

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
**1310 Prairie Street, Suite 800, Houston, Texas 77002**  
**832 927-7926 telephone; <http://rwpchouston.org>**

**MEMORANDUM**

To: Steering Committee Members:  
Josh Mica, he/him/él, Chair  
Ryan Rose, Vice Chair  
Bill Patterson, Secretary  
Skeet Boyle, Co-Chair, Affected Community Committee  
Carol Suazo, Co-Chair, Affected Community Committee  
Robert Sliepka, Co-Chair, Comprehensive HIV Planning Committee  
Steven Vargas, Co-Chair, Comprehensive HIV Planning Committee  
Caleb Brown, Co-Chair, Operations Committee  
Cecilia Ligons, Co-Chair, Operations Committee  
Jay Bhowmick, Co-Chair, Priority and Allocations Committee  
Peta-gay Ledbetter, Co-Chair, Priority and Allocations Committee  
Yvonne Arizpe, Co-Chair, Quality Improvement Committee  
Tana Pradia, Co-Chair, Quality Improvement Committee

Copy: Glenn Urbach  
Eric James  
Francisco Ruiz  
Tiffany Shepherd

Diane Beck  
Jason Black  
**EMAIL ONLY:**  
Sha'Terra Johnson  
David Williams

From: Richon Ohafia

Date: Monday , March 24, 2025

Re: Meeting Announcement

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The Ryan White Steering Committee will have its first meeting in February. Details are as follows:

**Ryan White Steering Committee Meeting**  
12 noon, Thursday, April 3, 2025

**Join the Zoom meeting by clicking on:**

<https://us02web.zoom.us/j/85782189192?pwd=YmtcrktWcHY5SIV2RE50ZzYraEErQT09>

Meeting ID: 857 8218 9192      Passcode: 885832

Or, use your phone to dial in by calling 346 248-7799

**In-Person:** Please join us at Bering Church, 1440 Harold St., Houston, Texas 77006  
Please park and enter from behind the building on Hawthorne Street.

Please contact Rod to RSVP, even if you cannot attend the following meeting, and let her know if you prefer to participate virtually or in person. Rod can be reached by telephone at: 832 927-7926 or by email at: [Rodriga.Avila@harriscountytexas.gov](mailto:Rodriga.Avila@harriscountytexas.gov). Thank you!

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



## STEERING COMMITTEE

### AGENDA

12 noon, Thursday, April 3, 2025

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

In Person Meeting Location: 1440 Harold Street, Houston, Texas 77006

Join Zoom Meeting by clicking onto:

<https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SIV2RE50ZzYraEErQT09>

Meeting ID: 857 8218 9192 Passcode: 885832

Or, dial in by calling 346 248-7799

- I. Call to Order Josh Mica, He/Him/El, Chair  
RW Planning Council
  - A. Welcoming Remarks and Moment of Reflection
  - B. Select the Committee Co-Chair who will be voting
  - C. Adoption of the Agenda
  - D. Adoption of the Minutes
- II. Public Comment and Announcements:  
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)
- III. Reports from Committees
  - A. Comprehensive HIV Planning Committee Robert Sliepka and  
Steven Vargas, Co-Chairs

*Item:* 2025 Needs Assessment

*Recommended Action:* FYI: We want to take a moment to highlight the excellent work of our new Health Planner, Amber. Her thoroughness and attention to detail in reviewing the needs assessment data have been invaluable. While we are still in the process of compiling the document, it is not yet ready for full review. However, as Amber completes each section, we will release them to the committee for review.

All members are invited to participate in the April 10<sup>th</sup> comprehensive HIV planning committee meeting at 10am to conduct a thorough review of the documents

- B. Affected Community Committee Skeet Boyle and Carol Suazo, Co-Chairs  
*Item:* HTBMN Workgroup  
*Recommended Action:* FYI: Committee members were selected to be co-chairs on the HTBMN workgroup
- Item:* Committee Goals  
*Recommended Action:* FYI: The new director opened up the meeting with how the committee would like to spend their time and schedule their projects in 2025
- C. Quality Improvement Committee Yvonne Arizpe and Tana Pradia, Co-Chairs  
*Item:* Criteria for determining the FY26 HIV Service categories  
*Recommended Action:* **Motion:** Approve the attached Criteria for Determining the FY26 HIV Service categories
- Item:* Proposed New Idea  
*Recommended Action:* **Motion:** Move the proposed new idea regarding centralized appointment system to the FY26 HTBMN process for further discussion and consideration, see attached
- Item:* Checklist for Administrative Mechanism  
*Recommended Action:* **Motion:** Approve the attached checklist for the FY24 Assessment of the Administrative Mechanism
- Item:* Standards of Care Summary of Changes – Part A/MAI\*  
*Recommended Action:* FYI: The standards were sent back to RWGA\*\* with a request for re-formatting the document so it does not include EHE information since the council has no authority over EHE-funded services and a Spanish version
- Item:* Administrative Agent Reports – Part B/SS\*\*\*  
*Recommended Action:* FYI: See the attached reports:
- FY24 Part B Procurement, dated 03-01-25
  - FY24 Part SS\*\* Procurement, dated 03-01-25
- D. Priority and Allocations Committee Peta-gay Ledbetter and Jay Bhowmick, Co-Chairs  
 No report because historically the committee does not need to meet in March.
- E. Operations Committee Caleb Brown and Cecilia Ligons, Co-Chairs  
*Item:* New Affiliate Member Orientation  
*Recommended Action:* FYI: Verbal update regarding the committee cross training and the New affiliate member training which included our new Director and Health Planner.

\*MAI = Minority AIDS Initiative funding

\*\*RWGA = Ryan White Grant Administration

\*\*\* SS = Texas Department of Health State Services funding

*Item:* 2025 Council Training Schedule

*Recommended Action:* FYI: See the attached 2025 Council Training Schedule.

*Item:* Council Policies

*Recommended Action:* **Motion:** Approve the attached policies and procedures for FY 26 (Policies 600.01-1200.00)

*Item:* Alternative Policy for Members Speaking at Meetings

*Recommended Action:* **Motion:** Approve the revised procedure for members speaking at committee meetings, as required for compliance with the Open Meetings Act, a re-vote must occur. See attached.

*Item:* Council Confidentiality Statement

*Recommended Action:* **Motion:** In 2025, every Planning Council member to sign the confidentiality form

*Item:* Proposed Modification of Bylaw 9.04 – **Motion failed**

*Recommended Action:* FYI: At the 3/24 Operations meeting, a member stated a motion to modify language to Bylaw 9.04 while discussing the *follow up on Council Procedure for hearing and approving a motion*. Please note by-law changes need 30-days notice to be voted on. The motion was as follows: Change By-laws section 9.04: Strike “only”, insert at the end “This shall not preclude other items and motions from being debated and considered in regular and special meetings of the council”. Discussion occurred with a vote resulted as follows it moved and seconded (Rivera, Pradia),

***Minority Report:*** This motion failed with a vote of 2 for and 3 against with 1 abstention. The committee requested all members were aware of this discussion

- |       |   |                                      |
|-------|---|--------------------------------------|
| IV.   | Report from the Office of Support           | Richon Ohafia, Director              |
| V.    | Report from Ryan White Grant Administration | Eric James, Asst. Manager            |
| VI.   | Report from The Resource Group              | Sha’Terra Johnson,<br>Health Planner |
| VII.  | Announcements                               |                                      |
| VIII. | Adjournment                                 |                                      |

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



## STEERING COMMITTEE

### MINUTES

12 noon, Thursday, March 6, 2025

Meeting Location: Bering Church 1440 Harold Street; Houston, TX and Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Josh Mica, he/him/él, Chair	Skeet Boyle, excused	<i>Ryan White Grant Administration</i>
Ryan Rose, Vice Chair		James Supak
Bill Patterson, Secretary		
Carol Suazo	<b>OTHERS PRESENT</b>	<i>The Resource Group</i>
Robert Sliepka	Charles Henley, Consultant	Sha'Terra Johnson
Steven Vargas	Evelio Escamilla	
Caleb Brown	Georgina German	<i>Office of Support</i>
Cecilia Ligons	Norman Reed	Tori Williams
Peta-gay Ledbetter		Diane Beck
Jay Bhowmick		Rod Avila
Yvonne Arizpe		
Tana Pradia		

**Call to Order:** Josh Mica, he/him/él, Chair, called the meeting to order at 12:03 p.m.

During the opening remarks, Mica

Mica then called for a Moment of Reflection.

Those selected to represent their committee at today's meeting are: Suazo for Affected Community, Sliepka for Comprehensive HIV Planning, Brown for Operations, Bhowmick for Priority and Allocations and Pradia for Quality Improvement.

**Adoption of the Agenda:** **Motion #1:** *it was moved and seconded (Ligons, Rose) to adopt the agenda.*  
**Motion carried.**

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Rose, Patterson) to approve the February 6, 2025 minutes.* **Motion carried.** Abstentions: Brown, Vargas.

**Public Comment and Announcements:** See written public comment from E. Escamilla.

#### Reports from Committees

**Comprehensive HIV Planning Committee:** Steven Vargas, Co-Chair, reported on the following: 2025 Committee Orientation: All Ryan White Standing Committees were oriented on their 2025 meeting dates and work products, they approved their 2025 goals and they elected their Committee Vice Chairs.

Committee Vice Chair: Georgina "Gina" German was elected to be the 2025 Committee Vice Chair.

**Affected Community Committee:** Carol Suazo, Co-Chair, reported on the following:  
2025 Road 2 Success Educational Focus: The Committee determined that the focus of 2025 Road 2 Success presentations will be on making consumers aware of how to use the new Blue Book and services that they may be eligible to use.

2025 Greeters: See the attached list of greeters for the 2025 Council meetings.

Committee Vice Chair: Ryan Rose was elected to be the 2025 Committee Vice Chair.

**Quality Improvement Committee:** Yvonne Arizpe, Co-Chair, reported on the following.  
Committee Training on How to Read Reports: Please see the two attached presentations on *How to Read Reports* from the Administrative Agents.

Reports from Administrative Agent – Part A/ Minority AIDS Initiative (MAI): See the attached reports:

- FY24 Part A/MAI Procurement, dated 02-18-25
- FY24 Part A/MAI Service Utilization, dated 02-13-25
- Clinical Quality Management Presentation, dated 02-18-25
- Clinical Quality Management Reports (2), dated 02-10-25
- 2025 Part A/MAI Standards of Care

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

- FY24 Part B Procurement, dated 01-30-25
- FY24 Part B Service Utilization, dated 01-21-25
- FY24 Part SS\*\* Procurement, dated 01-30-25
- FY24, Health Insurance Assistance Service Utilization, dated 01-23-25

Information about Community Advisory Boards (CABs): See the attached information sheet on the purpose and regulations regarding Ryan White Agency CABs. This will be discussed at the March Quality Improvement Committee meeting at 12 noon on Tuesday, March 18, 2025.

New Idea: Centralized Scheduling System: The attached New Idea will be discussed at the Quality Improvement Committee meeting at 12 noon on March 18, 2025. **Motion #3:** *it was moved and seconded (Vargas, Ligons) to Ask the Office of Support to provide the Part A Administrative Agency with the template that The Resource Group developed to assist agencies in setting up a CAB. And, ask the Quality Improvement Committee to review the materials before they are sent to the Administrative Agency.* **Motion Carried.**

Committee Vice Chair: Isis Torrente was elected to be the 2025 Committee Vice Chair.

**Priority and Allocations Committee:** Jay Bhowmick, Co-Chair, reported on the following:  
2025 Policy on Allocating Unspent Funds: **Motion #4:** *Approve the attached 2025 Policy on Allocating Unspent Funds.* **Motion Carried.**

2025 Principles & Criteria: **Motion #5:** *Approve the 2025 Principles and Criteria.* **Motion Carried.**

FY 2026 Priority Setting Process: **Motion #6:** *Approve the attached FY 2026 Priority Setting Process.* **Motion Carried.**

Committee Vice Chair: Rodney Mills was elected to be the 2025 Committee Vice Chair.

**Operations Committee:** Cecilia Ligons, Co-Chair, reported on the following:  
Personnel Subcommittee: Verbal update regarding the Personnel Subcommittee.

New Affiliate Member Orientation: On Friday, February 21, 2025, the Operations Committee oriented four new Affiliate Committee members.

2025 Council Training Schedule: See the attached 2025 Council Training Schedule.

Council Bylaws: The Operations Committee will review the sequence of events that occurred at a 2024 Council meeting to determine if the Council followed their Bylaws in taking action on a particular motion that was not on the agenda. If the Council did not follow the Bylaws, they will recommend a remedy.

Committee Vice Chair: Beatriz “Birdie” Rivera was elected to be the 2025 Committee Vice Chair.

**Report from Office of Support:** Tori Williams said that a Director and Health Planner positions have been filled and the new staff will start next week.

**Report from Ryan White Grant Administration:** See the attached report.

**Report from The Resource Group:** Sha’Terra Johnson, Health Planner, summarized the attached report.

**Announcements:** Vargas reminded everyone that Advocacy Day is March 24<sup>th</sup>, the bus will leave from Legacy.

**Adjournment: Motion:** *it was moved and seconded (Vargas, Rose) to adjourn the meeting at 1:19 p.m.*  
**Motion Carried.**

Submitted by:

Approved by:

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

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



## 2025 Steering Committee Voting Record for Meeting Date 03/06/25

C = Chaired the meeting, ja = Just arrived, lm = Left the meeting

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 Minutes Carried				Motion #3 TRG Info on CABs Carried				Motion #4 FY2025 Unspent funds Carried				Motion #5 2025 Principles & Criteria Carried				Motion #6 FY 2026 Priority Setting Process 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
Josh Mica, Chair				C				C				C				C				C				C
Ryan Rose, Vice Chair		X				X				X				X				X				X		
Bill Patterson, Secretary		X				X				X				X				X				X		
Carol Suazo, Aff		X				X				X				X				X				X		
Robert Sliepka, Comp		X				X				X				X				X				X		
Caleb Brown, Op		X					X			X				X				X				X		
Jay Bhowmick, PA		X				X				X				X				X				X		
Tana Pradia, QI		X				X				X				X				X				X		
Non-voting members at the meeting:																								
Steven Vargas, Comp																								
Cecilia Ligons, Op																								
Peta-gay Ledbetter, PA																								
Tana Pradia, QI																								
Absent members:																								
Skeet Boyle, Aff																								



# Quality Improvement Committee

Service Category	Is this a core service?  If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals <i>not in care</i> * to access primary care?  <i>*EIIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care  <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months  <i>*Continuum of Care:</i> The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.  <i>*Ending the HIV Epidemic:</i> The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need  (Sources of Data include: America’s HIV Epidemic Analysis (AHEAD.HIV.gov), Ryan White HIV/AIDS Program Compass Dashboard (ryanwhite.hrsa.gov/data/dashboard), 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2023 Outcome Measures, 2020 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.  Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service.  Is this a duplicative service or activity?  Is this service culturally appropriate for clients living with HIV?	Service Efficiency  Can we make this service more efficient? For: a) Clients b) Providers  Can we bundle this service?  Has a recent capacity issue been identified?  Does this service assist special populations to access primary care? <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	Recommendation(s)  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted.
Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-14-23							
Ambulatory/Outpatient Primary Medical Care (incl. Vision):							
CBO, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach & Service Linkage (Includes OB/GYN) See below for Public Clinic, Rural, and Vision.	___ Yes ___ No	<input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> EHE <input checked="" type="checkbox"/> Unmet Need Continuum of Care (CoC) <input checked="" type="checkbox"/> CoC RW eligible consumers <input checked="" type="checkbox"/> CoC all PLWH in EMA/HSDA		Covered under QHP? <input checked="" type="checkbox"/> Yes ___ No	Justify the use of funds:  Is this a duplicative service or activity?	Can we make this service more efficient?  Can we bundle this service?  Has a recent capacity issue been identified?    Does this service assist special populations to access primary care?	

‡ Service Category for Part B/State Services only.

**2023-2024 Proposed Idea**

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

**THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY**

Control Number: **#1/2025**

Date Received: **02/01/25**

Proposal will be reviewed by the: Quality Improvement Committee at: **12 pm, on 2/18/25**

HTBMN Workgroup on: **04/14/25 or 04/15/25**

Priority & Allocation Committee on: **TBD**

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

1. SERVICE CATEGORY: **Referral for Health Care & Support Services**

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

This will provide ~500 clients based upon 2020 new diagnoses with ~2 units of service/client.

2. ADDRESS THE FOLLOWING:

**A. DESCRIPTION OF SERVICE:**

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other Ryan White Funded services for which they may be eligible. e.g. (CPCDMS, provider care, case management, other Ryan White related services).

This service will be provided by case managers and other staff employed by providers.

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

Patients who are newly diagnosed or have fallen out of care and receive treatment through the Ryan White program.

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

- Streamlined referral and care coordination across multiple providers.
- Reduced wait times and improved access to services for clients.
- Enhanced tracking of client engagement and outcomes, aiding in quality improvement efforts.

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

Implementing a centralized scheduling system for Ryan White providers, along with enhanced referral services, is expected to lead to significant

## **DRAFT**

improvements in health outcomes for people living with HIV (PLWH). These improvements include:

### **Improved Linkage to Care:**

- A centralized system will enable faster and more efficient referrals to HIV care providers. Newly diagnosed individuals will experience shorter delays in connecting to care, thereby reducing the risk of disease progression.
- The assessment identifies primary care, local medication assistance, case management, oral health care, and vision care as the top five most needed services among clients.

### **Higher Retention in Care:**

- Simplifying appointment scheduling and reminders will increase the likelihood of clients attending follow-up visits and remaining engaged in their care over time. Coordinated efforts between providers will help minimize missed appointments and lapses in treatment.

### **Improved Viral Suppression Rates:**

- Consistent engagement in care and adherence to antiretroviral therapy will lead to higher rates of viral suppression, which lowers the risk of HIV transmission and enhances individual health.

### **Better Integration of Support Services:**

- Enhanced referral services will connect clients with a wider range of supportive services (such as mental health care, housing assistance, and substance use treatment), addressing social determinants of health that impact long-term outcomes.

### **Enhanced Patient Experience:**

- A user-friendly system will reduce frustration and confusion for clients navigating complex healthcare systems, thus improving overall satisfaction with care.

### **Reduction of Barriers to Care:**

- The 2020 Needs Assessment notes that the percentage of participants reporting a need for case management and primary care services has decreased, while the need for other services has increased. Centralized scheduling can help address these shifting needs by efficiently allocating resources and reducing barriers to accessing various services.
- By improving care coordination and reducing redundancies, unnecessary hospitalizations, emergency room visits, and late-stage treatments can be minimized.

These outcomes directly support the national goal of ending the HIV epidemic by improving access to testing, care, and support services while ensuring long-term engagement in effective treatment.

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

  X   Current Needs Assessment (Year: 2020)

Page(s): 5,19 \_Paragraph:4, 1&2

**DRAFT**

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

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

REASON FOR RECOMMENDATION:

(Continue on Page 3 of this application form)

## Proposed Idea

### THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE

*(See Criteria and Principles to Guide Decision Making)*

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY AND INCLUDE A BRIEF HISTORY OF RELATED SERVICE CATEGORY, IF AVAILABLE.

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:

Allocation: **\$141,000** **Note: PC allocated funds for Referral – Incarcerated**

Expenditure: **\$ 0** **Year-to-Date – underwritten by alternative funding source**

Utilization: \_\_\_\_\_ Unduplicated Clients Served Year-to-Date  
 \_\_\_\_\_ Units of Service Provided Year-to-Date

AMOUNT OF FUNDING REQUESTED:

**\$49,900** This will provide funding for the following purposes which will further the objectives in this service category: (describe how): This funding will facilitate the integration of a centralized scheduling system into CPCDMS, improving efficiency and streamlining operations. This service will be provided by case managers and other staff employed by providers.

PLEASE STATE HOW THIS IDEA WILL MEET THE PRIORITY AND ALLOCATIONS CRITERIA AND PRINCIPLES TO GUIDE DECISION MAKING. SITE SPECIFIC STEPS AND ITEMS WITHIN THE STEPS:

**1. Addresses Core Medical and Support Service Needs:**

- The centralized scheduling system and enhanced referral services directly align with the Ryan White Program's focus on improving access to core medical services (e.g., HIV primary care) and support services (e.g., mental health care, housing).
- By streamlining processes, clients will have greater access to services that improve health outcomes and support retention in care.

**2. Supports the Ryan White Program's Key Principles:**

- **Client-Centered Care:** Simplifies navigation, reduces barriers, and ensures timely access to needed services.
- **Outcome-Driven Decisions:** Directly supports improvements in key metrics, including viral suppression and retention in care.

**3. Resource Optimization:**

- Reduces duplication of services and missed opportunities for engagement by enabling better coordination among providers.

**Principles to Guide Decision-Making:**

**1. Evidence-Based Approach:**

## DRAFT

- Proven models show that care coordination and centralized scheduling improve retention in care and health outcomes.
  - The system will integrate data analytics to monitor progress and adapt strategies as needed.
2. **Community Input and Engagement:**
- Implementation will involve input from PLWH, providers, and community stakeholders to ensure the system addresses real-world challenges.
3. **Sustainability:**
- By integrating with existing systems and leveraging technology, the initiative will be cost-effective and scalable over time.

### RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

☐ Recommended for Funding in the Amount of: \$ \_\_\_\_\_  
☐ Not Recommended for Funding  
☐ Other:

### REASON FOR RECOMMENDATION:



**2025 Assessment Checklist**  
**Houston Ryan White Planning Council**  
**Assessment of the FY2024 Houston EMA**  
**Ryan White Administrative Mechanism**  
(Council approved \_\_\_\_\_)

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**Background**

The Ryan White CARE Act requires local Planning Councils to “[a]ssess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area” (Ryan White Part A [formerly Title I] *Manual*, Section V, Chapter 1, Page 4). To meet this mandate, a time-specific documented observation of the local procurement, expenditure, and reimbursement process for Ryan White funds is conducted by the local Planning Councils (*Manual*, Section VI, Chapter 1, Page 7). The observation process is not intended to evaluate either the local administrative agencies for Ryan White funds or the individual service providers funded by Ryan White (*Manual*, Section VI, Chapter 1, Page 8). Instead, it produces information about the procurement, expenditure, and reimbursement process for the local *system* of Ryan White funding that can be used for overall quality improvement purposes.

**Process**

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

**Checklist**

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

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

**2025 Checklist for the Assessment of the FY 2024 Ryan White Administrative Mechanism**

(Council approved the checklist \_\_\_\_\_)

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

**Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area**

(Council approved the checklist 03/14/24)

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

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2425 Ryan White Part B**  
**Procurement Report**  
**April 1, 2024 - March 31, 2025**



Reflects spending through January 2025

Spending Target: 83.3%

Revised

3/1/25

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General (2)	\$2,101,048	59%		\$2,101,048		\$2,101,048	4/1/2024	\$1,274,421	61%
4	Oral Health Service -Prosthodontics	\$631,145	18%		\$631,145		\$631,145	4/1/2024	\$557,549	88%
5	Health Insurance Premiums and Cost Sharing (1)	\$805,845	23%		\$805,845		\$805,845	4/1/2024	\$773,159	96%
					\$0		\$0			
		\$0	0%		\$0					
<b>Total Houston HSDA</b>		3,538,038	100%	0	3,538,038	\$0	\$3,538,038		2,605,130	74%

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

- (1) HIA costs have increased per client
- (2) Delay in billing submissions

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2425 DSHS State Services**  
**Procurement Report**  
**September 1, 2024 - August 31, 2025**



Chart reflects spending through January 2025

Spending Target: 41.67%

Revised 3/1/2025

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$1,114,689	38%	\$0	\$1,114,689	\$0	\$1,114,689	9/1/2024	\$1,111,553.51	100%
6	Mental Health Services (2)	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2024	\$47,058.34	16%
11	Hospice	\$293,832	10%	\$0	\$293,832	\$0	\$293,832	9/1/2024	\$130,460.00	44%
13	Non Medical Case Management (4)	\$275,000	9%	\$0	\$275,000	\$0	\$275,000	9/1/2024	\$33,204.03	12%
16	Linguistic Services (5)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2024	\$150.00	0%
	ADAP/Referral for Healthcare (3)	\$525,000	18%	\$0	\$525,000	\$0	\$525,000	9/1/2024	\$44,528.44	8%
	Food Bank (7)	\$6,120	0.2%	\$0	\$6,120	\$0	\$6,120	9/1/2024	\$1,139.63	19%
	Medical Transportation (6)	\$83,880	3%	\$0	\$83,880	\$0	\$83,880	9/1/2024	\$25,379.94	30%
	Emergency Financial Assistance (Compassionate Care) (8)	\$279,052	9%	\$0	\$279,052	\$0	\$279,052	9/1/2024	\$77,825.23	28%
		<b>2,945,573</b>	<b>100%</b>	<b>\$0</b>	<b>\$2,945,573</b>	<b>\$0</b>	<b>\$2,945,573</b>		<b>1,471,299.12</b>	<b>50%</b>

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

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.
- (2) Mental Health- due to RFP, services have been slow to start (2 new providers)
- (3) ADAP/Referral for Healthcare Services is under spent due to payroll process delays and vacant positions.
- (4) Reduced spending due to staff vacancy
- (5) Change in access points has reduced utilization
- (6) Delays in submitting Medical Transportation expenses
- (7) Services are under utilized
- (8) Services are under utilized

# Operations Committee

# Training Topics for 2024 Ryan White Planning Council Meetings (updated: 03-14-24)

**DRAFT**

Shading = may be room on agenda for a second speaker

Month 2024	Topic	Speaker
January 25	Council Orientation	See Orientation agenda
February 9	People First Language	Titan Capri, AIH
March 14	Barriers to HIV Care for Individuals with Transgender Experience	Lou Weaver, Consultant
April 11	Criteria for Justifying FY25 RW Service Categories 1:30 - 3 pm How To Best Meet the Need Training Updates on EHE Care Funding	Tana Pradia and Pete Rodriguez, Co-Chairs, Quality Improvement Committee Multiple trainers Jason Black (RECEIVED DURING HTBMN TRAINING)
May 9	Updates on Ryan White Items of Interest <b>TENT: The Opioid Epidemic</b>	Eric James, RWGA <b>Representative, The National Opioid Network</b>
June 13	HHSC Medicaid Benefits (& HIV) – 30 minutes	Roxane May, Medicaid Rep.
July 11	Priority Setting and Allocations Processes	Peta-gay Ledbetter & Rodney Mills, Co-Chairs, Priority & Allocations Committee
August 8	Expungement Program	John Nechman
September 12	HIV & Coercive Violence	Thecia Jenkins, Harris County Domestic Violence Coordinating Council
October 10	Trauma Informed Care TENT: Ryan White Stakeholder Roles & Responsibilities	_____, HAWC Charles Henley, Consultant
November 14	We Appreciate Our Affiliate Committee Members Election Policy Project LEAP and Proyecto VIDA Presentations	Josh Mica, Chair, Ryan White Planning Council Cecilia Ligon & Crystal R. Starr, Co-Chairs, Operations Committee 2024 Project LEAP and Proyecto VIDA Students
December 12	Elections for the 2025 Officers	Cecilia Ligon & Crystal R. Starr, Co-Chairs, Operations Committee

Required: Opioid and Other Drug Use, Prevention of Domestic & Sexual Violence and Trauma Informed Care  
 Other: Transgender Health Issues by Dr. Lake – recommended by Dr. Patel  
 Updates from the Texas Department of State Health Services (TDSHS) - 2 x per year



# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

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EST. JUL 15, 1998

REV March 24, 2025

POLICY No. 600.01

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## QUORUM, VOTING, PROXIES, ATTENDANCE

### PURPOSE

This policy establishes the guidelines as to what legally constitutes a Houston Area HIV Health Services (Ryan White) Planning Council meeting. In addition, the policy will define and establish how voting is done, what constitutes a roll call vote and who monitors that process. This policy will define attendance, and the process by which a member can be removed from the council.

### AUTHORITY

The adoption of the Houston Area HIV Health Services (Ryan White) Planning Council Bylaws Rev. 01/18 Article VI; (Sections 6.01-6.04).

### PROCESS

#### QUORUM:

Pending the Governor rescinding the COVID-19 related waiver suspending all in-person quorum requirements in the Texas Open Meetings Act, thirty percent of the members will constitute Council quorum to satisfy in-person requirements.

It is considered to be a public health emergency if the Harris County Judge declares an emergency or the Public Health Department is activated as a first responder. Under a declared health emergency, quorum for the Ryan White Planning Council will be determined by the number of Council members present in the meeting room and/or on the conference call at the official start time for the meeting. Documentation is to be provided to the Council, which determines the beginning, and the end dates of the public health emergency.

To constitute a Standing Committee quorum, at least two (2) committee members and a Chair must be present; one of these must be a self-identified member living with HIV.

#### VOTING:

Each council member will have only one vote on any regular business matter coming before the Council. A simple majority of members present and voting will be required to pass any matter coming before the Council except for that of proposed Bylaws changes. Proposed changes to the Bylaws will be submitted in written form for review to the full Council at least fifteen (15) days prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council will not vote except in the event of a tie. The Chairs of the Standing Committees shall not vote at Committee meetings except in the event of a tie. In a case where standing committees have co-chairs, only one of them may vote at Steering. The Chair of the Council is an ex-officio member of all committees (standing, subcommittee, and work groups). Ex-officio means that they are welcome to attend and are allowed to be a part of committee discussion. They are not allowed to

vote. In the absence of the Chair of the Council, the next officer may assume the ex-officio role with committees. In an effort to manage agency influence over a single committee or workgroup, only one voting member (Council or Affiliate) per agency will be permitted to vote on Ryan White Planning Council committees and workgroups. If there is an unresolved tie vote and the Chair of the Committee works for the same agency as another committee member, then the information will be forwarded to the Steering Committee for resolution.

#### **ALTERNATE PARTICIPATION:**

During committee meetings any full council member living with HIV may serve as an alternate on a committee for any absent committee member living with HIV. The Chair of the Committee will communicate to the rest of the committee that the alternate person living with HIV is there to conduct business. Alternates have full voting privileges. This rule is not applicable in full Council meetings.

#### **CONFLICT OF INTEREST AND VOTING AMONG AFFILIATE MEMBERS:**

Affiliate members must declare a conflict of interest.

The number of Affiliate members on a committee (not a subcommittee or work group) should not equal or exceed the number of Council members on that committee.

#### **ROLL CALL VOTE:**

When a roll call vote is taken, the Secretary will call the roll call vote, noting voting, and will announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts of interest (RWPC Policy No. 800.01). The Secretary will process inquiries into votes made in conflict of interest.

#### **ATTENDANCE:**

Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan White) Planning Council. Affiliate Committee members are required to attend meetings of the committee to which they are assigned. The Secretary shall cause attendance records to be maintained and shall regularly provide such records to the Chair of the Operations Committee. The Operations Committee will review attendance records quarterly.

If a Council or Affiliate committee member has 4 absences (excused or unexcused) from Council meetings or 4 absences from committee meetings within a calendar year or fails to perform the duties of a Council member described herein without just cause, that member will be subject to removal. In order to avoid such action, the following will occur: Step 1: Office of Support staff will contact the member by telephone to check on their status. Step 2: If the member continues to miss meetings, the Chair of the Planning Council will formally notify the member in writing to remind them of Council policies regarding attendance and to give the member an opportunity to request assignment to another committee. If assignment to another committee is requested, the Chair of the newly selected committee and the Planning Council Chair must approve the change. Step 3: If the Council member continues to miss meetings, the CEO will be informed of the situation and the steps taken by the Council to address the situation. If an Affiliate committee member continues to miss meetings, the Chair of the Council will be informed of the situation and the steps taken by the Council to address the situation. Step 4: The CEO has the sole authority to

87 terminate a Council member and will notify said member in writing, if that is their decision. The  
88 CEO or the Chair of the Planning Council has the authority to terminate an Affiliate committee  
89 member and will notify said member in writing, if that is their decision.  
90

91 If for two consecutive months the Office of Support is unable to make contact with a Council or  
92 an Affiliate committee member by telephone and receives returned email and/or mail sent to that  
93 member, staff will send a certified letter requesting the member to contact the Office of Support  
94 by telephone or in writing to update their contact information. If the member does not respond to  
95 the certified letter within 30 days, or if the certified letter is returned to the Office of Support, the  
96 Operations Committee will be notified at their next regularly scheduled meeting. At the request  
97 of the Operations Committee, the Chair of the Planning Council and the CEO will be informed of  
98 the situation and the steps taken by the Council to address the situation. As stated above, the CEO  
99 has the sole authority to terminate a Council member and will notify said member in writing, if  
100 that is his/her decision. The CEO or the Chair of the Planning Council has the authority to terminate  
101 an affiliate committee member and will notify said member in writing, if that is his/her decision.  
102

103 Reasons for absences that would be used to determine reassignment or dismissal include: 1)  
104 sickness; 2) work related conflicts (in or out of town and vacations), and 3) unforeseeable  
105 circumstances. Any Planning Council member who is unable to attend a Planning Council meeting  
106 or standing committee meeting must notify the Office of Support prior to such meeting. The Office  
107 of Support staff will document why a member is absent.  
108

109 **PROXIES:**

110 Proxy voting is defined as a process that allows an individual to vote on behalf of another when  
111 absent. The only allowable form of voting by proxy is Alternate Participation as defined above.  
112

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

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EST. JUL. 15, 1998

REV JANUARY 1, 2020

POLICY No. 800.01

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## CONFLICT OF INTEREST

### PURPOSE

To define the policy in which the Houston Area HIV Health Services (RW) Planning Council identifies and addresses conflict of interest within the planning council (PC).

- Inherent in the system - The Ryan White Program states: The HIV health services planning council shall include representatives of...community-based organizations serving affected populations and HIV service organizations; local public health agencies...
- Must be managed - The Ryan White Program states: The PC may not be directly involved in the administration of a grant. The PC may not designate (or otherwise be involved in the selection of) particular entities as recipients of any amount provided in the grant.

### AUTHORITY

The Ryan White HIV/AIDS Treatment Extension Act of 2009, Sec.2602(b)(1); Sec.2602(b)(5)(A); Sec.2602(b)(5)(B); Article VIII, Sec.8.01 of the Bylaws (01/18) of the Houston Area HIV Health Services (RW) Planning Council.

### DEFINITION(S)

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

### PROCESS

The rules contained in this policy apply to all RWPC members, council support, contractors and consultants to the Houston Area HIV Health Services (RW) Planning Council, all of whom shall be referred to as RWPC members in this policy.

RWPC members who have a financial interest in, are employed by, sit on Boards of Directors, or have been employed by such an entity at any time during the previous twelve months, or are members of a public or private entity seeking Ryan White Part A or B or State Services funding will not participate directly or in an advisory capacity, in the Administrative Agency’s processes of selecting entities to receive Ryan White Part A or B or State Services funding within that particular service category. RWPC members shall be provided with copies of, and shall abide by local state regulations governing COI.

RWPC members must complete a COI Disclosure Form annually and/or as needed, describing the relationship of the person to each organization that can benefit from an action by the RWPC. This information, in the form of a matrix of members and their conflicts of interest, will be provided to all members of the RWPC. Additionally all RWPC members will identify conflicts of interest during a discussion and/or vote and abstain from voting on issues pertaining to that conflict. All RWPC members are encouraged to request a review of potential COI of another member during a RWPC meeting.

The Secretary of the RWPC has responsibility for addressing actions to resolve COI when they occur (see RWPC Policy 500.01). When the Secretary has a COI, monitoring voting for COI and processing inquiries related to COI will fall to the role of the Council Vice Chair, if the Council Vice Chair has a COI the responsibility will fall to the Council Chair. If still unresolved then the responsibility will fall to the Chair of the Operation Committee.

In the event of a COI and/or during the period of review of said COI, members with a COI may participate in the discussion of the COI or questions, but shall abstain from voting on the matter.

The Operations Committee of the RWPC shall recommend to the CEO the termination of a member from the RWPC if the member refuses to complete a COI disclosure form, refuses to declare a COI, or refuses to cooperate in a COI review, or if it is determined that the member took action intended to influence the conduct of the Administrative Agency in selecting entities to receive Ryan White Part A or B or State Services funding within a particular service category or an action which resulted in or had the appearance of resulting in personal, organizational, or professional gain.

#### **COI INQUIRY/INTRODUCTION/PROCEDURE:**

A COI matrix from the information provided on the COI questionnaire will indicate the service category(ies) in which a conflict(s) occurs.

An inquiry as to whether or not an individual has a conflict of interest that has not been disclosed is handled as a privileged motion: raising a question of privilege.

Questions of privilege relate to the conduct of officers, members, and employees. In this specific case, the conduct being addressed would be not having disclosed a COI. A question of privilege (COI Inquiry) will usually take place during or after a discussion or vote. If necessary, raising a question of privilege may interrupt a member's speech.

A member of the RWPC, who feels that another member has violated the COI policy by failing to disclose a COI or by voting on an issue regarding a service category in which a conflict has been disclosed, should raise a question of privilege in order to inquire about a possible conflict. The following steps will take place:

Step 1: A member rises, addresses the chair, and then, without waiting, says, "I rise to a question of privilege."

Step 2: The Chair will at this time request the Secretary to take control of the meeting. The Secretary will direct them to state their question.

Step 3: The member will briefly express their complaint and propose, as a motion, a solution.

86 The motion is the actual question of privilege or a request to inquire about a COI.

87 Step 4: The Secretary will attempt to process the motions to inquire as to whether a member  
88 has a COI by general consent. (General consent requires no objections). If the general consent  
89 is obtained, the motion will be discussed.

90  
91 If general consent fails, the Secretary will ascertain if there is a second to the motion and then  
92 process it as a main motion (even if a main motion was interrupted).

93  
94 As soon as the interrupting question of privilege is disposed of, the assembly resumes  
95 consideration of the question that was interrupted.

96  
97 **METHOD OF DISCLOSURE:**

98 Annually and on an as needed basis, PC and affiliate committee members are required to submit a  
99 Proposed Conflict of Interest Disclosure Questionnaire (RWPC Form 2, COI) to PC Support Staff.

100  
101 **PROCEDURE FOR COUNCIL MEMBERS WHO BECOME VENDORS AFTER**  
102 **JOINING THE COUNCIL:**

103 Vendors must abide by the same conflict of interest policies that everyone else does.



# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

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EST. JUL. 15, 1997

REV JANUARY 1, 2020

POLICY No. 900.01

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## PETTY CASH

### PURPOSE

This policy establishes the guidelines by which petty cash reimbursements of expenses to attend Houston Area HIV Health Services (Ryan White) Planning Council meetings are made. The purpose of these funds is to encourage a wide range of community participation. While all members of the RWPC are eligible for reimbursement, all members are encouraged to pay for their own expenses out of their own funds if possible. This policy includes both internal as well as Affiliate members.

### AUTHORITY

“Guidelines for Reimbursement of People on a Ryan White Title I Planning” dated January 21, 1997, and the Ryan White HIV/AIDS program Part A Manual - Revised 2013. The RWPC voted on February 10, 1996 to set as a priority the reimbursement of expenses to attend RWPC meetings (including subcommittee and related meetings). Those eligible to receive reimbursement of expenses to attend committee, subcommittee and related meetings include Council and Affiliate committee members.

### DEFINITIONS

Meetings - are defined as outlined in the RWPC adoption of its Bylaws, Article IX. Rev. 01/18.

Meals - are those that are related to and occur as the result of attending any scheduled Houston area HIV/AIDS Health Services (Ryan White) Planning Council meeting, including Ryan White committee and workgroup meetings, and outreach events.

### PROCESS

Review – Annually, the Operations Committee will review RWPC petty cash policies and forms.

Transportation - Expenses will be reimbursed as a result of a Planning Council or Affiliate committee member attending a scheduled meeting. If travel is conveyed through the use of the members own vehicle the rate will be the same as the county rate per mile. Council and Affiliate committee members are reimbursed for mileage to and from a consistent, designated starting point (either home or work). The start point will be documented in the member’s file and mileage will be determined by an Internet site selected annually by the Office of Support. Members are encouraged to carpool. When members carpool, only the member who is the driver of the automobile can request mileage reimbursement from his or her designated starting point.

If a member is employed, and work hours are any time on a Monday through Friday during regular



business hours (approximately 8 a.m. until 5 p.m.), the member must provide the requested employment-related information on the Petty Cash Transportation Form. If work hours typically overlap with Ryan White meetings, then the member must use their primary work address as their designated starting point for determining mileage reimbursement. Harris County may contact an employer to confirm employment information provided on the Petty Cash Transportation Form. When an individual uses their work address as the point of origin for their travel reimbursement, then they are not eligible for childcare reimbursement.

If the member travels by cab, then an official cab company receipt must accompany the request for reimbursement. Traveling by cab should be the option of last resort, with the following exceptions. Council and Affiliate committee members who are accompanied by children are allowed to take a cab to and from work, home and/or the child care provider. Members are also allowed to use a cab if no other means of transportation is available or there are barriers to existing transportation. Bus expenses will be reimbursed at the prevailing METRO rate (round trip).

Meals - Snacks are provided at all Council related meetings to assist individuals with dietary needs. Individuals will not be reimbursed for purchasing a meal if staff notifies members that a meal is being provided at a particular meeting. Exceptions will be made for individuals with special dietary needs. If a meeting takes place near a meal time and the Office of Support has not announced that a meal will be provided, members are allowed to purchase a meal one hour before the scheduled start time of the meeting. Members will not be reimbursed if the receipt indicates that a meal was purchased after the scheduled start time for the meeting. Members will be reimbursed for food as well as transportation and childcare when representing the Council at off-site events such as health fairs, unless a meal is provided at the event.

Expenses for meals are to be reimbursed for “in-town” and “out-of-town” meetings. In-town meetings are those that occur as a result of a regularly scheduled meeting and a meal reimbursement is requested. The maximum amount allowed will be in accordance with current Harris County reimbursement rate for meals and receipts will be required.

Child Care - Expenses for childcare will be \$35 per child per visit, not to exceed \$100 per day (total). An exception to this would be an activity that takes place outside of normal business hours (6 am – 6 pm) in which case a volunteer could be reimbursed for an additional \$35 per child per visit, not to exceed \$100 (total). A Council approved Child Care Expense Receipt must be attached to the Claim for Reimbursement. Child Care reimbursements are based on RWPC meetings or committee related events.

Other - Council and Affiliate committee members who choose to attend a non-assigned meeting or event will not be reimbursed from petty cash for their participation in that meeting. Also, members will not be reimbursed for transportation, childcare and/or food if they arrive 20 minutes after the scheduled start time for the meeting. Within the calendar year, members are allowed two exemptions if they arrive at a meeting 20 minutes late. If necessary, members are allowed to ask the Operations Committee for additional exemptions for reimbursement if they are more than 20 minutes late to a meeting.

## REIMBURSEMENT

Reimbursement requests are to be submitted to the Office of Support for payment. Receipts must be submitted any time within 45 days of the date of the event or they will not be approved. End of year reimbursements must be submitted within 30 days after the end of the Ryan White Part A fiscal year. Reimbursement requests presented 30 days after the end of the fiscal year will not be approved. Any request that does not fall within the time frames outlined above needs to be submitted in writing to the RWPC Director for approval. All reimbursements are available from the Ryan White Office of Support Staff.

If a check is lost or stolen, as long as the check has not been cashed, the Office of Support will replace one check per year as a courtesy to the member and Ryan White will pay the administrative fee. If more than one check is lost or stolen within a calendar year, the lost or stolen check will not be replaced.

Per Harris County policy, petty cash is not allowed to be taken off site. Therefore, members will be reimbursed for off-site meetings the next time they are at the Office of Support. Members will not be reimbursed for travel to the Office if the sole reason for coming to the Office is to be reimbursed for an off-site meeting.

The RWPC will not reimburse members for loss of wages as a result of attending meetings.

Members are allowed to ask the Operations Committee for exemptions from any portion of the above policy by submitting a letter to the Director of the Ryan White Office of Support stating why personal circumstances should allow them to be exempt. The Director will share the letter with the Operations Committee at their next scheduled meeting. The Operations Committee will respond to the request in writing.

## MAXIMUM REIMBURSEMENT RATES

All Ryan White Council and affiliate committee members can receive up to the following amount in petty cash reimbursement within a 12 month calendar year, unless the member receives a waiver for an increased amount from the Operations Committee based upon personal circumstances.

The allowable amount for all members is:

11 committee meetings  
+ 2 trainings  
+ 3 workgroups or Public Hearings  
16 meetings/year x \$100/meeting = \$1,600

### **Council Chair: up to \$5,000/year**

(\$1,600 + 12 Council meetings + 12 Steering Committee meetings + 10 additional misc. meetings)

### **Officers & Committee Chairs: up to \$4,000/year**

(\$1,600 + 12 Council meetings + 12 Steering Committee meetings)

**Council Members: up to \$2,800/year**  
(\$1,600 + 12 Council meetings)

**Affiliate Committee Members: up to \$1,600/year**

**Written** requests for exceptions can be submitted to the Operations Committee for review and approval.

If it becomes clear that an individual is going to exceed the amount listed above within a calendar year, the following steps are to be taken:

**Step 1:** The Director of the Office of Support will verbally bring the matter to the attention of the member and document the conversation in the member's folder.

**Step 2:** If the situation continues after two conversations with the member, the member will receive a letter signed by the Chair of the Planning Council and the Director of the Office of Support. The letter will document the total amount the member has received in petty cash reimbursement and request a meeting to outline ways in which the individual can begin to limit reimbursement.

**Step 3:** If the member is unable or unwilling to limit reimbursement than the Council Chair will review and possibly reappoint the member to a committee that has fewer meetings and/or fewer outside activities.

**Step 4:** If the individual member reaches the cap outlined above, they can request a waiver from the policy from the Operations Committee. The Operations Committee will review the request and, after consulting with the Chair of the Ryan White Planning Council and the Director of the Office of Support, the Committee will have final approval regarding the response to the request for a waiver and will notify the individual of their decision in writing. If the request for a waiver is denied, the member will not be reimbursed for mileage, childcare and/or meals for the remainder of the calendar year. The member will be eligible to receive petty cash reimbursement for activities that take place in the next calendar year, once the new year begins.

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

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EST. JUL 15, 1998

REV JANUARY 1, 2018

POLICY No. 1000.01

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## GRIEVANCE

### PURPOSE

This policy establishes which types of grievances will be covered by the procedures and who may bring a grievance. This process will address priority setting and allocating funds to those priorities and any subsequent process to change the priorities or allocations. Any changes as a result of a hearing, mediation or arbitration process will be perspective in nature (i.e. any changes as a result of this process will effect future decisions and not impact former or current funding decisions).

This policy will permit individuals or entities directly affected by the outcome of a decision related to funding as being eligible. At a minimum; providers eligible to receive Ryan White funding; consumer groups/PLWH coalitions and caucuses.

This policy will allow for non-binding procedures for resolving conflicts, including but not limited to Mediation for the parties in reaching a solution. In addition, Binding Arbitration will be the final resolve in this process.

### AUTHORITY

Section 2602(b)(6) requires Planning Councils to develop procedures for addressing grievances with respect to funding; Section 2602(c)(1)(A), refers to non-binding and binding arbitration and under subsection (b)(1) allows for local discretion and describes the elements that must be addressed in establishing local grievance procedures and provides grantees with flexibility in the design of such local procedures. Section 2602(c)(1)(B) requires that once grievance policies are established they are determined adequate. This will assess whether such procedures permit legitimate grievances to be filed, evaluated, and resolved at the local level. Section 2602(c)(2) states that “to be eligible to receive funds under this part a grantee shall develop grievance procedures that are determined by the Secretary to be consistent with the model procedures developed under paragraph (1)(A) of HRSA regs. By adoption of the BYLAWS of the Houston Area HIV Health Services (Ryan White) Planning Council; Rev 12/17.

### DEFINITIONS

Arbitration - A private informal process by which all parties agree, in writing, to submit their disputes to one or more impartial persons authorized to resolve a controversy by rendering a final and binding award.

Arbitrator - An impartial third party who has completed a minimum of 40 hours of training in dispute resolution techniques in a course conducted by an alternative dispute resolution system or organization. Decisions awarded by arbitrators are binding unless otherwise stipulated in advance of the arbitration proceeding.

Business Day - Reference to a business day will be understood to mean Monday through Friday,

8:00am to 5:00pm.

Court - Includes an appellate court, district court, constitutional county court, statutory county court, family law court, probate court, municipal court, or justice of the peace court.

Grievance - Any unresolved controversy, claim or dispute relating to the Planning Council process involving establishing priorities; allocating funds to those priorities and any subsequent process to change the priorities or allocations.

The Operations Committee - The Operations Committee will convene as needed to address a grievance. All final resolutions by that committee will be presented at the next full Planning Council meeting and presented by the Chair of the Operations Committee.

Grievant - An individual or group of individuals with standing and who file a grievance with the Director of the Office of Support for the Planning Council.

Hearing - Meeting held with the Houston Area HIV Health Services (Ryan White) Planning Council Operations Committee at which an individual or group of individuals provides specific testimony relating to an unresolved controversy, claim or dispute.

Mediation - A private, informal process in which an impartial third person facilitates communication among parties to encourage reconciliation, settlement or agreement of a particular dispute, controversy, or claim.

Mediator - An impartial third person who facilitates the communication between parties in dispute and encourages reconciliation, settlement or agreement of a particular dispute, controversy of claim. Qualifications of a mediator must include a minimum of 40 classroom hours of training in dispute resolution techniques provided by an alternative dispute resolution system or organization. A mediator may not impose his own judgment on the issues for that of the parties.

#### **TIMELINE:**

Written notification of grievance, using the Grievance Intake Form, must be given to the Director of the Office of Support for the Planning Council within five (5) business days after the incident or results of the process being grieved are announced. When written notification of grievance is received, the Director of the Office of Support will establish a file which briefly describes the grievance issue and the remedy being requested.

The Director , within three (3) business days, will notify the Chair of the Operations Committee and the Chair of the Planning Council of the grievance notification. The Director will also acknowledge receipt of grievance to grievant by certified mail, return receipt requested, within three (3) business days of notification.

A grievance hearing will be held within fourteen (14) business days after receipt of notification of the grievance. At that time, the Operations Committee will determine whether the grievance is within the scope of the procedures, and whether or not a grievant is eligible to initiate a non-binding process. Once a grievance has been filed, if not resolved at the initial hearing, the conversation from here forward must be limited to the items discussed in the grievance hearing. Amendments to the form are acceptable only before the hearing. The person who filed the grievance and the party(s) involved will be interviewed by the Operations Committee.

The grieving party will be notified by certified mail, return receipt requested, of the date, time and place of hearing at least five (5) business days before the hearing is held.

87 The Operations Committee will render a decision within ten (10) business days after the scheduled  
88 Grievance hearing, and Grievant will be notified of said decision by certified mail, return receipt  
89 requested, within three (3) business days after rendered decision.

90  
91 If, after being notified of the Operations Committee's decision, any party to the grievance is not  
92 satisfied with said decision, that party may request mediation of the dispute. That party must notify  
93 in writing the Director of the Office of Support of the request for mediation no later than three (3)  
94 business days after receiving the Operations Committee's decision. Mediation will be provided  
95 by the Harris County Alternative Dispute Resolution Service, or any other such service that is  
96 mutual agreed upon by all parties involved, who will provide impartial third parties to mediate the  
97 filed grievance. Mediation costs will be shared equally among both parties involved.

98  
99 The initial mediation will be scheduled within fourteen (14) business days after the Planning  
100 Council Director (subject to the schedule of the mediation service) receives the request. The  
101 mediation process will be held at a location designated by the mediation service provider, and all  
102 business conducted during the mediation process will be considered confidential. Documents  
103 provided during mediation will be subject to the Public Information Act. Maximum amount of  
104 time to complete any non-binding process will be eight (8) hours. Additional time may be granted  
105 on an "as needed" basis to promote resolution of the grievance.

106  
107 Any unresolved controversies, claims or disputes that cannot successfully be resolved through the  
108 Operations Committee process or through good faith negotiations in mediation shall be settled by  
109 arbitration. Results of the arbitration will be binding upon all parties involved. The grievant must  
110 notify in writing the Director of the Office of Support of the intent to pursue arbitration within  
111 three (3) business days after the mediation process ends.

112  
113 A panel of three (3) qualified neutral arbitrators will conduct the arbitration process. An  
114 independent, impartial third party organization designated in advance will provide each party with  
115 a list of proposed arbitrators who may be familiar with the subject matter involved in the grievance.  
116 Each side will have ten (10) business days to strike the names of those individuals on the list that  
117 are deemed unacceptable, prioritize the remaining names in order of preference and return the list  
118 to the designated organization. The designated organization will contact the arbitrators remaining  
119 on the list in order of preference to serve on the panel.

120  
121 The Arbitration Committee will hear the dispute within thirty (30) business days after the  
122 appointment of the arbitrators. Fees associated with the arbitration process will be borne by the  
123 parties equally. However, each party shall be responsible for expenses related to its own counsel,  
124 experts, witnesses, and preparation and presentation of documents. Cost and fees may include,  
125 but are not limited to, all reasonable pre-award expenses of the arbitrators' fees, administrative  
126 fees, travel expense, out-of-pocket expenses for copying and telephone, court cost, witness fees,  
127 and attorney's fees.



Policy 002.

Date of Issue \_\_\_\_\_  
Date Filed \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date of Hearing \_\_\_\_\_

Date of Grievance Recommendation \_\_\_\_\_  
Date of Appeal \_\_\_\_\_  
Date of Appeal Decision \_\_\_\_\_  
Date Grievance Concluded \_\_\_\_\_

**Please do not write in this space**

The Grievance Process will be as follows:

- 1) Grievant must notify the Director of the Office of Support for the Planning Council in writing of a grievance.
- 2) The Director will immediately notify Chair of the Operations Committee of request for hearing.
- 3) The Grievance hearing will be scheduled within fourteen (14) business days after the request for hearing is received by the chair of the Operations Committee.
- 4) Amendments to the form are acceptable only before the hearing.
- 5) If a mutual agreeable solution is not reached in this process, the grievant may request mediation.
- 6) Mediation will be provided by a mutually agreed upon service to all parties involved.
- 7) Mediation costs will be shared equally among all parties involved.

## GRIEVANCE FORM

Instructions: Please type or print the information requested in the space provided below. If additional space is needed, please attach additional pages.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Briefly provide a description of expectations from the grievance process:

Will you have a representative at the hearing? \_\_\_\_\_

If yes, please provide the representative's name: \_\_\_\_\_

List the names of witnesses and a brief overview of the witnesses' testimony:

\_\_\_\_\_  
Grievant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Operations Committee's Recommendations

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL (RWPC)

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EST. JAN 2002

REVISED JANUARY 1, 2020

POLICY NO. 1100.00

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## COMPUTER POLICY

### **PURPOSE**

This policy establishes the guidelines by which petty cash reimbursements of expenses for personal computer ISP lines on which they do business related to the Houston Area HIV Health Services (Ryan White) Planning Council. While all members of the RWPC are eligible for reimbursement this policy notes that members who are not living with HIV are encouraged to pay for their own expenses out of their own funds. This policy includes both internal as well as affiliate members.

### **PROCESS**

Reimbursement requests are to be submitted to the Office of Support for payment and must include the name and home address of the Council or Affiliate member. Receipts can be submitted at anytime within 45 days of the date of the event, with the exception of end of year reimbursements which must be submitted within 30 days after the end of the Ryan White Part A fiscal year. Any request over and above the amounts and time frames as outlined above needs to be submitted in writing to the RWPC Director for approval. Reimbursement requests presented 30 days after the end of the fiscal year will not be approved. All reimbursements are available from the RWPC Support Staff.

### **REIMBURSEMENT FOR ISP LINES**

The Council will pay for 50%, with a maximum cap of \$11 per month, for the cost of a Council member's home ISP service. The Council member must submit a copy of the bill and a copy of their check or credit card receipt indicating payment of the total bill in order to be reimbursed from petty cash.

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL (RWPC)

EST. OCT. 2002

REVISED NOVEMBER 11, 2021

POLICY NO. 1200.00

## HONORARIUMS AND INCENTIVES

### PURPOSE

The purpose of this policy is to establish guidelines by which honorariums, incentives or other forms of gratuity are allowable.

### SCOPE

This policy encompasses Ryan White Planning Council and Affiliate Committee members, Project LEAP students, consumer input group participants, needs assessment survey participants, and needs assessment focus group participants who are living with HIV.

### AUTHORITY

Consumer input group participants, needs assessment survey participants, and needs assessment focus group participants who are living with HIV can receive an incentive but it must be purchased as described in Health Services and Resource Administration Policy Clarification Notice (PCN) #16-02: Eligible Individuals & Allowable Uses of Funds: store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Health Services and Resource Administration (HRSA) RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

### PROCESS

Office of Support staff will provide procedures and internal controls for gift cards, including but not limited to:

- Documented processes for purchasing, requesting, distributing, and tracking of gift cards held by Office of Support staff.
- Gift cards for all grant participation incentives will meet the following qualifications:
  - Eligible participants are people living with HIV
  - Participants in consumer input meetings must actively engage in event/meeting that furthers the goals and objectives of the RWHAP.

37 No member of the Ryan White Planning Council or Affiliate Committee member, Project LEAP  
38 student, or any other Council-related volunteer, may accept an honorarium, incentive or other  
39 form of gratuity for services performed in connection to his or her service to the Council. This  
40 does not pertain to reimbursements for travel, meals, hotel or other expenses incurred in  
41 performance of these services. If an honorarium is sent, the recipient is to turn it in to the Office  
42 of Support who will return the check with a letter declining the check and a suggestion that the  
43 money be distributed to an HIV organization, such as those listed in the Blue Book.

## **Alternative Policy for Members Speaking at Meetings**

**Motion:** Give ex-officio status with the exception of voting, to planning council members to allow them to speak outside of public comment at all Ryan White committee meetings