houston EMA Ryan White Grant Administration (RWGA) Standards of Care (SOCs) are based on multiple sources including RWGA on-site program monitoring results, consumer input, the US Public Health Services guidelines, Centers for Medicare and Medicaid Conditions of Participation (COP) for health care facilities, Joint Commission accreditation standards, the Texas Administrative Code, Center for Substance Abuse and Treatment (CSAT) guidelines and other federal, state and local regulations.

Purpose
The purpose of the Ryan White Part A SOCs is to determine the minimal acceptable levels of quality in service delivery and to provide a measurement of the effectiveness of services.

Scope
The Houston EMA SOCs apply to Part A funded HRSA defined core and support services including the following services in FY 2020-2021:

- *Primary Medical Care*
- *Vision Care*
- *Medical Case Management*
- *Clinical Case Management*
- *·Local AIDS Pharmaceutical Assistance Program (LPAP)*
- *Oral Health*
- **Health Insurance Assistance**
- Hospice Care
- Mental Health Services
- *Substance Abuse services*
- Home & Community Based Services (Facility-Based)
- Early Intervention Services
- *Medical Nutrition Supplement*
- *Outreach*
- *Non-Medical Case Management (Service Linkage)*
- *Transportation*
- Linguistic Services
- *Emergency Financial Assistance*
- Referral for Healthcare & Support Services

Part A funded services
Combination of Parts A, B, and/or Services funding

Standards Development
The first group of standards was developed in 1999 following HRSA requirements for sub grantees to implement monitoring systems to ensure subcontractors complied with contract requirements. Subsequently, the RWGA facilitates annual work group meetings to review the standards and to make

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[1] The Joint Commission (formerly known as Joint Commission on Accreditation of Healthcare Organization (2008)). Comprehensive accreditation manual for ambulatory care; Glossary

applicable changes. Workgroup participants include physicians, nurses, case managers and executive staff from subcontractor agencies as well as consumers.

Organization of the SOCs
The standards cover all aspect of service delivery for all funded service categories. Some standards are consistent across all service categories and therefore are classified under general standards.
These include:

- Staff requirements, training and supervision
- Client rights and confidentiality
- Agency and staff licensure
- Emergency Management

The RWGA funds three case management models. Unique requirements for all three case management service categories have been classified under Service Specific SOCs "Case Management (All Service Categories)". Specific service requirements have been discussed under each service category.
All new and/or revised standards are effective at the beginning of the fiscal year.

GENERAL STANDARDS

	Standard	Measure
1.0	**Staff Requirements**	
1.1	Staff Screening (Pre-Employment) Staff providing services to clients shall be screened for appropriateness by provider agency as follows: • Personal/Professional references • Personal interview • Written application Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.	• Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel and/or volunteer files indicates compliance
1.2	Initial Training: Staff/Volunteers Initial training includes eight (8) hours of: HIV basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers (e.g. job description), agency-specific information (e.g. Drug Free Workplace policy) and customer service training must be completed within 60 days of hire. https://www.sba.gov/course/customer-service/	• Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	Staff Performance Evaluation Agency will perform annual staff performance evaluation.	• Completed annual performance evaluation kept in employee's file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training to include information on working with people of all races, ethnicities, nationalities, gender identities, and sexual orientations and an	• Documentation of training is maintained by the agency in the personnel file

	additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire. All staff with greater than 5 years with their current employer must receive two (2) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually.	
1.5	Required trainings offered through RWGA For required trainings that RWGA offers (IPV, Cultural Competency, and Field Safety), Agency must request a waiver for agency-based training alternative that meets or exceeds the RWGA requirements.	• RWGA Waiver is approved prior to Agency utilizing agency-based training curriculum
1.6	Staff education on eligibility determination and fee schedule Agency must provide training on agency's policies and procedures for eligibility determination and sliding fee schedule for, but not limited to, case managers, and eligibility & intake staff annually. All new employees must complete within ninety (90) days of hire.	• Documentation of training in employee's record
2.0	**Services utilize effective management practices such as cost effectiveness, human resources and quality improvement.**	
2.1	Service Evaluation Agency has a process in place for the evaluation of client services.	• Review of Agency's Policies and Procedures Manual indicates compliance • Staff interviews indicate compliance.
2.2	Subcontractor Monitoring Agency that utilizes a subcontractor in delivery of service, must have established policies and procedures on subcontractor monitoring that include: • Fiscal monitoring • Program • Quality of care • Compliance with guidelines and standards Reviewed Annually	• Documentation of subcontractor monitoring • Review of Agency's Policies and Procedures Manual indicates compliance
2.3	Staff Guidelines Agency develops written guidelines for staff, which include, at a minimum, agency-specific policies and procedures (staff selection, resignation and	• Personnel file contains a signed statement acknowledging that staff guidelines were reviewed and that the

		termination process, and position descriptions); client confidentiality; health and safety requirements; complaint and grievance procedures; emergency procedures; and statement of client rights; staff must review these guidelines annually	employee understands agency policies and procedures
2.4	Work Conditions Staff/volunteers have the necessary tools, supplies, equipment and space to accomplish their work.		• Inspection of tools and/or equipment indicates that these are in good working order and in sufficient supply • Staff interviews indicate compliance
2.5	Staff Supervision Staff services are supervised by a paid coordinator or manager.		• Review of personnel files indicates compliance • Review of Agency's Policies and Procedures Manual indicates compliance
2.6	Professional Behavior Staff must comply with written standards of professional behavior.		• Staff guidelines include standards of professional behavior • Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel files indicates compliance • Review of agency's complaint and grievance files
2.7	Communication There are procedures in place regarding regular communication with staff about the program and general agency issues.		• Review of Agency's Policies and Procedures Manual indicates compliance • Documentation of regular staff meetings • Staff interviews indicate compliance
2.8	Accountability There is a system in place to document staff work time.		• Staff time sheets or other documentation indicate compliance

2.9	Staff Availability Staff are present to answer incoming calls during agency's normal operating hours.	• Published documentation of agency operating hours • Staff time sheets or other documentation indicate compliance
3.0	**Clients Rights and Responsibilities**	

3.1	Clients Rights and Responsibilities
	Agency reviews Client Rights and Responsibilities Statement with each client in a language and format the client understands. Agency provides client with written copy of client rights and responsibilities, including:
	   • Informed consent
	   • Confidentiality
	   • Grievance procedures
	   • Duty to warn or report certain behaviors
	   • Scope of service
	   • Criteria for end of services
		• Documentation in client's record

3.2	Confidentiality Agency maintains Policy and Procedure regarding client confidentiality in accordance with RWGA site visit guidelines, local, state and federal laws. Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency. There is a written policy statement regarding client confidentiality form signed by each employee and included in the personnel file.	• Review of Agency's Policies and Procedures Manual indicates compliance • Clients interview indicates compliance • Agency's structural layout and information management indicates compliance • Signed confidentiality statement in each employee's personnel file
3.3	Consents All consent forms comply with state and federal laws, are signed by an individual legally able to give consent and must include the Consent for Services form and a consent for release/exchange of information for every individual/agency to whom client identifying information is disclosed, regardless of whether or not HIV status is revealed.	• Agency Policy and Procedure and signed and dated consent forms in client record

3.4	**Up to date Release of Information** Agency obtains an informed written consent of the client or legally responsible person prior to the disclosure or exchange of certain information about client's case to another party (including family members) in accordance with the RWGA Site Visit Guidelines, local, state and federal laws. The release/exchange consent form must contain: • Name of the person or entity permitted to make the disclosure • Name of the client • The purpose of the disclosure • The types of information to be disclosed • Entities to disclose to • Date on which the consent is signed • The expiration date of client authorization (or expiration event) no longer than two years • Signature of the client/or parent, guardian or person authorized to sign in lieu of the client. • Description of the *Release of Information*, its components, and ways the client can nullify it Release/exchange of information forms must be completed entirely in the presence of the client. Any unused lines must have a line crossed through the space.	• Current Release of Information form with all the required elements signed by client or authorized person in client's record
3.5	**Grievance Procedure** Agency has Policy and Procedure regarding client grievances that is reviewed with each client in a language and format the client can understand and a written copy of which is provided to each client. Grievance procedure includes but is not limited to: • to whom complaints can be made • steps necessary to complain • form of grievance, if any • time lines and steps taken by the agency to resolve the grievance • documentation by the agency of the process, including a standardized grievance/complaint form available in a language and format understandable to the client • all complaints or grievances initiated by clients are documented on the Agency's standardized form	• Signed receipt of agency Grievance Procedure, filed in client chart • Review of Agency's Policies and Procedures Manual indicates compliance • Review of Agency's Grievance file indicates compliance, • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #2

	- resolution of each grievance/complaint is documented on the Standardized form and shared with client - confidentiality of grievance - addresses and phone numbers of licensing authorities and funding sources - language outlining that clients cannot be retaliated against for filing grievances	
3.6	**Conditions Under Which Discharge/Closure May Occur** A client may be discharged from Ryan White funded services for the following reasons. - Death of the client - At the client's or legal guardian request - Changes in client's need which indicates services from another agency - Fraudulent claims or documentation about HIV diagnosis by the client - Client actions put the agency, case manager or other clients at risk. Documented supervisory review is required when a client is terminated or suspended from services due to behavioral issues. - Client moves out of service area, enters jail or cannot be contacted for sixty (60) days. Agency must document three (3) attempts to contact clients by more than one method (e.g. phone, mail, email, text message, in person via home visit). - Client service plan is completed and no additional needs are identified. Client must be provided a written notice prior to involuntary termination of services (e.g. due to dangerous behavior, fraudulent claims or documentation, etc.).	- Documentation in client record and in the Centralized Patient Care Data Management System - A copy of written notice and a certified mail receipt for involuntary termination
3.7	**Client Closure** A summary progress note is completed in accordance with Site Visit Guidelines within three (3) working days of closure, including: - Date and reason for discharge/closure - Summary of all services received by the client and the client's response to services - Referrals made and/or - Instructions given to the individual at discharge (when applicable)	Documentation in client record and in the Centralized Patient Care Data Management System

3.8	Client Feedback In addition to the RWGA standardized client satisfaction survey conducted on an ongoing basis (no less than annually), Agency must have structured and ongoing efforts to obtain input from clients (or client caregivers, in cases where clients are unable to give feedback) in the design and delivery of services. Such efforts may include client satisfaction surveys, focus groups and public meetings conducted at least annually. Agency may also maintain a visible suggestion box for clients' inputs. Analysis and use of results must be documented. Agency must maintain a file of materials documenting Consumer Advisory Board (CAB) membership and meeting materials (applicable only if agency has a CAB). • Agencies that serve an average of 100 or more unduplicated clients monthly under combined RW/A, MAI, RW/B and SS funding must implement a CAB. The CAB must meet regularly (at least 4 times per year) at a time and location conducive to consumer participation to gather, support and encourage client feedback, address issues which impact client satisfaction with services and provide Agency with recommendations to improve service delivery, including accessibility and retention in care.	• Documentation of clients' evaluation of services is maintained • Documentation of CAB and public meeting minutes • Documentation of existence and appropriateness of a suggestion box or other client input mechanism • Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted annually • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #1
3.9	Patient Safety (Core Services Only) Agency shall establish mechanisms to implement National Patient Safety Goals (NPSG) modeled after the current Joint Commission accreditation *for Ambulatory Care* (www.jointcommission.org) to ensure patients' safety. The NPSG to be addressed include the following as applicable: • "Improve the accuracy of patient identification • Improve the safety of using medications • Reduce the risk of healthcare-associated infections • Accurately and completely reconcile medications across the continuum of care • Universal Protocol for preventing Wrong Site, Wrong Procedure and Wrong Person Surgery" (www.jointcommission.org)	• Review of Agency's Policies and Procedures Manual indicates compliance
3.10	Client Records Provider shall maintain all client records.	• Review of agency's policy and procedure for records administration indicates compliance

4.0	Accessibility	
4.1	Cultural Competence Agency demonstrates a commitment to provision of services that are culturally sensitive and language competent for Limited English Proficient (LEP) individuals and people of all gender identities and sexual orientations	• Agency has procedures for obtaining translation services • Client satisfaction survey indicates compliance • Policies and procedures demonstrate commitment to the community and culture of the clients • Availability of interpretive services, bilingual staff, and staff trained in cultural competence • Agency has vital documents including, but not limited to applications, consents, complaint forms, and notices of rights translated in client record • Agency has facilities available for consumers of all gender identities, including gender-neutral restrooms.
4.2	Client Education Agency demonstrates capacity for client education and provision of information on community resources	• Availability of the blue book and other educational materials • Documentation of educational needs assessment and client education in clients' records
4.3	Special Service Needs Agency demonstrates a commitment to assisting individuals with special needs	• Agency compliance with the Americans with Disabilities Act (ADA). • Review of Policies and Procedures indicates compliance • Environmental Review shows a facility that is handicapped accessible
4.4	Provision of Services for low-Income Individuals Agency must ensure that facility is handicap accessible and is also accessible by public transportation (if in area served by METRO). Agency must have policies and procedures in place that ensures access to transportation services if facility is not accessible by public transportation. Agency should not have policies that dictate a dress code or conduct that may act as barrier to care for low income individuals.	• Facility is accessible by public transportation • Review of Agency's Policies and Procedures Manual indicates compliance

		• Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #4
4.5	**Proof of HIV Diagnosis** Documentation of the client's HIV status is obtained at or prior to the initiation of services or registration services. An anonymous test result may be used to document HIV status temporarily (up to sixty [60] days). It must contain enough information to ensure the identity of the subject with a reasonable amount of certainty.	• Documentation in client record as per RWGA site visit guidelines or TRG Policy SG-03 • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #3
4.6	**Provision of Services Regardless of Current or Past Health Condition** Agency must have Policies and Procedures in place to ensure that clients living with HIV are not denied services due to current or pre-existing health condition or non-HIV related condition. A file must be maintained on all clients who are refused services and the reason for refusal.	• Review of Policies and Procedures indicates compliance • A file containing information on clients who have been refused services and the reasons for refusal • Source Citation: HAB Program Standards; Section D: #1
4.7	**Client Eligibility** In order to be eligible for services, individuals must meet the following: • HIV+ • Residence in the Houston EMA/ HSDA (With prior approval, clients can be served if they reside outside of the Houston EMA/HSDA.) • Income no greater than 300% of the Federal Poverty level (unless otherwise indicated) • Proof of identification • Ineligibility for third party reimbursement	• Documentation of HIV+ status, residence, identification and income in the client record • Documentation of ineligibility for third party reimbursement • Documentation of screening for Third Party Payers in accordance with RWGA site visit guidelines • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section B:Eligibility Determination/Screening #1
4.8	**Re-certification of Client Eligibility** Agency conducts six (6) month re-certification of eligibility for all clients. At a minimum, agency confirms an individual's income, residency and re-screens, as	• Client record contains documentation of re-certification of client residence,

	appropriate, for third-party payers. Third party payers include State Children's Health Insurance Programs (SCHIP), Medicare (including Part D prescription drug benefit) and private insurance. At one of the two required re-certifications during a year, agency may accept client self-attestation for verifying that an individual's income, residency, and insurance status complies with the RWGA eligibility requirements. Appropriate documentation is required for changes in status and at least once a year (defined as a 12-month period) with renewed eligibility with the CPCDMS. Agency must ensure that Ryan White is the Payer of last resort and must have policies and procedures addressing strategies to enroll all eligible uninsured clients into Medicare, Medicaid, private health insurance and other programs. Agency policy must also address coordination of benefits, billing and collection. Clients eligible for Department of Veterans Affairs (VA) benefits are duly eligible for Ryan White services and therefore exempted from the payer of last resort requirement. Agency must verify 3rd party payment coverage for eligible services at every visit or monthly (whichever is less frequent)	income and rescreening for third party payers at least every six (6) months - Review of Policies and Procedures indicates compliance - Information in client's files that includes proof of screening for insurance coverage (i.e. hard/scanned copy of results) - Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section B:Eligibility Determination/Screening #1 and #2 - Source Citation: HIV/AIDS Bureau (HAB) Policy Clarification Notice #13-02
4.9	<u>Charges for Services</u> Agency must institute Policies and Procedures for cost sharing including enrollment fees, premiums, deductibles, co-payments, co-insurance, sliding fee discount, etc. and an annual cap on these charges. Agency should not charge any of the above fees regardless of terminology to any Ryan White eligible patient whose gross income level (GIL)is ≤ 100% of the Federal Poverty Level (FPL) as documented in the CPCDMS for any services provided. Clients whose gross income is between 101-300% may be charged annual aggregate fees in accordance with the legislative mandate outlined below: 101%-200% of FPL---5% or less of GIL 201%-300% of FPL---7% or less of GIL >300% of FPL ---------10% or less of GIL Additionally, agency must implement the following: - Six (6) month evaluation of clients to establish individual fees and cap (i.e. the six (6) month CPCDMS registration or registration update.) - Tracking of charges - A process for alerting the billing system when the cap is reached so client will not be charged for the rest of the calendar year. - Documentation of fees	- Review of Policies and Procedures indicates compliance - Review of system for tracking patient charges and payments indicate compliance - Review of charges and payments in client records indicate compliance with annual cap - Sliding fee application forms on client record is consistent with Federal guidelines

4.10	**Information on Program and Eligibility/Sliding Fee Schedule** Agency must provide broad-based dissemination of information regarding the availability of services. All clients accessing services must be provided with a clear description of their sliding fee charges in a simple understandable format at intake and annually at registration update. Agency should maintain a file documenting promotion activities including copies of HIV program materials and information on eligibility requirements. Agency must proactively inform/educate clients when changes occur in the program design or process, client eligibility rules, fee schedule, facility layout or access to program or agency.	• Agency has a written substantiated annual plan to targeted populations • Zip code data show provider is reaching clients throughout service area (as applicable to specific service category). • Agency file containing informational materials about agency services and eligibility requirements including the following: Brochures Newsletters Posters Community bulletins any other types of promotional materials • Signed receipt for client education/ information regarding eligibility and sliding fees on client record • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #5
4.11	**Linkage Into Core Services** Agency staff will provide out-of-care clients with individualized information and referral to connect them into ambulatory outpatient medical care and other core medical services.	• Documentation of client referral is present in client record • Review of agency's policies & procedures' manual indicates compliance
4.12	**Wait Lists** It is the expectation that clients will not be put on a Wait List nor will services be postponed or denied. Agency must notify the Administrative agency when funds for service are either low or exhausted for appropriate measures to be taken to ensure adequate funding is available. Should a wait list become required, the agency must, at a minimum, develop a policy that addresses how they will handle situations where service(s) cannot be immediately provided and a process by which client information will be obtained and maintained to ensure that all clients	• Review of Agency's Policies and Procedures Manual indicates compliance • Documentation that agency notified their Administrative Agency when funds for services were either low or exhausted

	that requested service(s) are contacted after service provision resumes. A wait list is defined as a roster developed and maintained by providers of patients awaiting a particular service when a demand for a service exceeds available appointments used on a first come next serviced method. The Agency will notify RWGA of the following information when a wait list must be created: An explanation for the cessation of service; and A plan for resumption of service. The Agency's plan must address: • Action steps to be taken Agency to resolve the service shortfall; and • Projected date that services will resume. The Agency will report to RWGA in writing on a monthly basis while a client wait list is required with the following information: • Number of clients on the wait list. • Progress toward completing the plan for resumption of service. • A revised plan for resumption of service, if necessary.	
4.13	Intake The agency conducts an intake to collect required data including, but not limited to, eligibility, appropriate consents and client identifiers for entry into CPCDMS. Intake process is flexible and responsive, accommodating disabilities and health conditions. In addition to office visits, client is provided alternatives such as conducting business by mail, online registration via the internet, or providing home visits, when necessary. Agency has established procedures for communicating with people with hearing impairments.	• Documentation in client record • Review of Agency's Policies and Procedures Manual indicates compliance
5.0	**Quality Management**	
5.1	Continuous Quality Improvement (CQI) Agency demonstrates capacity for an organized CQI program and has a CQI Committee in place to review procedures and to initiate Performance Improvement activities. The Agency shall maintain an up-to-date Quality Management (QM) Manual. The QM Manual will contain at a minimum: • The Agency's QM Plan	• Review of Agency's Policies and Procedures Manual indicates compliance • Up to date QM Manual • Source Citation: HAB Universal Standards; Section F: #2

	• Meeting agendas and/or notes (if applicable) • Project specific CQI Plans • Root Cause Analysis & Improvement Plans • Data collection methods and analysis • Work products • QM program evaluation • Materials necessary for QM activities	
5.2	Data Collection and Analysis Agency demonstrates capacity to collect and analyze client level data including client satisfaction surveys and findings are incorporated into service delivery. Supervisors shall conduct and document ongoing record reviews as part of quality improvement activity.	• Review of Agency's Policies and Procedures Manual indicates compliance • Up to date QM Manual • Supervisors log on record reviews signed and dated • Source Citation: HAB Monitoring Standards; Part I: Universal Standards; Section A: Access to Care #2
6.0	**Point Of Entry Agreements**	
6.1	Points of Entry (Core Services Only) Agency accepts referrals from sources considered to be points of entry into the continuum of care, in accordance with HIV Services policy approved by HRSA for the Houston EMA.	• Review of Agency's Policies and Procedures Manual indicates compliance • Documentation of formal agreements with appropriate Points of Entry • Documentation of referrals and their follow-up
7.0	**Emergency Management**	
7.1	Emergency Preparedness Agency leadership including medical staff must develop an Emergency Preparedness Plan modeled after the Joint Commission's regulations and/or Centers for Medicare and Medicaid guidelines for Emergency Management. The plan should, at a minimum utilize "all hazard approach" (hurricanes, floods, earthquakes, tornadoes, wide-spread fires, infectious disease outbreak and other public health threats, terrorist attacks, civil disturbances and collapse of buildings and bridges) to ensure a level of preparedness sufficient to support a range of	• Emergency Preparedness Plan • Review of Agency's Policies and Procedures Manual indicates compliance

		emergencies. Agencies shall conduct an annual Hazard Vulnerability Analysis (HVA) to identify potential hazards, threats, and adverse events and assess their impact on care, treatment, and services they must sustain during an emergency. The agency shall communicate hazards identified with its community emergency response agencies and together shall identify the capability of its community in meeting their needs. The HVA shall be reviewed annually.	
7.2		Emergency Management Training In accordance with the Department of Human Services recommendations, all applicable agency staff (such as, executive level, direct client services, supervisory staff) must complete the following National Incident Management System (NIMS) courses developed by the Department of Homeland Security: • IS -100.HC – Introduction to the Incident command system for healthcare/hospitals • IS-200.HC- Applying ICS to Healthcare organization • IS-700.A-National Incident Management System (NIMS) Introduction • IS-800.B National Response Framework (management) The above courses may be accessed at: training.fema.gov/nims/ . Agencies providing support services only may complete alternate courses listed for the above areas All applicable new employees are required to complete the courses within 90 days of hire.	• Agency criteria used to determine appropriate staff for training requirement • Documentation of all training including certificate of completion in personnel file
7.3		Emergency Preparedness Plan The emergency preparedness plan shall address the six critical areas for emergency management including • Communication pathwayspathways (for both clients and staff) • Essential resources and assets • patients' safety and security • staff responsibilities • Supply of key utilities such as portable water and electricity • Patient clinical and support activities during emergency situations. (www.jointcommission.org)	• Emergency Preparedness Plan
7.4		Emergency Management Drills Agency shall implement emergency management drills twice a year either in response to actual emergency or in a planned exercise. Completed exercise should be evaluated by a multidisciplinary team including administration, clinical and	• Emergency Management Plan • Review of Agency's Policies and Procedures Manual indicates compliance

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	support staff. The emergency plan should be modified based on the evaluation results and retested.	
8.0	**Building Safety**	
8.1	Required Permits All agencies will maintain Occupancy and Fire Marshal's permits for the facilities.	• Current required permits on file

SERVICE SPECIFIC STANDARDS OF CARE

Case Management (All Case Management Categories)

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

1.0	Staff Training	
1.1	Required Meetings Case Managers and Service Linkage Workers Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA. Case Managers and Service Linkage Workers will attend the "Joint Prevention and Care Coordination Meeting" held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau. Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)	• Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)

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[2] US Department of Health and Human Services, Health Resources and Services Administration HIV or AIDS Bureau (2009). Ryan White HIV or AIDS Treatment Modernization Act of 2006: Definitions for eligible services
[3] National Association of Social Workers (2013). NASW standards for social work case management. Retrieved 12/28/2018 from https://www.socialworkers.org/LinkClick.aspx?fileticket=acrzqmEfhlo%3d&portalid=0

1.2	Required Training for New Employees Within the first ninety (90) days of employment in the case management system, case managers will successfully complete HIV Case Management 101 2013 Update, through the State of Texas TRAIN website (https://tx.train.org) with a minimum of 70% accuracy. RWGA expects HIV Case Management 101 2013 Update, course completion to take no longer than 16 hours. Within the first six (6) months of employment, case managers will complete at least four (4) hours review of Community resources, and at least four (4) hours cultural competency training offered by RWGA. Mandatory Intimate Partner Violence Training is Required annually and during orientation for all Ryan White Part A funded, primary care co-located, case management staff (SLW, MCM, CCM). RWGA will host two (2) IPV training opportunities annually. Staff who provide field-based services should receive at least two (2) hours of field safety training within their first six (6) months of employment. For required trainings that RWGA offers (IPV, Cultural Competency, and Field Safety), Agency must request a waiver for agency based training alternative that meets or exceeds the RWGA requirements for the first year training for case management staff.	• Certificates of completion for applicable trainings in the case manager's file • Sign-in sheets for agency based trainings maintained by Agency • RWGA Waiver is approved prior to Agency utilizing agency-based training curriculum
1.3	Certified Application Counselor (CAC) Training & Certification Within the first ninety (90) days of employment in the case management system, applicable case managers will successfully complete CAC training. Applicable case management staff must maintain CAC certification by their Certificated Application Counselor Designated Organization employer annually. RWGA expects CAC training completion to take no longer than 6 hours.	• Certificates of completion in case manager's file
1.4	Case Management Supervisor Peer-led Training Supervisory Training: On an annual basis, Part A/B-funded clinical supervisors of Medical, Clinical and Community (SLW) Case Managers must fully participate in the four (4) Case Management Supervisor Peer-Led three-hour training curriculum conducted by RWGA.	• Review of attendance sign-in sheet indicates compliance
1.5	Child Abuse Screening, Documenting and Reporting Training Case Managers are trained in the agency's policy and procedure for determining, documenting and reporting instances of abuse, sexual or nonsexual, in	• Documentation of staff training

	accordance with the DSHS Child Abuse Screening, Documenting and Reporting Policy prior to patient interaction.	
1.6	Warm Handoff Procedure Agency must have policies and procedures in place that ensures a warm handoff for clients within the healthcare system. A warm handoff is applicable when a transfer of care between two members of the health care team needs to take place, i.e. medical case manager to primary care provider, and transitions between agencies. Warm handoff policy should be consistent with AHRQ Warm Handoff guidelines.	• Agency has a warm handoff policy to specify procedures and appropriate patient population(s) for conducting a warm handoff
2.0	**Timeliness of Services**	
2.1	Initial Case Management Contact Contact with client and/or referring agent is attempted within one working day of receiving a case assignment. If the case manager is unable to make contact within one (1) working day, this is documented and explained in the client record. Case manager should also notify their supervisor. All subsequent attempts are documented.	• Documentation in client record
2.2	Progress Notes All case management activities, including but not limited to all contacts and attempted contacts with or on behalf of clients are documented in the client record within 72 business hours of their occurrence.	• Legible, signed and dated documentation in client record. • Documentation of time expended with or on behalf of patient in progress notes

2.3	Client Referral and Tracking
	
	Agency will have policies and procedures in place for referral and follow-up for clients with medical conditions, nutritional, psychological/social and financial problems. The agency will maintain a current list of agencies that provide primary medical care, prescription medications, assistance with insurance payments, dental care, transportation, nutritional counseling and supplements, support for basic needs (rent, food, financial assistance, etc.) and other supportive services (e.g. legal assistance, partner elicitation services and Client Risk Counseling Services (CRCS).
	
	The Case Manager will:
	   • Initiate referrals within two (2) weeks of the plan being completed and agreed upon by the Client and the Case Manager
	   • Work with the Client to determine barriers to referrals and facilitate access to referrals
	   • Utilize a tracking mechanism to monitor completion of all case
		• Review of Agency's Policies and Procedures Manual indicates compliance
		• Documentation of follow-up tracking activities in clients records
		• A current list of agencies that provide services including availability of the Blue Book

		management referrals	
2.4		Client Notification of Service Provider Turnover	• Documentation in client record
		Client must be provided notice of assigned service provider's cessation of employment within 30 days of the employee's departure.	
2.5		Client Transfers between Agencies: Open or Closed less than One Year	• Documentation in client record
		The case manager should facilitate the transfer of clients between providers. All clients are transferred in accordance with Case Management Policy and Procedure, which requires that a "consent for transfer and release/exchange of information" form be completed and signed by the client, the client's record be forwarded to the receiving care manager within five (5) working days and a Request for Transfer form be completed for the client and kept on file with the receiving agency.	
2.6		Caseload	• Review of the agency's policies and procedures for Staffing ratios
		Case load determination should be based on client characteristics, acuity level and the intensity of case management activities.	

Clinical Case Management Services

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 defines medical case management as "a range of client-centered services that link clients with health care, psychosocial, and other services" including coordination and follow-up of medical treatment and "adherence counseling to ensure readiness for and adherence to HIV complex treatments". The definition outlines the functions of the medical case manager as including assessments and reassessments, individualized comprehensive service planning, service plan implementation and periodic evaluation, client advocacy and services utilization review. The Ryan White Grant Administration categorizes medical case management services co-located in a Mental Health treatment/counseling and/or Substance Abuse treatment services as Clinical Case Management (CCM) services. CCM services may be targeted to underserved populations such as Hispanics, African Americans, MSM, etc.

1.0	Staff Requirements	
1.1	Minimum Qualifications All clinical case managers must have a current and in good standing State of Texas license (LCSW, LPC, LPC-I, LMFT, LMFT-A). Staff providing Clinical Case Management services with LBSW or LMSW licensure must have accompanying LCDC, CI, Substance Abuse Counselor, or Addictions Counselor certification. Other training experiences may be considered under a waiver agreement. LMSWs receiving clinical supervision hours towards LCSW requirements may provide Clinical Case Management services under a waiver agreement.	• A file will be maintained on each clinical case manager • Supportive documentation of credentials and job description is maintained by the agency in each clinical case manager file. Documentation should include transcripts and/or diplomas and proof of licensure
1.2	Scope of Services The clinical case management services will include at a minimum, comprehensive assessment including mental health and substance abuse/use; development, implementation and evaluation of care plans; follow-up; advocacy; direction of clients through the entire spectrum of health and support services and peer support. Other functions include facilitation and coordination of services from one service provider to another including mental health, substance abuse and primary medical care providers.	• Review of client records indicates compliance • Agency Policy and Procedures indicates compliance
1.3	Ongoing Education/Training for Clinical Case Managers After the first year of employment in the case management system each clinical case manager will obtain the minimum number of hours of continuing education to maintain his or her licensure and four (4) hours of training in current Community Resources conducted by RWGA	• Certificates of completion are maintained by the agency • Current License on case manager's file
2.0	Timeliness of Services/Documentation	

2.1	**Client Eligibility**	• Documentation of HIV+ status, mental health and substance abuse status, residence, identification, and income in the client record
	In addition to the general eligibility criteria, individuals must meet one or more of the following criteria in order to be eligible for clinical case management services:	
	• Individual living with HIV in mental health treatment/counseling and/or substance abuse treatment services or whose history or behavior may indicate the individual may need mental health and/or substance abuse treatment/counseling now or in the future.	
	• Clinical criteria for admission into clinical case management must include one of the following:	
	➤ Client is actively symptomatic with a DSM (most current, American Psychiatric Association approved) diagnosis, especially including substance-related disorders (abuse/dependence), mood disorders (Bipolar depression), depressive disorders, anxiety disorders, and other psychotic disorders; or DSM (most current, American Psychiatric Association approved) diagnosis personality disorders.	
	➤ Client has a mental health condition or substance abuse pattern that interferes with his/her ability to adhere to medical/medication regimen and needs motivated to access mental health or substance abuse treatment services.	
	➤ Client is in mental health counseling or chemical dependency treatment.	
2.2	**Discharge/Closure from Clinical Case Management Services**	• Documentation in client record.
	In addition to the general requirements, a client may be discharged from clinical case management services for the following reasons.	
	• Client has achieved a sustainable level of stability and independence.	
	➤ Substance Abuse – Client has successfully completed an outpatient substance abuse treatment program.	
	➤ Mental Health – Client has successfully accessed and is engaged in mental health treatment and/or has completed mental health treatment plan objectives.	
2.3	**Coordination with Primary Medical Care and Medical Case Management Provider** Agency will have policies and procedures in place to ensure effective clinical coordination with Ryan White Part A funded Medical Case Management programs.	• Review of Agency's Policies and Procedures Manual indicates compliance

	Clinical Case Management services provided to clients accessing primary medical care from a Ryan White Part A funded primary medical care provider other than Agency will require Agency and Primary Medical Care/Medical Case Management provider to conduct regular multi-disciplinary case conferences to ensure effective coordination of clinical and psychosocial interventions. Case conferences must at a minimum include the clinical case manager; mental health/counselor and/or medical case manager and occur at least every six~~three~~ (6~~3~~) months for the duration of Clinical Case Management services. Client refusal to provide consent for the clinical case manager to participate in multi-disciplinary case conferences with their Primary Medical Care provider must be documented in the client record.	• Case conferences are documented in the client record
2.4	**Assessment** Assessment begins at intake. The case manager will provide client, and if appropriate, his/her support system information regarding the range of services offered by the case management program during intake/assessment. The comprehensive client assessment will include an evaluation of the client's medical and psychosocial needs, strengths, resources (including financial and medical coverage status), limitations, beliefs, concerns and projected barriers to service. Other areas of assessment include demographic information, health history, sexual history, mental history/status, substance abuse history, medication adherence and risk behavior practices, adult and child abuse (if applicable). A RWGA-approved comprehensive client assessment form must be completed within two weeks after initial contact. Clinical Case Management will use a RWGA-approved assessment tool. This tool may include Agency specific enhancements tailored to Agency's Mental Health and/or Substance Abuse treatment program(s).	• Documentation in client record on the comprehensive client assessment form, signed and dated, or agency's equivalent form. Updates to the information included in the assessment will be recorded in the comprehensive client assessment. • A completed DSHS checklist for screening of suspected sexual child abuse and reporting is evident in case management records, when appropriate
2.5	Reassessment Clients will be reassessed at six (6) month intervals following the initial assessment or more often if clinically indicated including when unanticipated events or major changes occur in the client's life (e.g. needing referral for services from other providers, increased risk behaviors, recent hospitalization, suspected child abuse, significant changes in income and/or loss of psychosocial support system). A RWGA approved reassessment form as applicable must be utilized.	• Documentation in client record on the comprehensive client reassessment form or agency's equivalent form signed and dated

2.6	Service Plan	• Documentation in client record on the clinical case management service plan or agency's equivalent form
	Service planning begins at admission to clinical case management services and is based upon assessment. The clinical case manager shall develop the service plan in collaboration with the client and if appropriate, other members of the support system. An RWGA-approved service plan form will be completed no later than ten (10) working days following the comprehensive client assessment. A temporary care plan may be executed upon intake based upon immediate needs or concerns). The service plan will seek timely resolution to crises, short-term and long-term needs, and may document crisis intervention and/or short term needs met before full service plan is completed. Service plans reflect the needs and choices of the client based on their health and related needs (including support services) and are consistent with the progress notes. A new service plan is completed at each six (6) month reassessment or each reassessment. The case manager and client will update the care plan upon achievement of goals and when other issues or goals are identified and reassessed. Service plan must reflect an ongoing discussion of primary care, mental health treatment and/or substance abuse treatment, treatment and medication adherence and other client education per client need.	• Service plan signed by client and the case manager
3.0	**Supervision and Caseload**	
3.1	Clinical Supervision and Caseload Coverage	• Review of the agency's Policies and Procedures for clinical supervision, and documentation of supervisor qualifications in personnel files.
	The clinical case manager must receive supervision in accordance with their licensure requirements. Agency policies and procedures should account for clinical supervision and coverage of caseload in the absence of the clinical case manager or when the position is vacant.	• Documentation on file of date of supervision, type of supervision (e.g., group, one on one), and the content of the supervision

Non-Medical Case Management Services (Service Linkage Worker)

Non-medical case management services (Service Linkage Worker (SLW) is co-located in ambulatory/outpatient medical care centers. HRSA defines Non-Medical case management services as the "provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services" and does not include coordination and follow-up of medical treatment. The Ryan White Part A/B SLW provides services to clients who do not require intensive case management services and these include the provision of information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients to develop and utilize independent living skills and strategies.

1.0	Staff Requirements	
1.1	Minimum Qualifications Service Linkage Worker – unlicensed community case manager Service linkage workers must have a bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client services to PLWH may be substituted for the bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). Service linkage workers must have a minimum of 1 year paid work experience with PLWH. Bilingual (English/Spanish) targeted service linkage workers must have written and verbal fluency in English and Spanish. Agency will provide Service Linkage Worker a written job description upon hiring.	• A file will be maintained on service linkage worker. Supportive documentation of credentials and job description are maintained by the agency and in each service linkage worker's file. Documentation may include, but is not limited to, transcripts, diplomas, certifications and/or licensure.
2.0	Timeliness of Services/Documentation	
2.1	Client Eligibility – Service Linkage targeted to Not-in-Care and Newly Diagnosed (HHD Only) In addition to general eligibility criteria individuals must meet the following in order to be eligible for non-medical case management services: • Clients not receiving outpatient HIV primary medical care services within the previous 180 days as documented by the CPCDMS, or • Newly diagnosed (within the last six (6) months) and not currently receiving outpatient HIV primary medical care services as documented by the CPCDMS, or	• Documentation of HIV+ status, residence, identification and income in the client record • Documentation of "not in care" status through the CPCDMS

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		• Newly diagnosed (within the last six (6) months) and not currently receiving case management services as documented by the CPCDMS	
2.2	Service Linkage Worker Assessment Assessment begins at intake. The service linkage worker will provide client and, if appropriate, his/her personal support system information regarding the range of services offered by the case management program during intake/assessment. The service linkage worker will complete RWGA -approved brief assessment tool within five (5) working days, on all clients to identify those who need comprehensive assessment. Clients with mental health, substance abuse and/or housings issues should receive comprehensive assessment. Clients needing comprehensive assessment should be referred to a licensed case manager.	• Documentation in client record on the brief assessment form, signed and dated • A completed DSHS checklist for screening of suspected sexual child abuse and reporting is evident in case management records, when appropriate	
2.3	Service Linkage Worker Reassessment Clients on receiving services will be reassessed at six (6) month intervals following the initial assessment. A RWGA/ TRG-approved reassessment form as applicable must be utilized.	• Documentation in RWGA approved client reassessment form or agency's equivalent form, signed and dated	
2.4	Transfer of Not-in-Care and Newly Diagnosed Clients (HHD Only) Service linkage workers targeting their services to Not-in-Care and newly diagnosed clients will work with clients for a maximum of 90 days. Clients must be transferred to a Ryan White-funded primary medical care, clinical case management or medical case management program, or a private (non-Ryan White funded) physician within 90 days of the initiation of services. Those clients who chose to access primary medical care from a non-Ryan White funded source may receive ongoing service linkage services from provider or from a Ryan White-funded Clinic or Medical Case Management provider.	• Documentation in client record and in the CPCDMS	
2.5	Primary Care Newly Diagnosed and Lost to Care Clients Agency must have a written policy and procedures in place that address the role of Service Linkage Workers in the linking and re-engaging of clients into primary medical care. The policy and procedures must include at minimum: • Methods of routine communication with testing sites regarding newly diagnosis and referred individuals • Description of service linkage worker job duties conducted in the field	• Review of Agency's Policies and Procedures Manual indicates compliance.	

	• Process for re-engaging agency patients lost to care (no primary care visit in 6 months)	
3.0	**Supervision and Caseload**	

3.1	Service Linkage Worker Supervision
	A minimum of four (4) hours of supervision per month must be provided to each service linkage worker by a master's level health professional.) At least one (1) hour of supervision must be individual supervision.
	Supervision includes, but is not limited to, one-to-one consultation regarding issues that arise in the case management relationship, case staffing meetings, group supervision, and discussion of gaps in services or barriers to services, intervention strategies, case assignments, case reviews and caseload assessments.
		• Documentation in supervision notes, which must include:
		  ➢ date
		  ➢ name(s) of case manager(s) present
		  ➢ topic(s) covered and/or client(s) reviewed
		  ➢ plan(s) of action
		  ➢ supervisor's signature
		• Supervision notes are never maintained in the client record

3.2	Caseload Coverage – Service Linkage Workers Supervisor ensures that there is coverage of the caseload in the absence of the service linkage worker or when the position is vacant. Service Linkage Workers may assist clients who are routinely seen by other CM team members in the absence of the client's "assigned" case manager.	• Documentation of all client encounters in client record and in the Centralized Patient Care Data Management System
3.3	Case Reviews – Service Linkage Workers. Supervisor reviews a random sample equal to 10% of unduplicated clients served by each service linkage worker at least once every ninety (90) days, and concurrently ensures that all required record components are present, timely, legible, and that services provided are appropriate.	• Documentation of case reviews in client record, signed and dated by supervisor and/or quality assurance personnel and SLW

Medical Case Management

Similarly to nonmedical case management services, medical case management (MCM) services are co-located in ambulatory/outpatient medical care centers (see clinical case management for HRSA definition of medical case management services). The Houston RWPA/B medical case management visit includes assessment, education and consultation by a licensed social worker within a system of information, referral, case management, and/or social services and includes social services/case coordination". In addition to general eligibility criteria for case management services, providers are required to screen clients for complex medical and psychosocial issues that will require medical case management services (see MCM SOC 2.1).

1.0	Staff/Training	
1.1	Qualifications/Training Minimum Qualifications - The program must utilize a Social Worker licensed by the State of Texas to provide Medical Case Management Services. A file will be maintained on each medical case manager. Supportive documentation of medical case manager credentials is maintained by the agency and in each medical case manager's file. Documentation may include, but is not limited to, transcripts, diplomas, certifications, and/or licensure.	• Documentation of credentials and job description in medical case manager's file
1.2	Scope of Services The medical case management services will include at a minimum, screening of primary medical care patients to determine each patient's level of need for medical case management; comprehensive assessment, development, implementation and evaluation of medical case management service plan; follow-up; direction of clients through the entire spectrum of health and support services; facilitation and coordination of services from one service provider to another. Others include referral to clinical case management if indicated, client education regarding wellness, medication and health care compliance and peer support.	• Review of clients' records indicates compliance
1.3	Ongoing Education/Training for Medical Case Managers After the first year of employment in the case management system each medical case manager will obtain the minimum number of hours of continuing education to maintain his or her licensure.	• Attendance sign-in sheets and/or certificates of completion are maintained by the agency
2.0	Timeliness of Service/Documentation Medical case management for persons with HIV should reflect competence and experience in the assessment of client medical need and the development and monitoring of medical service delivery plans.	

2.1	Screening Criteria for Medical Case Management	
	In addition to the general eligibility criteria, agencies are advised to use screening criteria before enrolling a client in medical case management. Examples of such criteria include the following:	• Review of agency's screening criteria for medical case management

Screening Criteria for Medical Case Management

In addition to the general eligibility criteria, agencies are advised to use screening criteria before enrolling a client in medical case management. Examples of such criteria include the following:

  i. Newly diagnosed
 ii. New to ART
 iii. CD4<200
 iv. VL>100,000 or fluctuating viral loads
  v. Excessive missed appointments
 vi. Excessive missed dosages of medications
 vii. Mental illness that presents a barrier to the patient's ability to access, comply or adhere to medical treatment
 viii. Substance abuse that presents a barrier to the patient's ability to access, comply or adhere to medical treatment
 ix. Housing issues
  x. Opportunistic infections
 xi. Unmanaged chronic health problems/injury/Pain
 xii. Lack of viral suppression
 xiii. Positive screening for intimate partner violence
 xiv. Clinician's referral

Clients with one or more of these criteria would indicate need for medical case management services.

The following criteria are an indication a client may be an appropriate referral for Clinical Case Management services.

- Client is actively symptomatic with an axis I DSM (most current, American Psychiatric Association approved) diagnosis especially including substance-related disorders (abuse/dependence), mood disorders (major depression, Bipolar depression), anxiety disorders, and other psychotic disorders; or axis II DSM (most current, American Psychiatric Association approved) diagnosis personality disorders;
- Client has a mental health condition or substance abuse pattern that interferes with his/her ability to adhere to medical/medication regimen and needs motivated to access mental health or substance abuse treatment services;

Review of agency's screening criteria for medical case management

	• Client is in mental health counseling or chemical dependency treatment.	
2.2	Assessment Assessment begins at intake. The case manager will provide client, and if appropriate, his/her support system information regarding the range of services offered by the case management program during intake/assessment. Medical case managers will provide a comprehensive assessment at intake and at least annually thereafter. The comprehensive client assessment will include an evaluation of the client's medical and psychosocial needs, strengths, resources (including financial and medical coverage status), limitations, beliefs, concerns and projected barriers to service. Other areas of assessment include demographic information, health history, sexual history, mental history/status, substance abuse history, medication adherence and risk behavior practices, adult and child abuse (if applicable). A RWGA-approved comprehensive client assessment form must be completed within two weeks after initial contact. Medical Case Management will use an RWGA-approved assessment tool. This tool may include Agency specific enhancements tailored to Agency's program needs.	• Documentation in client record on the comprehensive client assessment forms, signed and dated, or agency's equivalent forms. Updates to the information included in the assessment will be recorded in the comprehensive client assessment. • A completed DSHS checklist for screening of suspected sexual child abuse and reporting is evident in case management records, when appropriate.
2.3	Reassessment Clients will be reassessed at six (6) month intervals following the initial assessment or more often if clinically indicated including when unanticipated events or major changes occur in the client's life (e.g. needing referral for services from other providers, increased risk behaviors, recent hospitalization, suspected child abuse, significant changes in income and/or loss of psychosocial support system). A RWGA or TRG -approved reassessment form as applicable must be utilized.	• Documentation in client record on the comprehensive client reassessment form or agency's equivalent form signed and dated • Documentation of initial and updated service plans in the URS (applies to TDSHS – funded case managers only)
2.4	Service Plan Service planning begins at admission to medical case management services and is based upon assessment. The medical case manager shall develop the service plan in collaboration with the client and if appropriate, other members of the support system. An RWGA-approved service plan form will be completed no later than ten (10) working days following the comprehensive	• Documentation in client's record on the medical case management service plan or agency's equivalent form • Service Plan signed by the client and the case manager

	client assessment. A temporary care plan may be executed upon intake based upon immediate needs or concerns). The service plan will seek timely resolution to crises, short-term and long-term needs, and may document crisis intervention and/or short term needs met before full service plan is completed. Service plans reflect the needs and choices of the client based on their health and related needs (including support services) and are consistent with the progress notes. A new service plan is completed at each six (6) month reassessment or each reassessment. The case manager and client will update the care plan upon achievement of goals and when other issues or goals are identified and reassessed. Service plan must reflect an ongoing discussion of primary care, mental health treatment and/or substance abuse treatment, treatment and medication adherence and other client education per client need.	
3.0	**Supervision and Caseload**	
3.1	Clinical Supervision and Caseload Coverage The medical case manager must receive supervision in accordance with their licensure requirements. Agency policies and procedures should account for clinical supervision and coverage of caseload in the absence of the medical case manager or when the position is vacant.	• Review of the agency's Policies and Procedures for clinical supervision, and documentation of supervisor qualifications in personnel files. • Documentation on file of date of supervision, type of supervision (e.g., group, one on one), and the content of the supervision

Emergency Financial Assistance Program

Emergency Financial Assistance (EFA) is co-located in ambulatory medical care centers to provide short term (up to 30 days of medication) access to HIV pharmaceutical services to clients who have not yet completed eligibility determination for medications through Pharmaceutical Assistance Programs, State ADAP, State SPAP or other sources. EFA provides short-term (up to 30 days of medication) payments to assist clients with an emergent need for medication. HRSA requirements for EFA include a client enrollment process, uniform benefits for all enrolled clients, a record system for dispensed medications and a drug distribution system.

1.0	**Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV.**	
1.1	Client Eligibility In addition to the general eligibility criteria individuals must meet the following in order to be eligible for EFA services: • Income no greater than 500% of the Federal poverty level for HIV medications	• Documentation of income in the client record.
1.2	Timeliness of Service Provision • Agency will process prescription for approval within two (2) business days • Pharmacy will fill prescription within one (1) business day of approval	• Documentation in the client record and review of pharmacy summary sheets • Review of agency's Policies & Procedures Manual indicates compliance
1.3	Medication Formulary RW funded prescriptions for program eligible clients shall be based on current medications on the RWGA LPAP medication formulary. Ryan White funds may not be used for non-prescription medications or drugs not on the approved formulary. Providers wishing to prescribe other medications not on the formulary must obtain a waiver from the RWGA prior to doing so. Any EFA service greater than 30 days of medication must also have prior waiver approval from RWGA. Agency policies and procedures must ensure that MDs and physician extenders comply with the current clinical/Public Health Services guidelines for ART and treatment of opportunistic infections.	• Review of agency's Policies & Procedures Manual indicates compliance • Review of billing history indicates compliance • Documentation in client's record
2.0	**Staff HIV knowledge is based on documented training.**	

2.1	Orientation Initial orientation includes twelve (12) hours of HIV basics, confidentiality issues, role of new staff and agency-specific information within sixty (60) days of contract start date or hires date.	• Review of training curriculum indicates compliance • Documentation of all training in personnel file • Specific training requirements are specified in the staff guidelines
2.2	Ongoing Training Sixteen (16) hours every two years of continuing education in PLWH related or medication/pharmacy – related topics is required for pharmacist and pharmacy tech staff.	• Materials for staff training and continuing education are on file • Staff interviews indicate compliance
2.3	Pharmacy Staff Experience A minimum of one year documented PLWH work experience is preferred.	• Documentation of work experience in personnel file
2.4	Pharmacy Staff Supervision Staff will receive at least two (2) hours of supervision per month to include client care, job performance and skill development.	• Review of personnel files indicates compliance • Review of agency's Policies & Procedures Manual indicates compliance • Review of documentation which includes, date of supervision, contents of discussion, duration of supervision and signatures of supervisor and all staff present

Emergency Financial Assistance Program (OTHER)

Emergency Financial Assistance (EFA) is to provide one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, food (including groceries, and food vouchers), and transportation. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

1.0	**Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV.**	
1.1	EFA funds may be used on the following essential items or services: • Utilities (may include household utilities including gas, electricity, propane, water, and all required fees). • Telephone • Food (groceries or food vouchers) Other RWHAP allowable costs needed to improve health outcomes.	• Review of agency's Policies & Procedures Manual indicates compliance • Review of billing history indicates compliance • Documentation in the client chart
1.2	Client Eligibility Applicants must demonstrate an urgent need resulting in their inability to pay their applicable bills without financial assistance for essential items or services necessary to improve health outcomes. Demonstrated need is made by the following: • A significant increase in bills • A recent decrease in income • High unexpected expenses on essential items • The cost of their shelter is more than 30% of the household income • The cost of their utility consumption is more than 10% of the household income • They are unable to obtain credit necessary to provide for basic needs and shelter • A failure to provide emergency financial assistance will result in danger to the physical health of client or dependent children	• Documentation of client assessment • Copy of invoice/bill paid. • Copy of check for payment

		• Other emergency needs as deemed appropriate by the agency The invoice/bill which is to be paid with emergency financial assistance funds must be in the client's name. An exception may be made only in instances where it is documented that, although the service (e.g. utility) is in another person's name, it directly benefits the client.	
1.3		Client Confidentiality Payment for assistance made to service providers will protect client confidentiality through use of checks and envelopes that de-identify agency as an HIV/AIDS provider to protect client confidentiality.	• Agency financial records indicate compliance • Documentation in the client chart
1.4		Assessment • An assessment must demonstrate an urgent need resulting in their inability to pay their applicable bills without financial assistance for essential items or services necessary to improve health outcomes. • Client will be assessed for ongoing status and outcome of the emergency assistance. Referrals for services, as applicable, will be documented in the client file. • Emergent need must be documented each time funds are used.	• Documentation in the client chart
1.5		Documentation • Plans are developed jointly with the client and must include an approach to mitigate the need in the future. • Client's chart contains documented plan for EFA that indicates emergent need, other resources pursued, and outcome of EFA provided.	• Documentation in the client chart
1.6		Timeliness of Service Provision All completed requests for assistance shall be approved or denied within three (3) business days following the completed request.	• Documentation in the client chart
2.0		**Agency requirements**	

2.1	Budget Requirements or Restrictions
	  • Direct cash payments to clients are not permitted.
	  • RWHAP funds will be the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA.
	  • At least 75% of the total amount of the budget must be solely allocated to the actual cost of disbursements.
	  • The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.
	  • Maximum allowable unit cost for provision of food vouchers or and/or utility assistance to an eligible client = $30.00/unit
		• Documentation includes copies of checks paid and vouchers purchased
		• Review of agency's Policies & Procedures Manual indicates compliance
		• Documentation that at least 75% of the total amount of the budget must be solely allocated to the actual cost of disbursements.

2.2	Agency providing emergency financial assistance shall have procedures in place to ensure that funds are distributed fairly and consistently.	• Agency written procedure
2.3	Agency must be dually awarded as HOWPA sub-recipient and work closely with other service providers to minimize duplication of services and ensure that assistance is given only when no reasonable alternatives are available. Agency must document procedures.	• Agency written procedure

Health Insurance Assistance

The Health Insurance Premium and Cost Sharing Assistance service category is intended to help PLWH continue medical care without gaps in health insurance coverage or discretion of treatment. A program of financial assistance for the payment of health insurance premiums <u>and</u> co-pays, co-insurance and deductibles to enable eligible individuals with HIV to utilize their existing third party or public assistance (e.g. Medicare) medical insurance. Agency may provide help with client co-payments, co-insurance, deductibles, and Medicare Part D premiums.

<u>Co-Payment:</u> A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service. <u>Co-Insurance:</u> A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription. <u>Deductible:</u> A cost-sharing requirement that requires the insured pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay. <u>Premium:</u> The amount paid by the insured to an insurance company to obtain or maintain and insurance policy.

1.0	**Staff/Training**	
1.1	<u>Ongoing Training</u> Eight (8) hours annually of continuing education in HIV related or other specific topics including a minimum of two (2) hours training in Affordable Care Act is required as needed.	• Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.2	<u>Staff Experience</u> A minimum of one year documented HIV work experience is preferred.	• Documentation of work experience in personnel file
2.0	**Client Eligibility**	
2.1	<u>Comprehensive Intake/Assessment</u> Agency performs a comprehensive financial intake/application to determine client eligibility for this program as needed to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace. Assessment should include review of individual's premium and cost sharing subsidies through the health insurance marketplace.	• Review of agency's Policies & Procedures Manual indicates compliance. • Review of client intake/assessment for service indicates compliance
2.2	<u>Advance Premium Tax Credit Reconciliation</u> Agency will ensure all clients receiving assistance for Marketplace QHP premiums: • Designate Premium Tax Credit to be taken in advance during Marketplace Insurance enrollment	• Review of client record

	- Update income information at Healthcare.gov every 6 months, at minimum, with one update required during annual Marketplace open enrollment or Marketplace renewal periods - Submit prior year tax information no later than May 31st. Tax information must include: - Federal Marketplace Form 1095-A - IRS Form 8962 - IRS Form 1040 (excludes 1040EZ) - Reconciliation of APTC credits or liabilities	
3.0	**Client Access**	
3.1	<u>Clients Referral and Tracking</u> Agency receives referrals from a broad range of HIV service providers and makes appropriate referrals out when necessary.	- Documentation of referrals received - Documentation of referrals out - Staff reports indicate compliance
3.2	<u>Prioritization of Service</u> Agency implements a system to utilize the RW Planning Council-approved prioritization of cost sharing assistance when limited funds warrant it. Agency use the Planning Council-approved consumer out-of-pocket methodology. **Priority Ranking of Cost Sharing Assistance (in descending order):** 1. HIV medication co-pays and deductibles (medications on the Texas ADAP formulary) 2. Non-HIV medication co-pays and deductibles (all other allowable HIV-related medications) 3. Doctor visit co-pays/deductibles (physician visit and/or lab copayments) Medicare Part D (Rx) premiums	- Review of agency's Policies & Procedures Manual indicates compliance. - Review of agency's monthly reimbursement indicates compliance
3.3	<u>Decreasing Barriers to Service</u> Agency establishes formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance use provider agencies to enable clients of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance use provider site. (i.e. No need for client to physically present to Health Insurance provider.)	- Review of agency's Policies & Procedures Manual indicates compliance. - Review of client intake/assessment for service indicates compliance

Local Pharmacy Assistance Program

The Local Pharmacy Assistance Programs (LPAP) are co-located in ambulatory medical care centers and provide HIV and HIV-related pharmaceutical services to clients who are not eligible for medications through private insurance, Medicaid/Medicare, State ADAP, State SPAP or other sources. HRSA requirements for LPAP include a client enrollment process, uniform benefits for all enrolled clients, a record system for dispensed medications and a drug distribution system.

1.0	**Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV.**	
1.1	Client Eligibility In addition to the general eligibility criteria individuals must meet the following in order to be eligible for LPAP services: • Income no greater than 500% of the Federal poverty level for HIV medications and no greater than 400% of the Federal poverty level for HIV-related medications	• Documentation of income in the client record.
1.2	Timeliness of Service Provision • Agency will process prescription for approval within two (2) business days • Pharmacy will fill prescription within one (1) business day of approval	• Documentation in the client record and review of pharmacy summary sheets • Review of agency's Policies & Procedures Manual indicates compliance
1.3	LPAP Medication Formulary RW funded prescriptions for program eligible clients shall be based on the current RWGA LPAP medication formulary. Ryan White funds may not be used for non-prescription medications or drugs not on the approved formulary. Providers wishing to prescribe other medications not on the formulary must obtain a waiver from the RWGA prior to doing so. Agency policies and procedures must ensure that MDs and physician extenders comply with the current clinical/HHS guidelines for ART and treatment of opportunistic infections.	• Review of agency's Policies & Procedures Manual indicates compliance • Review of billing history indicates compliance • Documentation in client's record
2.0	**Staff HIV knowledge is based on documented training.**	

2.1	Orientation Initial orientation includes twelve (12) hours of HIV basics, confidentiality issues, role of new staff and agency-specific information within sixty (60) days of contract start date or hires date.	• Review of training curriculum indicates compliance • Documentation of all training in personnel file • Specific training requirements are specified in the staff guidelines
2.2	Ongoing Training Sixteen (16) hours every two years of continuing education in PLWH related or medication/pharmacy – related topics is required for pharmacist and pharmacy tech staff.	• Materials for staff training and continuing education are on file • Staff interviews indicate compliance
2.3	Pharmacy Staff Experience A minimum of one year documented PLWH work experience is preferred.	• Documentation of work experience in personnel file
2.4	Pharmacy Staff Supervision Staff will receive at least two (2) hours of supervision per month to include client care, job performance and skill development.	• Review of personnel files indicates compliance • Review of agency's Policies & Procedures Manual indicates compliance • Review of documentation which includes, date of supervision, contents of discussion, duration of supervision and signatures of supervisor and all staff present

Medical Nutritional Therapy/Supplements

HRSA defines core Medical Nutrition Therapy as the provision of food, nutritional services and nutritional supplements provided outside of a primary care visit by a licensed registered dietician based on physician's recommendation and a nutritional plan developed by a licensed registered dietician. The Houston EMA Part A/B Medical Nutrition Therapy includes nutritional counseling, provision nutritional supplements (of up to 90 day supply) for eligible people living with HIV in the Houston EMA. Clients must have a written referral or prescription from a physician or physician extender and a written nutritional plan prepared by a licensed, registered dietician

1.0	Services are individualized and tailored to client needs.	
1.1	Education/Counseling – Clients Receiving New Supplements All clients receiving a supplement for the first time will receive appropriate education/counseling. This must include written information regarding supplement benefits, side effects and recommended dosage in client's primary language.	• Client record indicates compliance
1.2	Education/Counseling – Follow-Up Clients receive education/counseling regarding supplement(s) again at: • follow-up • when there is a change in supplements • at the discretion of the registered dietician if clinically indicated	• Client record indicates compliance
2.0	Services adhere to professional standards and regulations.	
2.1	Nutritional Supplement Formulary RW funded nutritional supplement disbursement for program eligible clients shall be based on the current RWGA nutritional supplement formulary. Ryan White funds may not be used for nutritional supplements not on the approved formulary. Providers wishing to prescribe/order other supplements not on the formulary must obtain a waiver from the RWGA prior to doing so. Agency policies and procedures must ensure that MDs and physician extenders comply with the current clinical/Department of Health and Human Services guidelines for ART and treatment of opportunistic infections.	• Review of agency's Policies & Procedures Manual indicates compliance • Review of billing history indicates compliance • Documentation in client's record
2.2	Inventory Supplement inventory is updated and rotated as appropriate on a first-in, first-out basis, and shelf-life standards and applicable laws are observed.	• Review of agency's Policies & Procedures Manual indicates compliance • Staff interviews

2.3	Licensure Providers/vendors maintain proper licensure. A physician or physician extender (PE) with prescribing privileges at a Part A/B/C and/or MAI-funded agency or qualified primary care provider must write an order for Part A-funded nutritional supplements. A licensed registered dietician must provide an individualized nutritional plan including education/counseling based on a nutritional assessment	• Documentation of current licensure • Nutritional plan in client's record
2.4	Protocols Nutrition therapy services will use evidence-based guides, protocols, best practices, and research in the field of HIV including the *American Dietetic Association's HIV-related protocols in Medical Nutrition Therapy Across the Continuum of Care.*	• Chart Review shows compliance • Review of agency's Policies & Procedures Manual indicates compliance

Oral Health

Oral Health Care as "diagnostic, preventive, and therapeutic services provided by the general dental practitioners, dental specialist, dental hygienist and auxiliaries and other trained primary care providers". The Ryan White Part A/B oral health care services include standard preventive procedures, diagnosis and treatment of HIV-related oral pathology, restorative dental services, oral surgery, root canal therapy and oral medication (including pain control) for PLWH 15 years old or older based on a comprehensive individual treatment plan. Additionally, the category includes prosthodontics services (Part B) to people living with HIV including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

1.0	Staff HIV knowledge is based on documented training.	
1.1	<u>Continuing Education</u> • Sixteen (16) hours of training in HIV and clinically-related issues is required every 2 years for licensed staff. (does not include any training requirements outlined in General Standards) • One (1) hour of training in HIV is required annually for all other staff. (does not include any training requirements outlined in General Standards)	• Materials for staff training and continuing education are on file • Documentation of continuing education in personnel file
1.2	<u>Experience – HIV</u> A minimum of one (1) year documented work experience with PLWH is preferred for licensed staff.	• Documentation of work experience in personnel file
1.3	<u>Staff Supervision</u> Supervision of clinical staff shall be provided by a practitioner with at least two years experience in dental health assessment and treatment of persons living with HIV. All licensed personnel shall receive supervision consistent with the State of Texas license requirements.	• Review of personnel files indicates compliance • Review of agency's Policies & Procedures Manual indicates compliance
2.0	Patient Care	
2.1	<u>HIV Primary Care Provider Contact Information</u> Agency obtains and documents HIV primary care provider contact information for each client.	• Documentation of HIV primary care provider contact information in the client record. At minimum, agency should collect the clinic and/or physician's name and telephone number
2.2	<u>Consultation for Treatment</u> Agency consults with client's medical care providers when indicated.	• Documentation of communication in the client record
2.3	<u>Health History Information</u>	• Documentation of health history information in the client record. Reasons

	Agency collects and documents health history information for each client prior to providing care. This information should include, but not be limited to, the following: • A baseline (current within the last 12 months) CBC laboratory test results for all new clients, and an annual update thereafter, and when clinically indicated • Current (within the last 6 months) Viral Load and CD4 laboratory test results, when clinically indicated • Client's chief complaint, where applicable • Medication names • Sexually transmitted diseases • HIV-associated illnesses • Allergies and drug sensitivities • Alcohol use • Recreational drug use • Tobacco use • Neurological diseases • Hepatitis • Usual oral hygiene • Date of last dental examination • Involuntary weight loss or weight gain • Review of systems		for missing health history information are documented
2.4	Client Health History Update An update to the health history should be made, at minimum, every six (6) months or at client's next general dentistry visit whichever is greater.		• Documentation of health history update in the client record
2.5	Comprehensive Periodontal Examination (Part B Only) Agency has a written policy and procedure regarding when a comprehensive periodontal examination should occur. Comprehensive periodontal examination should be done in accordance with professional standards and current US Public Health Service guidelines		• Review of agency's Policies & Procedures Manual indicates compliance • Review of client records indicate compliance
2.6	Treatment Plan • A comprehensive, multidisciplinary Oral Health treatment plan will be developed in conjunction with the patient. • Patient's primary reason for dental visit should be addressed in treatment plan		• Treatment plan dated and signed by both the provider and patient in patient file • Updated treatment plan dated and signed by both the provider and patient in patient file

	• Patient strengths and limitations will be considered in development of treatment plan • Treatment priority should be given to pain management, infection, traumatic injury or other emergency conditions • Treatment plan will be updated as deemed necessary		
2.7	Annual Hard/Soft Tissue Examination The following elements are part of each client's annual hard/soft tissue examination and are documented in the client record: • Charting of caries; • X-rays; • Periodontal screening; • Written diagnoses, where applicable; • Treatment plan. Determination of clients needing annual examination should be based on the dentist's judgment and criteria outlined in the agency's policy and procedure, however the time interval for all clients may not exceed two (2) years.	• Documentation in the client record • Review of agency's Policies & Procedures Manual indicates compliance
2.8	Oral Hygiene Instructions Oral hygiene instructions (OHI) should be provided annually to each client. The content of the instructions is documented.	• Documentation in the client record

Outreach Services

Outreach workers focus on locating clients who are on the cusp of falling out of care, for reengagement back into care. The Ryan White Part A Outreach Worker (OW) provides field-based services to clients based on criteria identified by each agency. These services include the provision of information, referrals and assistance with linkage to medical, mental health, substance abuse and psychosocial services as needed and advocating on behalf of clients to decrease service gaps and remove barriers to services.

1.0	**Staff Training**	
1.1	**Minimum/Qualifications** Minimum Qualifications – High School Diploma or GED. Six months of working with or volunteering with PLWH.	• Documentation of credentials and job description in outreach worker's file • Documentation includes, but is not limited to high school diploma, GED and experience
1.2	Scope of Services The OW will generate EMR reports to determine eligibility for services. Monthly, during OW-RWGA meetings OW will provide client status updates on engagement activities. Outreach workers are expected to document client's immediate needs and barriers to service in order to relink and reengage them back in to care. Upon successfully re-engaging clients back in to care, outreach workers will provide a warm handoff to a service linkage worker or medical case manager for additional assistance of the client's needs as necessary.	• Review of reporting records indicates compliance • Monthly review of spreadsheet engagement activities • Documentation of assessment will be maintained in the client file
1.3	Ongoing Education/Training for Outreach Workers Staff who provide field-based services should receive at least two (2) hours of field safety training within their first six (6) months of employment. The Outreach Workers are required to attend a minimum of five (5) of the six (6) Outreach Worker meetings and four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA within the grant year, and one of the Joint Prevention and Care Collaborative Workshops presented by RGWA & HHD.	• Documentation of attendance will be maintain by the agency. RWGA will also maintain sign-in logs • Review of reporting records indicates compliance • Certificates of completion for applicable trainings in the outreach worker's file •
1.4	Documentation and Reporting Outreach Workers are trained in the agency's policy and procedure for determining, documenting and reporting instances of abuse, sexual or nonsexual, in accordance with DSHS Child Abuse Screening, Documenting and Reporting Policy prior to interaction.	• Documentation of staff training in employee record

1.5	**Warm Handoff Procedure** Agency must have policies and procedures in place that ensures a warm handoff for clients within the healthcare system. A warm handoff is applicable when a transfer of care between two members of the health care team needs to take place, i.e. Outreach worker to primary care provider, and transitions between agencies. Warm handoff policy should be consistent with AHRQ Warm Handoff guidelines.	• Agency has a warm handoff policy to specify procedures and appropriate patient population for conducting a warm handoff.
2.0	**Timeliness of Service/Documentation**	
2.1	**Progress Notes** All Outreach Worker activities, including but not limited to all contacts and attempted contacts with or on behalf of clients are documented in the client record within 72 business hours of the occurrence.	• Documentation of client's needs and progress notes will be maintained in client's files • Legible signed and dated in documentation in the client record
2.2	Eligibility Criteria for Outreach Eligibility for outreach will vary and is specific to each agency. Criteria can include but is not limited to clients: • Who have missed 2 or more HIV-related medical appointments in the last 6 months, have one appointment scheduled in the next 3 weeks; • Missed 3 appointments in last 6 months and have one scheduled in next 3 weeks; • Clients who have not been seen in 4 months by their primary care provider; and/or • Three missed appointments in past 12 months (do not have to be consecutive).	• Documentation of eligibility criteria will be maintained in client's files • Legible signed and dated in documentation in the client record
3.0	**Supervision**	

3.1	Outreach Worker Supervision
	
	Four (4) hours of supervision per month must be provided to each outreach worker. At least one (1) hour of supervision must be individual supervision. The remaining three (3) hours may be individual or group.
	
	Supervision includes, but is not limited to, one-to-one consultation regarding issues that arise in the outreach worker relationship, case staffing meetings, group supervision, and discussion of gaps in services or barriers to services, intervention strategies, case assignments, case reviews and caseload assessments
		• Documentation in supervision notes, which must include:
		  ➤ Date & duration of time
		  ➤ name(s) of outreach worker(s) present
		  ➤ topic(s) covered and/or client(s) reviewed
		  ➤ plan(s) of action
		  ➤ supervisor's signature

		Supervision notes are never maintained in the client record
3.2	**Case Reviews – Outreach Worker** Supervisor reviews a random sample equal to 10% of unduplicated clients served by each Outreach Worker at least once every ninety (90) days, and concurrently ensures that all required record components are present, timely, legible and that services provided appropriately.	• Documentation of case reviews in client record, signed and dated by supervisor and/or quality assurance personnel and Outreach Worker.

Primary Medical Care

The 2006 CARE Act defines Primary Medical Services as the "provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse specialist, nurse practitioner or other health care professional who is certified in their jurisdiction to prescribe Antiretroviral (ARV) therapy in an outpatient setting….. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history tasking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions and referral to and provisions of specialty care".

The RW Part A primary care visit consist of a client examination by a qualified Medical Doctor, Nurse Practitioner, Clinical Nurse Specialist and/or Physician Assistant and includes all ancillary services such as eligibility screening, patient medication/treatment education, adherence education, counseling and support; medication access/linkage; and as clinically indicated, OB/GYN specialty procedures, nutritional counseling, routine laboratory and radiology. All primary care services must be provided in accordance with the current U.S. Department of Health and Human Services guidelines (HHS).

1.0	Medical Care for persons with HIV should reflect competence and experience in both primary care and therapeutics known to be effective in the treatment of HIV infection and is consistent with the most current published HHS treatment guidelines	
1.1	Minimum Qualifications Medical care for persons living with HIV shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV care including fellowship.	• Credentials on file
1.2	Licensing, Knowledge, Skills and Experience • All staff maintain current organizational licensure (and/or applicable certification) and professional licensure • The agency must keep professional licensure of all staff providing clinical services including physicians, nurses, social workers, etc. • Supervising/attending physicians of the practice show continuous professional development through the following HRSA recommendations for HIV-qualified physicians (www.hivma.org): • Clinical management of at least 25 people living with HIV patients within the last year • Maintain a minimum of 30 hours of HIV-specific CME (including a minimum of 10 hours related to antiretroviral therapy) every two years in accordance with State licensure renewal dates. Agencies using	• Documentation in personnel record

	contractors must ensure that this requirement is met and must provide evidence at the annual program monitoring site visits. • Psychiatrists only: after the first biennium, psychiatrists must maintain a minimum of 10 hours of HIV-specific CME every two years in accordance with State licensure renewal dates • Physician extenders must obtain this experience within six months of hire • All staff receive professional supervision • Staff show training and/or experience with the medical care of adults living with HIV	
1.3	Peer Review Agency/Provider will conduct peer review for all levels of licensed/credentialed providers (i.e. MD, NP, PA).	• Provider will document peer review has occurred annually
1.4	**Standing Delegation Orders (SDO)** Standing delegation orders provide direction to RNs, LVNs and, when applicable, Medical Assistants in supporting management of patients seen by a physician. Standing Delegation Orders must adhere to Texas Administrative Code, Title 22, Part 9; Chapter 193; Rule §193.1 and must be congruent with the requirements specified by the Board of Nursing (BON) and Texas State Board of Medical Examiners (TSBME).	• Standing Delegation Orders for a specific population shall be approved by the Medical Director for the agency or provider. • Standing Delegation Orders will be reviewed, updated as needed and signed by the physician annually. • Use of standing delegation orders will be documented in patient's primary record system.
1.5	Primary Care Guidelines Primary medical care must be provided in accordance with the most current published U.S. HHS treatment guidelines (http://www.aidsinfo.nih.gov/guidelines/) and other nationally recognized evidence-based guidelines. Immunizations should be given according to the most current Advisory Committee on Immunization Practices (ACIP) guidelines.	• Documentation in client's record • Exceptions noted in client's record
1.6	Medical Evaluation/Assessment All people living with HIV receiving medical care shall have an initial comprehensive medical evaluation/assessment and physical examination. The comprehensive assessment/evaluation will be completed by the MD, NP, CNS	• Completed assessment in client's record

		or PA in accordance with professional and established HIV practice guidelines (www.hivma.org) within 3 weeks of initial contact with the client. A comprehensive reassessment shall be completed on an annual basis or when clinically indicated. The initial assessment and reassessment shall include at a minimum, general medical history, a comprehensive HIV related history and a comprehensive physical examination. Comprehensive HIV related history shall include: • Psychosocial history • HIV treatment history and staging • Most recent CD4 counts and VL test results • Resistance testing and co receptor tropism assays as clinically indicated • Medication adherence history • History of HIV related illness and infections • History of Tuberculosis • History of Hepatitis and vaccines • Psychiatric history • Transfusion/blood products history • Past medical care • Sexual history • Substance abuse history • Review of Systems	
I.7		Medical Records Medical Records should clearly document the following components, separate from progress notes: • A central "Problems List" which clearly prioritizes problems for primary care management, including mental health and substance use/abuse disorders (if applicable) • A vaccination record, including dates administered • The status of routine screening procedures (i.e., pap smears, mammograms, colonoscopies)	• Documentation in client's record
1.8		Plan of Care	• Plan of Care documented in client's record

		A plan of care shall be developed for each identified problem and should address diagnostic, therapeutic and educational issues in accordance with the current U.S. HHS treatment guidelines.	
1.9		Follow- Up Visits All patients shall have follow –up visits every three to six months or as clinically indicated for treatment monitoring and also to detect any changes in the client's HIV status. At each clinic visit the provider will at a minimum: • Measure vital signs including height and weight • Perform physical examination and update client history • Measure CBC, CD4 and VL levels every 3-6 months or in accordance with current treatment guidelines, • Evaluate need for ART • Resistance Testing if clinical indicated • Evaluate need for prophylaxis of opportunistic infections • Document current therapies on all clients receiving treatment or assess and reinforce adherence with the treatment plan • Update problem list • Refer client for ophthalmic examination by an ophthalmologist every six months when CD4 count falls below 50CU/MM • Refer Client for dental evaluation or care every 12 months • Incorporate HIV prevention strategies into medical care for of persons living with HIV • Screen for risk behaviors and provide education on risk reduction, including pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) for negative partners, and Undetectable = Untransmittable • Assess client comprehension of treatment plan and provide education/referral as indicated • Refer for other clinical and social services where indicated	• Content of Follow-up documented in client's record • Documentation of specialist referral including dental in client's records
1.10		Yearly Surveillance Monitoring and Vaccinations • All women living with HIV—should have regular pap tests ➤ An initial negative pap test should be followed with another pap test in 6-12 months and if negative, annually thereafter.	• Documentation in client's record

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		➤ If 3 consecutive pap tests are normal, follow-up pap tests should be done every 3 years ➤ Women 30 years old and older may have pap test and HPV co-testing, and if normal, repeated every 3 years ➤ A pap test showing abnormal results should be managed per guidelines • Screening for anal cancer, if indicated • Resistance Testing if clinical indicated • Chem. panel with LFT and renal function test • Influenza vaccination • Annual Mental Health Screening with standardized tool • TST or IGRA (this should be done in accordance with current U.S Public Health Service guidelines (US Public Health Service, Infectious Diseases Society of America. *Guidelines for preventing opportunistic infections among people living with HIV*) (Available at aidsinfo.nih.gov/Guidelines/) • Annual STD testing including syphilis, gonorrhea and Chlamydia for those at risk, or more frequently as clinically indicated	
1.11	Preconception Care for Women Living with HIV of Child Bearing Age In accordance with the US Department of Health and Human Services recommendations (http://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf), preconception care shall be a component of routine primary care for women of child bearing age living with HIV and should include preconception counseling. In addition to the general components of preconception counseling, health care providers should, at a minimum: • Assess women's pregnancy intentions on an ongoing basis and discuss reproductive options • Offer effective and appropriate contraceptive methods to women who wish to prevent unintended pregnancy • Counsel on safe sexual practices • Counsel on eliminating of alcohol, illicit drugs and smoking • Educate and counsel on risk factors for perinatal HIV transmission, strategies to reduce those risks, and prevention and potential effects of HIV and treatment on pregnancy course and outcomes	• Documentation of preconception counseling and care at initial visit and annual updates in Client's record as applicable	

	• Inform women of interventions to prevent sexual transmission of HIV when attempting conception with a partner who does not have HIV Other preconception care consideration should include: • The choice of appropriate antiretroviral therapy effective in treating maternal disease with no teratogenicity or toxicity should pregnancy occur • Maximum suppression of viral load prior to conception	
1.12	**Obstetrical Care for Pregnant Women Living with HIV** Obstetrical care for pregnant women living with HIV shall be provided by board certified obstetricians experienced in the management of high risk pregnancy and has at least two years experience in caring for pregnant women living with HIV. Antiretroviral therapy during ante partum, perinatal and postpartum should be based on the current HHS guidelines http://www.aidsinfo.nih.gov/Guidelines.	• Documentation in client's record
1.13	**Coordination of Services in Prenatal Care** To ensure adherence to treatment, agency must ensure coordination of services among prenatal care providers, primary care and HIV specialty care providers, mental health and substance abuse treatment services and public assistance programs as needed.	• Documentation in client's records.
1.14	**Care of and Infants, Children and Pre-pubertal Adolescents** Care and monitoring of children exposed to HIV must be done in accordance to the HHS guidelines. Treatment of infants and children living with HIV should be managed by a specialist in pediatric and adolescent HIV infection. Where this is not possible, primary care providers must consult with such specialist. Providers must utilize current HHS Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Care (http://aidsinfo.nih.gov/contentfiles/PediatricGuidelines.pdf) in providing and monitoring antiretroviral therapy in infants, children and pre pubertal adolescents. Patients should also be monitored for growth and development, drug toxicities, neurodevelopment, nutrition and symptoms management. A multidisciplinary team approach must be utilized in meeting clients' need and team should consist of physicians, nurses, case managers, pharmacists, nutritionists, dentists, psychologists and outreach workers.	• Documentation in client's record

1.15	Patient Medication Education	• Documentation in the patient record. Documentation in patient record must include the clinic name; the session date and length; the patient's name, patient's ID number, or patient representative's name; the Educator's signature with license and title; the reason for the education (i.e. initial regimen, change in regimen, etc.) and documentation of all discussed education topics.
	All clients must receive comprehensive documented education regarding their most current prescribed medication regimen. Medication education must include the following topics, which should be discussed and then documented in the patient record: the names, actions and purposes of all medications in the patient's regimen; the dosage schedule; food requirements, if any; side effects; drug interactions; and adherence. Patients must be informed of the following: how to pick up medications; how to get refills; and what to do and who to call when having problems taking medications as prescribed. Medication education must also include patient's return demonstration of the most current prescribed medication regimen.	
	The program must utilize an RN, LVN, PA, NP, CNS, pharmacist or MD licensed by the State of Texas, who has at least one year paid experience in HIV care, to provide the educational services.	
1.16	Adherence Assessment	• Completed adherence tool in client's record
	Agency will incorporate adherence assessment into primary care services. Clients who are prescribed on-going ART regimen must receive adherence assessment and counseling on every HIV-related clinical encounter. Adherence assessment shall be provided by an RN, LVN, PA, NP, CNS, Medical/Clinical Case Manager, pharmacist or MD licensed by the State of Texas. Agency must utilize the RWGA standardized adherence assessment tool. Case managers must refer clients with adherence issues beyond their scope of practice to the appropriate health care professional for counseling.	• Documentation of counseling in client records
1.17	Documented Non-Adherence with Prescribed Medication Regimen	• Review of Policies and Procedures Manual indicates compliance.
	The agency must have in place a written policy and procedure regarding client non-adherence with a prescribed medication regimen. The policy and procedure should address the agency's process for intervening when there is documented non-adherence with a client's prescribed medication regimen.	
1.18	Client Mental Health and Substance Use Policy	• Review of Policies and Procedures Manual indicates compliance.
	The agency must have in place a written policy and procedure regarding client mental health and substance use. The policy and procedure should address: the agency's process for assessing clients' mental health and substance use; the treatment and referral of clients for mental illness and substance abuse; and care	

	coordination with mental health and/or substance abuse providers for clients who have mental health and substance abuse issues.	
1.19	**Intimate Partner Violence Screening Policy** The agency must have in place a written policy and procedure regarding client Intimate Partner Violence (IPV) Screening that is consistent with the Houston EMA IPV Protocol. The policy and procedure should address: • process for ensuring clients are screened for IPV no less than annually • intervention procedures for patients who screen positive for IPV, including referral to Medical/Clinical Case Management • State reporting requirements associated with IPV • Description of required medical record documentation • Procedures for patient referral including available resources, procedures for follow-up and responsible personnel Plan for training all appropriate staff (including non-RW funded staff)	• Review of Policies and Procedures Manual indicates compliance. • Documentation in patient record
1.20	**Patient Retention in Care** The agency must have in place a written policy and procedure regarding client retention in care. The policy and procedure must include: • process for client appointment reminders (e.g. timing, frequency, position responsible) • process for contacting clients after missed appointments (e.g. timing, frequency, position responsible) • measures to promote retention in care process for re-engaging those lost to care (no primary care visit in 6 months)	• Review of Agency's Policies and Procedures Manual indicates compliance •
2.0	**Psychiatric care for persons with HIV should reflect competence and experience in both mental health care and therapeutics known to be effective in the treatment of psychiatric conditions and is consistent with the most current published Texas Society of Psychiatric Physicians/American Psychiatric Association treatment guidelines.**	
2.1	**Psychiatric Guidelines** Outpatient psychiatric care must be provided in accordance with the most current published treatment guidelines, including: Texas Society of Psychiatric Physicians guidelines (www.txpsych.org) and the American Psychiatric Association (www.psych.org/aids) guidelines.	• Documentation in patient record
3.0	**In addition to demonstrating competency in the provision of HIV specific care, HIV clinical service programs must show evidence that their performance follows norms for ambulatory care.**	

As of March 20210

3.1	**Access to Care**
	Primary care providers shall ensure all new referrals from testing sites are scheduled for a new patient appointment within 15 working days of referral. (All exceptions to this timeframe will be documented)
	Agency must assure the time-appropriate delivery of services, with 24 hour on-call coverage including:
	• Mechanisms for urgent care evaluation and/or triage
	• Mechanisms for in-patient care
	• Mechanisms for information/referral to:
	  ➤ Medical sub-specialties: Gastroenterology, Neurology, Psychiatry, Ophthalmology, Dermatology, Obstetrics and Gynecology and Dentistry
	  ➤ Social work and case management services
	  ➤ Mental health services
	  ➤ Substance abuse treatment services
	  ➤ Anti-retroviral counseling/therapy for pregnant women
	  ➤ Local federally funded hemophilia treatment center for persons with inherited coagulopathies
	  ➤ Clinical investigations
		• Agency Policy and Procedure regarding continuity of care.

3.2	**Continuity with Referring Providers** Agency must have a formal policy for coordinating referrals for inpatient care and exchanging patient information with inpatient care providers.	• Review of Agency's Policies and Procedures Manual indicates compliance
3.3	**Clients Referral and Tracking** Agency receives referrals from a broad range of sources and makes appropriate referrals out when necessary. Agencies must implement tracking systems to identify clients who are out of care and/or need health screenings (e.g. Hepatitis b & c, cervical cancer screening, etc., for follow-up).	• Documentation of referrals out • Staff interviews indicate compliance • Established tracking systems
3.4	**Client Notification of Service Provider Turnover** Client must be provided notice of assigned service primary care provider's cessation of employment within 30 days of the employee's departure.	• Documentation in patient record
3.5	**Recommended Format for Operational Standards** Detailed standards and routines for program assessment are found in most recent Joint Commission performance standards.	• Ambulatory HIV clinical service should adopt and follow performance standards for ambulatory care as established by the Joint Commission

3.6	**Client Accommodation for Same Day Provider Cancellations** Agency must have a policy in place that outlines a timeline for client notification of provider cancellations, and a protocol for how patients will be accommodated when they do not receive notification in advance of arriving to the clinic.	• Review of Agency's Policies and Procedures Manual indicates compliance
3.7	**Client Prescription Refill Policy** Agency must have a policy in place that details short term prescription refill availability in when office visit is not feasible prior to patient depletion of medication.	• Review of Agency's Policies and Procedures Manual indicates compliance

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Substance Use Services

The Houston EMA Substance Abuse Treatment/Counseling service is an outpatient service providing treatment and/or counseling to people living with HIV who have substance use disorders. Services provided must be integrated with HIV-related issues that trigger relapse and must be coordinated with local TDSHS/SAS HIV Early Intervention funded programs. All services must be provided in accordance with the Texas Department of State Health Services/Substance Abuse services (TDSHS/SAS) Chemical Dependency Treatment Facility Standards as well as current treatment guidelines.

1.0	Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV.	
1.1	Comprehensive Assessment A comprehensive assessment including the following will be completed within ten (10 days) of intake or no later than and prior to the third therapy session. • Presenting Problem • Developmental/Social history • Social support and family relationships • Medical history • Substance use history • Psychiatric history • Complete mental status evaluation (including appearance and behavior, talk, mood, self attitude, suicidal tendencies, perceptual disturbances, obsessions/compulsions, phobias, panic attacks) • Cognitive assessment (level of consciousness, orientation, memory and language) Specific assessment tools such as the Addiction Severity Index(ASI) could be used for substance use and sexual history and the Mini Mental State Examination (MMSE) for cognitive assessment.	• Completed assessment in client's record
1.2	Psychosocial History A psychosocial history will be completed and must include: • Education and training • Employment • Military service • Legal history • Family history and constellation	• Completed assessment in client's record

	• Physical, emotional and/or sexual abuse history • Sexual and relationship history and status • Leisure and recreational activities • General psychological functioning	
1.3	Treatment Plan Treatment plans are developed jointly with the counselor and client and must contain all the elements set forth in the Texas Department of State Health Services Administrative code for substance abuse including: • Statement of the goal(s) of counseling • The plan of approach • Mechanism for review The plan must also address full range of substances the patient is abusing Treatment plans must be completed no later than five working days of admission. Individual or group therapy should be based on professional guidelines. Supportive and educational counseling should include prevention of HIV related risk behaviors including substance use as clinically indicated.	• Completed treatment plan in client's record • Treatment Plan review documented in client's records
1.4	Treatment Plan Review In accordance with the Texas Department of State Health Services Administrative code on Substance Abuse, the treatment plan shall be reviewed at a minimum, midway through treatment and must reflect ongoing reassessment of client's problems, needs and response to therapy. The treatment plan duration, review interval and process must be stated in the agency policies and procedures and must follow criteria outlined in the Administrative Code.	• Review of agency's Policy and Procedure Manual indicates compliance • Updated treatment plan in client's record
2.0	**Services are part of the coordinated continuum of HIV services.**	
2.1	Clients Referral and Tracking Agency receives referrals from a broad range of sources and makes appropriate referrals out when necessary. Agency must have collaboration agreements with mental health and primary care providers or demonstrate that they offer these services on-site.	• Documentation of referrals received • Documentation of referrals out • Staff interviews indicate compliance • Collaborative agreements demonstrate that these services are offered on an off-site
2.2	Facility License	• Documentation of current agency licensure

	Agency is appropriately licensed by the Texas Department of State Health Services – Substance Abuse Services (TDSHS/SAS) with outpatient treatment designations.		
2.3	<u>Minimum Qualifications</u> All agency staff that provides direct client services must be properly licensed per current TDSHS/SAS requirements. Non-licensed staff must meet current TDSHS/SAS requirements.	• Documentation of current licensure in personnel files	
3.0	**Staff HIV knowledge is based on documented training and experience.**		
3.1	<u>Staff Training</u> All agency staff, volunteers and students shall receive initial and subsequent trainings in accordance to the Texas Administrative Code, rule §448.603 (a), (c) & (d).	• Review of training curriculum indicates compliance • Documentation of all training in personnel file • Specific training requirements are specified in the staff guidelines • Documentation of all trainings must be done in accordance with the Texas Administrative Code §448.603 (b)	
3.2	<u>Experience – HIV</u> A minimum of one (1) year documented HIV work experience is required. Those who do not meet this requirement must be supervised by a staff member with at least 1 year of documented HIV work experience.	• Documentation of work experience in personnel file	
4.0	**Service providers are knowledgeable, accepting, and respectful of the needs of individuals with HIV Staff efforts are compassionate and sensitive to client needs.**		
4.1	<u>Staff Supervision</u> The agency shall ensure that each substance abuse Supervisor shall, at a minimal, be a Masters level professional (e.g. LPC, LCSW, LMSW, LMFT, Licensed Clinical Psychologist, LCDC if applicable) and licensed by the State of Texas and qualified to provide supervision per applicable TDSHS/SAS licensure requirements. Professional staff must be knowledgeable of the interaction of drug/alcohol use and HIV transmission and the interaction of prescribed medication with other drug/alcohol use.	• Review of personnel files indicates compliance • Review of agency's Policy and Procedure Manual indicates compliance	

Transportation Services

The 2006 Care Act classifies Medical Transportation as a support service that provides conveyance services "directly or through voucher to a client so that he or she may access health care services". The Ryan White Part A transportation services include transportation to public and private outpatient medical care and physician services, substance abuse and mental health services, pharmacies and other services where eligible clients receive Ryan White-defined Core Services and/or medical and health-related care services, including clinical trials, essential to their well-being. All drivers utilized by the program must have a valid Texas Driver's license and must complete a "Safe Driving" course. The contractor must ensure that each vehicle has automobile liability insurance as required by the State and all vehicles have current Texas State Inspection.

1.0	**Transportation services are offered to eligible clients to ensure individuals most in need have access to services.**	
1.1	Client Eligibility In order to be eligible for services, individuals must meet the following: • HIV+ • Residence in the Houston EMA/HSDA • Part A Urban Transportation limited to Harris County • Part A Rural/Part B Transportation are limited to Houston EMA/HSDA, as applicable • Income no greater than 300% of the Federal Poverty level • Proof of identification • Documentation of ineligibility for Third Party Reimbursement	• Documentation of HIV+ status, identification, residence and income in the client record
1.2	Voucher Guidelines (Distribution Sites) • Bus Card Voucher (Renewal): Eligible clients who reside in the Metro service area will be issued a Metro bus card voucher by the client's record-owning agency for an annual bus card upon new registration and annually thereafter, within 15 days of bus pass expiration • Bus Card Voucher (Value-Based): Otherwise eligible clients who are not eligible for a renewal bus card voucher may be issued a value-based bus card voucher per RWGA business rules ➤ In order for an existing bus card client to renew their bus card (i.e. obtain another bus card voucher for all voucher types) there must be documentation that the client is engaged in ongoing primary medical care for treatment of HIV, or ➤ Documentation that the bus voucher is needed to ensure an out-of-care client is re-engaged in primary medical care	• Client record indicates guidelines were followed; if not, an explanation is documented • Documentation of the type of voucher(s) issued • Emergency necessitating taxi voucher is documented • Ongoing current **(within the last 180 days)** medical care is documented in the CPCDMS OR • A current (within the last 180 days) copy of client's Viral Load and/or CD4 lab work (preferred) or proof client is on ART (HIV medications) for clients in medical care

		• Gas Card: Eligible clients in the rural area will receive gas cards from their Ryan White Part A/B rural case management provider or their rural primary care provider, if the client is not case managed, per RWGA business rules • Taxi Voucher: for emergencies, to access emergency shelter vouchers and to attend Social Security disability hearings only	with Ryan White or non-Ryan White funded providers in client record OR • Engagement/re-engagement in medical care is documented in client's case management assessment and service plan.
1.3		Eligibility for Van-Based Transportation (Urban Transportation Only) Written certification from the client's principal medical provider (e.g. medical care coordinator) is required to access van-based transportation and must be renewed every 180 days. All clients may receive a maximum of 4 non-certified round trips per year (includes taxi vouchers).	• Client record indicates compliance
2.0		**ACCESSIBILITY** **Transportation services are offered in such a way as to overcome barriers to access and utilization.**	
2.1		Notification of Service Availability Prospective and current clients are informed of service availability, prioritization and eligibility requirements.	• Program information is clearly publicized • Availability of services, prioritization policy and eligibility requirements are defined in the information publicized
2.2		Access Clients must be able to initiate and coordinate their own services with the transportation providers in accordance with transportation system guidelines. This does not mean an advocate (e.g. social worker) for the client cannot assist the client in accessing transportation services. Agency must obtain a signed statement from clients regarding agreement on proper conduct of client in the vehicle. This statement should include the consequences of violating the agreement.	• Agency's policies and procedures for transportation services describe how the client can access the service • Review of agency's complaint and grievances log • Signed agreement in client's records
2.3		Handicap Accessibility Transportation services are handicap accessible. Agency/Driver may refuse service to client with open sores/wounds or real exposure risk.	• Agency compliance with the Americans with Disabilities Act (ADA) • Agency documentation of reason for refusal of service • Documentation of training in personnel records

		Agency must have a policy in place regarding training for drivers on the proper boarding/unloading assistance of passengers with wheel chairs and other durable health devices.	
2.4		EMA Accessibility Services are available throughout the Houston EMA as contractually defined in the RFP.	• Review of agency's Transportation Log and Monthly Activity Reports for compliance
2.5		Service Availability The Contractor must ensure that general transportation service hours are from 7:00 AM to 10:00 PM on weekdays (non-holidays), and coverage must be available for medical and health-related appointments on Saturdays.	• Review of Transportation Logs • Transportation services shall be available on Saturdays, by pre-scheduled appointment for core services • Review of agency policy and procedure
2.6		Service Capacity Agency will notify RWGA and other Ryan White providers when transportation resources are close to being maximized*. Agency will maintain documentation of clients who were refused services. * Maximized means the agency will not be able to provide service to client within the next 72 hours.	• RWGA will be contacted by phone/fax no later than twenty-four (24) working hours after services are maximized • Agency will document all clients who were denied transportation or a voucher
3.0		**Timeliness and Delays: Transportation services are provided in a timely manner**	
3.1		Timeliness There is minimal waiting time for vehicles and vans; appointments are kept • Waiting times longer than 2 hours will also be documented in the client record • If a cumulative incident of clients kept waiting for more than 2 hours reaches 75 clients in the contract year, this must be reported in writing within one business day to the administrative agent • Review of agency's complaint and grievance logs Client interviews and client satisfaction survey	• Waiting times longer than 60 minutes will be documented in Delay Incident Log. • Review of Delay incident log • Review of client's record
3.2		Immediate Service Problems Clients are made aware of problems immediately (e.g. vehicle breakdown) and notification documented.	• Review of Delay Incident Log, Transportation Refusal Log and client record indicates compliance • Review of agency's complaint and grievance logs

			• Client interviews and client satisfaction survey
3.3	Future Service Delays Clients and Ryan White providers are notified of future service delays, changes in appointment or schedules as they occur.	• Review of Delay Incident Log, Transportation Refusal Log and client record indicates compliance • Review of agency's complaint and grievance logs • Client interviews and client satisfaction survey • Documentation exists in the client record
3.4	Confirmation of Appointments Agency must allow clients to confirm appointments at least 48 hours in advance.	• Review of agency's transportation policies and procedures indicates compliance • Review of agency's complaint and grievance logs • Client interviews and client satisfaction survey.
3.5	"No Shows" "No Shows" are documented in Transportation Log and client record. Passengers who do not cancel scheduled rides for two (2) consecutive times or who "no show" for two (2) consecutive times or three times within the contract year *may be* removed from the van/vehicle roster for 30 days. If client is removed from the roster, he or she must be referred to other transportation services. One additional no show and the client can be suspended from service for one (1) year.	• Review of agency's transportation policies and procedures indicates compliance • Documentation on Transportation Log • Documentation in client record
3.6	System Abuse If an agency has verified that a client has falsified the existence of an appointment in order to access transportation, the client can be removed from the agency roster. If a client cancels van/vehicle transportation appointments in excess of three (3) times per month, the client may be removed from the van/vehicle roster for 30 days. Agency must have published rules regarding the consequences to the client in situations of system abuse.	• Documentation in the client record of verification that an appointment did not exist • Documentation in the client record of client cancellation of van/vehicle appointments • Availability of agency's published rules • Written documentation in the client record of specific instances of system abuse

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3.7	Documentation of Service Utilization	• Documentation of confirmation from destination agency in agency/client record

	Transportation Provider must ensure:
	  • Follow-up verification between transportation provider and destination service program confirming use of eligible service(s) <u>or</u>
	  • Client provides proof of service documenting use of eligible services at destination agency on the date of transportation <u>or</u>
	  • Scheduling of transportation services by receiving agency's case manager or transportation coordinator
	  • In order to mitigate Agency exposure to clients who may fail to follow through with obtaining the required proof of service, Agency is allowed to provide one (1) one-way trip per client per year without proof of service documentation.
	
	The content of the proof of service will include:
	  • Agency's letter head
	  • Date/Time
	  • CPCDMS client code
	  • Name and signature of Agency's staff who attended to client
	  • Agency's stamp
		• Client's original receipt from destination agency in agency/client record
		• Documentation in Case Manager's progress notes
		• Documentation in agency/client record of the one (1) allowable one-way trip per year without proof of service documentation

4.0	**Safety/Vehicle Maintenance: Transportation services are safe**	
4.1	Vehicle Maintenance and Insurance Vehicles are in good repair and equipped for adverse weather conditions. All vehicles will be equipped with both a fire extinguisher and first aid and CPR kits. A file will be maintained on each vehicle and shall include but not be limited to: description of vehicle including year, make, model, mileage, as well as general condition and integrity and service records. Inspections of vehicle should be routine, and documented not less than quarterly. Seat belts/restraint systems must be operational. When in place, child car seats must be operational and installed according to specifications. All lights and turn signals must be operational, brakes must be in good working order, tires must be in good condition and air conditioning/heating system must be fully operational.	• Inspection of First Aid/CPR kits indicates compliance • Review of vehicle file • Current vehicle State Inspection sticker. • Fire extinguisher inspection date must be current • Proof of current automobile liability and personal injury insurance in the amount of at least $300,000.00

		Driver must have radio or cell phone capability.	
4.2		Emergency Procedures Transportation emergency procedures are in place (e.g. breakdown of agency vehicle). Written procedures are developed and implemented to handle emergencies. Each driver will be instructed in how to handle emergencies before commencing service, and will be in-serviced annually.	• A copy of each in-service and sign-in roster with names both printed and signed and maintained in the driver's personnel file
4.3		Transportation of Children Children must be transported safely. When transporting children, the agency will adhere to the Texas Transportation code 545.412 child Passenger Safety Seat Systems. Information regarding this code can be obtained at http://www.statutes.legis.state.tx.us/docs/tn/htm/tn.545.htm. Necessity of a car seat should be documented on the Transportation Log by staff when appointment is scheduled. Children 15 years old or younger must be accompanied by an adult caregiver in order to be transported.	• Review of Transportation Log indicates compliance • Review of client records indicates compliance • Review of agency policies and procedures
4.4		Staff Requirements Picture identification of each driver must be posted in the vehicle utilized to transport clients. Criminal background checks must be performed on all direct service transportation personnel prior to transporting clients Drivers must have annual proof of a safe driving record, including history of tickets, DWI/DUI, or other traffic violations Conviction on more than three (3) moving violations within the past year will disqualify the driver Conviction of one (1) DWI/DUI within the past three (3) years will disqualify the driver.	• Documentation in vehicle • Documentation in personnel file
5.0		**Records Administration: Transportation services are documented consistently and appropriately**	
5.1		Transportation Consent Prior to receiving transportation services, clients must read and sign the Transportation Consent.	• Review of client records indicates compliance
5.2		Van/Vehicle Transportation Agency must document daily transportation services on the Transportation Log.	• Review of agency files indicates compliance

		• Log must contain driver's name, client's name or identification number, date, destinations, time of arrival, and type of appointment.
5.3	**Mileage Documentation** Agency must document the mileage between Trip Origin and Trip Destination (e.g. where client is transported to access eligible service) per a standard Internet-based mapping program (e.g. Yahoo Maps, Map Quest, Google Maps) for all clients receiving Van-based transportation services.	• Map is printed out and filed in client chart

Vision Services

The Vision Services is an integral part of the Outpatient Ambulatory Medical Care Services. Primary Care Office/Clinic Vision Care consist of comprehensive examination by a qualified Optometrist or Ophthalmologist, including Eligibility Screening as necessary. Allowable visits with a credentialed Ophthalmic Medical Assistant include routine and preliminary tests such as muscle balance test, Ishihara color test, Near Point of Conversion (NPC), visual acuity testing, visual field testing, Lensometry and glasses dispensing.

1.0	Staff HIV knowledge is based on documented training.	
1.1	Ongoing Training Four (4) hours of continuing education in vision-related or other specific topics is required annually.	• Documentation of all training in personnel file • Staff interviews indicate compliance
1.2	Staff Experience/Qualifications Minimum of one (1) year HIV work experience for paid staff (optometry interns exempt) is preferred. Provider must have a staff Doctorate of Optometry licensed by the Texas Optometry Board as a Therapeutic Optometrist, or a medical doctor who is board certified in ophthalmology.	• Documentation of work experience in personnel file
1.3	Staff Supervision Staff services are supervised by a paid coordinator or manager. Supervision of clinical staff shall be provided by a practitioner with at least two (2) years experience in vision care and treatment of persons with HIV. All licensed personnel shall receive supervision consistent with the State of Texas license requirements.	• Review of personnel files indicates compliance • Review of agency's Policy and Procedure Manual indicates compliance
2.0	Patient Care	
2.1	Physician Contact Information Agency obtains and documents primary care physician contact information for each client. At minimum, agency should collect the physician's name and telephone number.	• Documentation of physician contact information in the client record
2.2	Client Intake Agency collects the following information for all new clients: Health history; Ocular history;	• Documentation in the client record

		Current medications; Allergies and drug sensitivities; Reason for visit (chief complaint).	
2.3	CD4/Viral Loads When clinically indicated, current (within the last 6 months) CD4 and Viral Load laboratory test results for clients are obtained.	• Documentation in the client record
2.4	Comprehensive Eye Exam The comprehensive eye exam will include documentation of the following: Visual acuity, refraction test, binocular vision muscle assessment, observation of external structures, Fundus/retina Exam, Dilated Fundus Exam (DFE) when clinically indicated, Glaucoma test, findings of exam - either normal or abnormal, written diagnoses where applicable, Treatment Plan. Client may be evaluated more frequently based on clinical indications and current US Public Health Service guidelines.	• Documentation in the client record
2.5	Lens Prescriptions Clients who have clinical indications for corrective lens must receive prescriptions, and referrals for such services to ensure they are able to obtain their eyeglass.	• Documentation in the client record

Emergency Financial Assistance Program (OTHER)

Emergency Financial Assistance (EFA) is to provide one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, food (including groceries, and food vouchers), and transportation. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

1.0	**Services are offered in such a way as to overcome barriers to access and utilization. Service is easily accessible to persons with HIV.**	
1.1	EFA funds may be used on the following essential items or services: • Utilities (may include household utilities including gas, electricity, propane, water, and all required fees). • Telephone • Food (groceries or food vouchers) Other RWHAP allowable costs needed to improve health outcomes.	• Review of agency's Policies & Procedures Manual indicates compliance • Review of billing history indicates compliance • Documentation in the client chart
1.2	Client Eligibility Applicants must demonstrate an urgent need resulting in their inability to pay their applicable bills without financial assistance for essential items or services necessary to improve health outcomes. Demonstrated need is made by the following: • A significant increase in bills • A recent decrease in income • High unexpected expenses on essential items • The cost of their shelter is more than 30% of the household income • The cost of their utility consumption is more than 10% of the household income • They are unable to obtain credit necessary to provide for basic needs and shelter • A failure to provide emergency financial assistance will result in danger to the physical health of client or dependent children • Other emergency needs as deemed appropriate by the agency	• Documentation of client assessment • Copy of invoice/bill paid. • Copy of check for payment

	The invoice/bill which is to be paid with emergency financial assistance funds must be in the client's name. An exception may be made only in instances where it is documented that, although the service (e.g. utility) is in another person's name, it directly benefits the client.		
1.3	**Client Confidentiality** Payment for assistance made to service providers will protect client confidentiality through use of checks and envelopes that de-identify agency as an HIV/AIDS provider to protect client confidentiality.	• Agency financial records indicate compliance • Documentation in the client chart	
1.4	**Assessment** • An assessment must demonstrate an urgent need resulting in their inability to pay their applicable bills without financial assistance for essential items or services necessary to improve health outcomes. • Client will be assessed for ongoing status and outcome of the emergency assistance. Referrals for services, as applicable, will be documented in the client file. • Emergent need must be documented each time funds are used.	• Documentation in the client chart	
1.5	**Documentation** • Plans are developed jointly with the client and must include an approach to mitigate the need in the future. • Client's chart contains documented plan for EFA that indicates emergent need, other resources pursued, and outcome of EFA provided.	• Documentation in the client chart	
1.6	**Timeliness of Service Provision** All completed requests for assistance shall be approved or denied within three (3) business days following the completed request.	• Documentation in the client chart	
2.0	**Agency requirements**		
2.1	**Budget Requirements or Restrictions** • Direct cash payments to clients are not permitted.	• Documentation includes copies of checks paid and vouchers purchased	

		• RWHAP funds will be the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA. • At least **75%** of the total amount of the budget must be solely allocated to the actual cost of disbursements. • The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary. • Maximum allowable unit cost for provision of food vouchers or and/or utility assistance to an eligible client = $30.00/unit	• Review of agency's Policies & Procedures Manual indicates compliance • Documentation that at least **75%** of the total amount of the budget must be solely allocated to the actual cost of disbursements.
2.2		Agency providing emergency financial assistance shall have procedures in place to ensure that funds are distributed fairly and consistently.	• Agency written procedure
2.3		Agency must be dually awarded as HOWPA sub-recipient and work closely with other service providers to minimize duplication of services and ensure that assistance is given only when no reasonable alternatives are available. Agency must document procedures.	• Agency written procedure

Ryan White Part A HIV Performance Measures
Emergency Financial Assistance-Other

| A minimum of 50% of clients will utilize Parts A/B/C/D primary care services after accessing Emergency Financial Assistance-Other. |
| A minimum of 85% of clients will utilize any RW Part A/B/C/D or State Services service after accessing Emergency Financial Assistance-Other. |

Operations Committee Report

Schedule Speakers at AFH Youth Group – Updated 11-23-20

MONTH	TOPIC	SPEAKER	NOTES
2019			
Oct. 2	Introductions	Allen, Ronnie, Tori & Rod	See summary
Nov. 21	Medication Side Effects	Kevin Aloysius, Pharmacist, Legacy	
Dec.	Depression	Pete Rodriguez, RN	Use UBER gift cards
2020			
Jan.	Blue Book Treasure Hunt	Diane Beck, Editor, Houston Area HIV Directory (commonly known as The Blue Book)	
Feb.	PrEP	Donte Smith, Lead Patient Educator, Legacy	
March & April	Nutrition CANCELLED DUE TO CORONAVIRUS	Sean Barrett, Nutritionist, Legacy	
May	COVID-19 and Living with HIV (including safe sex info)	Pete Rodriguez, RN	
June	COVID-19 Jeopardy Nutrition	Diane Beck, RW Office of Support Sean Barrett, Nutritionist, Legacy	
July	Anxiety	Chad Brandt, Ph.D, Clinical Psychologist specializing in Anxiety	
August	The Effect of Drugs and Alcohol on Relationships	Andrea Washington, CLMSW The Recovery Center	
September	Employment Services	Tony Williams, Program Coordinator Goodwill Employment Programs	
October	Input Into the Ryan White Standards of Care	Rebecca Edwards, Project Coordinator Ryan White Grant Administration	
November	Budgeting, Money Management, Credit and Employment Opportunities	Yvonne Green and 2 Interns Memorial Assistance Ministries	
December	The Holidays: Balanced or Blue?	Andrea Washington, CLMSW The Recovery Center	
2021			

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SCHEDULE OF 2020-2021 TEAM BUILDING MONTHLY MEETINGS
(As of 10-01-20)

Time & Date	Activity	Host Committee	Notes
October 15	Emergency Preparedness Bingo	Affected Community	Dance Master: Denis Kelly? Prize Gift Cards from Tana
November 19	Movie Night: Ryan White, The Boy (Netflix) and History of the Ryan White Program (conference)	Operations	Prizes: To be determined
December 17	Scavenger Hunt	Affected Community	Prizes: Of course!
2021			
January 28	HIV Spelling Bee	Quality Improvement	
February 18	Arts and Crafts	Affected Community	
March			
April			
May			
June			
July			
August			
September			

Prizes: Face masks, restaurant cards
Leadership Skills Building Exercises –
use breakout rooms

Motivational Speaker
JEOPARDY – Ryan White, other
Texas Tournament – RW Spelling Bee

Treasure Hunt for Data – use breakout rooms

As of Thursday, October 22, 2020, the following people have been nominated and accepted the nomination to run for an officer position on the 2021 Ryan White Planning Council:

Chair:

Allen Murray
Gloria Sierra
Crystal Starr

Vice Chair:

Denis Kelly
Deondre Moore
Crystal Starr

Secretary:

Tony Crawford
Josh Mica
Crystal Starr

November 4, 2020

Good Morning/Afternoon Everyone:

I am willing to accept the nomination of the Vice-Chair of the Ryan White Planning Council if elected by the Council.

I graduated from Project Leap in 2015 and was put on the Advisory Committee of the Comprehensive Committee to finish the year 2015 and was put back on that same committee in 2016. In 2016 even though I wasn't on the Council, I kept attending the council meeting's to listen and hear what was going on. I went through the class POP, (Houston Positive Organizing Project) and completed the training.

My attendance since 2017 on the Council was greater than 90% of attending the meeting's, I attend 8-9 meetings a year, there were maybe 1 month per year we didn't have council.

I have worked and volunteered in the HIV and Homeless Community for more than 7 years. I have sat and continue to sit on outside committee's and go to conferences and political forums relating to HIV and the Homeless. I have worked well with others on the Council and in the Community regarding HIV and Homeless Issues.

I would be so grateful for your vote so I can serve you all as Vice-Chair to the Ryan White Planning Council. I will always continue to listen, and hear from you to help serve the Houston and surrounding areas regarding the Council Agenda.

Thank You

Denis Kelly
832-578-9891

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

ELECTION OF OFFICERS, ELECTION OF COMMITTEE CHAIRS, DUTIES OF OFFICERS & CHAIRS

1　**PURPOSE**
2
3　This policy establishes the guidelines by which the officers of the Houston Area HIV Health
4　Services Ryan White Planning Council will be elected. In addition, this outlines and defines the
5　duties of RWPC Officers and duties of the Chairs of each of the Standing Committees. (See RWPC
6　Policy No.400.01)
7
8　**AUTHORITY**
9
10　Bylaws (01/18) Article V, Sec5.01 - Sec5.06 ensures that the nomination and selection of officers
11　and committee chairs will be in accordance with those principles.
12
13　**DEFINITIONS**
14
15　Ryan White Planning Council Officers refers to the positions of Chair, Vice Chair, and Secretary.
16
17　**PROCESS**
18
19　Nominations for officers may be submitted to the Planning Council Support Staff up until the end
20　of the November Steering Committee meeting. After this time, nominations are added from the
21　floor the day of the election. Nominations for officers will be announced at least one month prior
22　to the December Houston Area HIV Health Ryan White Planning Council meeting. Any member
23　may submit a nomination for himself/herself or another member for a specific office. Before the
24　December Steering Committee meeting, each candidate must submit to the Office of Support a
25　brief written description of their qualifications for the office they are seeking and prepare a short
26　presentation describing their qualifications. The annual election will be held at the December
27　RWPC meeting. Before the election takes place, members will be reminded that any member can
28　ask for a call vote if that is their preference. If paper ballots are used, voters must print their name
29　on their ballot before submitting. If voter does not print their name on the ballot, the ballot will be
30　disqualified and not included in the election results. Paper ballots are to be stored in a fire proof
31　safe in the Office of Support for twelve months after the election so that they can be accessed by
32　anyone who wishes to review them. During the election, the Operations Committee will announce
33　the slate of nominees, which will include but not be limited to, each candidate verbally expressing
34　his or her interest in and qualifications for the office they are seeking. Typically, election to office
35　will be by written ballot unless there is only one candidate running for a specific office. A simple
36　majority vote will be required for election. (Per letter from Judge Eckels dated 12-13-00: "As in
37　any political election, the number of candidates is not regulated. Following the first vote in the
38　race, if one candidate has not received the majority, a run-off election is held between the two
39　candidates receiving the most votes. The Council may accept nominations for the slate of officers
40　that exceeds two candidates and may receive nominations from the floor regardless of the number

41   of candidates already nominated.") Each member of the Council shall be entitled to one vote on
42   any regular business matter coming before the Council. A simple majority of members present
43   and voting is required to pass any matter coming before the Council except for that of proposed
44   Bylaw changes, which shall be submitted (in written form) for review to the full Council at least
45   fifteen (15) days prior to voting and will require a two-thirds (2/3) majority for passage. The Chair
46   of the Council shall not vote except in the event of a tie. The election of the officers will be done
47   one at a time in the following order: Chair, Vice-Chair, and Secretary.
48

49 **QUALIFICATIONS FOR RWPC OFFICERS:**
50   Ryan White Part A or B or State Services funded providers/employees/subcontractors/Board
51   Members and or employees/subcontractors of the Grantee(s) shall not be eligible to run for office
52   of Chair of the Ryan White Planning Council. Except as otherwise required by the Ryan White
53   Program, staff representing the Office of Support and Part A and B administrative agencies cannot
54   serve as members of the Ryan White Planning Council. Staff representing these entities is
55   requested to attend Council, committee and other meetings when work products are being
56   developed and approved.
57

58   Candidates will have served as an appointed member of the RWPC for the preceding twelve (12)
59   months and, if needed, have been reappointed by the CEO. If subsequent to the election the Chair
60   of the RWPC becomes a provider/employee of a subcontractor/Board member of a
61   subcontractor/of the Grantee he/she shall be immediately removed from office. A new election
62   will be held to fill any open positions. In the event of a mid-year election, once an officer has
63   vacated a position, a call to accept nominations will be announced at the Steering Committee
64   meeting immediately following the resignation. Nominations for the vacated position may be
65   submitted to the Planning Council Support Staff up until the end of the following Steering
66   Committee meeting (approximately 30 days after the call for nominations). At this time, Office of
67   Support staff will distribute the slate of nominees to all members of the Planning Council. After
68   the close of the Steering Committee meeting, nominations can only be added from the floor the
69   day of the election, which will take place at the Council meeting approximately seven days after
70   the slate of nominees is closed at the Steering Committee meeting. At all times, any one of the
71   three officers must be a self-identified HIV positive person.
72

73 **ATTENDANCE REQUIREMENTS FOR RWPC OFFICERS:**
74   If an officer of the Ryan White Planning Council misses three, unexcused consecutive meetings
75   of the Steering Committee and Planning Council, they must step down as an officer and an election
76   will be held to fill the position. (Example: an officer must step down if he/she does not contact
77   the Office of Support and request an excused absence and if they miss the October Steering
78   Committee, October Planning Council and the November Steering Committee meetings.) Staff is
79   asked to remind nominees for officer positions of this new requirement. And, when presenting
80   their qualifications to the Council before an election, nominees must state that, to the best of their
81   knowledge, they will not have difficulty meeting 3this additional attendance requirement.
82

83 **DUTIES OF OFFICERS:**
84   The officers of the RWPC will be responsible for the following:
85   **Chair:**   Chief Executive Officer of the Council; preside at all meetings of the Council;
86   appoint Standing Committee Chairs; represent (or designate a representative to
87   serve) on behalf of the Council at meetings, conferences, etc. where "Council
88   representation" is requested. Chair assigns committee participation of Council
89   members, and performs such other duties as are normally performed by a chair
90   of an organization or such other duties as the Council may prescribe from time
91   to time. The Chair will be responsible for correspondence to members regarding

92	attendance and participation issues. The Chair will also sign and date the final
93	version of the minutes as indication of PC approval. The Chair of the Council
94	is an ex-offico member of all committees (standing, subcommittee, and work
95	groups). Ex-officio means that he/she is welcome to attend and is allowed to
96	be a part of committee discussion. He/she is not allowed to vote. In the absence
97	of the Chair of the Council, the next officer will assume the ex-offico role with
98	committees.
99	
100	**Vice Chair:** Preside at meetings of the Council in the absence of the Chair. Perform such
101	other duties as the Chair may designate or the Council shall prescribe from time
102	to time. Performs the above duties in the absence of the Chair.
103	
104	**Secretary:** The position of Secretary will oversee the following tasks:
105	1. The Secretary will ensure that minutes are taken, approved, and filed as
106	mandated by the Ryan White Program.
107	2. Keep an up-to-date roll of PC members. The PC Operations Committee
108	(RWPC Policy 400.01) will file membership management reports with the
109	Secretary for presentation to the PC.
110	3. Call the roll call vote, noting voting and will announce the results of the roll
111	call vote. The Secretary will monitor voting for possible conflicts of interest
112	(COI), the Secretary will process inquiries into votes made in COI.
113	4. Keep a copy of the RWPC Bylaws and other relevant Policies and
114	Procedures at the PC meetings, and will provide the Council with
115	clarification from the Bylaws and Policies & Procedures, as requested.
116	5. Keep a record of all committees of the PC. When (if) new committees are
117	established, the Secretary will assure or cause to be assured the actual
118	formation and implementation of the new committees.
119	6. Be responsible for notification of specially called PC meeting,
120	corresponding to the members as required by the Bylaws.
121	
122	

123 **COMMITTEE CHAIRS:**
124 Committee Chairs will be appointed by the Planning Council Chair. Committee Chairs must be
125 members of the PC for at least one year. If committee leadership is not available from among PC
126 members with at least one year's service, the Chair may seek leadership among remaining PC
127 members. The Standing Committee Chairs will preside at all meetings of their respective
128 committees. The Committee Vice Chair shall preside at all committee meetings in the absence of
129 the Chair. If neither are present, committee members shall use consensus to select another
130 committee member to chair that particular meeting. The Committee Chairs are responsible for the
131 execution of the duties prescribed herein (see RWPC Policy 400.01) for the Committees and for
132 such other duties as may be prescribed by the Chair of the Council or the Council from time to
133 time. The Committee Chairs are responsible for the recording of or cause to be recorded all
134 deliberations undertaken by each respective Committee. Copies of all approved minutes are
135 available from the Office of Support (713-572-3724). Minutes from full Council meetings are
136 available on the PC website (www.rwpc.org) once the draft copy has been approved by the Chair
137 of the Council.