DRAFT

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL
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We envision an educated community where the needs of all persons living with and/or affected by HIV are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.
The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those living with and/or affected by HIV by taking a leadership role in the planning and assessment of HIV resources.

AGENDA

12 noon, August 9, 2018
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

I. Call to Order — Cecilia Oshingbade, Chair, Ryan White Planning Council
   A. Welcome and Moment of Reflection
   B. Adoption of the Agenda
   C. Approval of the Minutes
   D. Training: Molecular HIV Surveillance (20 min.) — Camden Hallmark, Houston Health Department
   E. Project PrIDE and Data 2 Care (10 min.) — Representative, Gilbreath Communication

II. Public Comments and Announcements — Carol Suazo, Secretary

(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 the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)

III. Reports from Committees
   A. Comprehensive HIV Planning Committee — Ted Artiaga and Steven Vargas, Co-Chairs
   Item: FY 2019 EIIHA* Plan Target Populations
   Recommended Action: FYI: The following target populations for the FY 2019 EIIHA Plan received final approval from the Comprehensive HIV Planning Committee:
      1. African Americans
      2. Hispanics/Latinos age 25 and over
      3. Men who have Sex with Men (MSM)

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

the Office of Support is to include a statement in the EIIHA* section of the HRSA application recognizing that currently available epidemiologic data is not sufficient to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24. See the attached for additional information.

B. Affected Community Committee — Rodney Mills and Tana Pradia, Co-Chairs
Item: Road 2 Success
Recommended Action: FYI: The Council is partnering with the Houston Health Department, Harris County Public Health Ryan White Grant Administration and The Resource Group to provide Emergency Preparedness Training for the Houston HIV Community. On July 16, 2018, members of the Affected Community Committee And others participated in a dress rehearsal followed by an opportunity to give feedback. Participation was robust and those who attended found the activities and handouts to be useful and fun. Members of the Affected Community Committee will help staff five or more training sessions in August, September and October.

C. Quality Improvement Committee — Denis Kelly and Gloria Sierra, Co-Chairs
Item: Reports from the Administrative Agency – Part A
Recommended Action: FYI: See the attached:

- FY 2018 Part A and MAI Procurement Report, dated 07/17/18
- FY 2017 Performance Measures Highlights

Item: Reports from the Administrative Agency – Part B
Recommended Action: FYI: See the attached:

- FY 18/19 Part B Procurement Report, dated 07/20/18
- FY 17/18 State Services Procurement Report, dated 07/20/18

Item: Assessment of the Administrative Mechanism – Part A/MAI
Recommended Action: **Motion:** Approve the attached *FY 2017 Assessment of the Administrative Mechanism for Part A and Minority AIDS Initiative (MAI)*. No corrective action required.

Item: FY 2019 How To Best Meet the Need Process
Recommended Action: **Motion:** Approve the attached service definition for five ADAP Eligibility Workers (last document in the green packet).

D. Priority and Allocations Committee — Peta-gay Ledbetter and Bruce Turner, Co-Chairs
Item: FY 2018 Reallocations
Recommended Action: FYI: The Priority and Allocations Committee will meet on August 23, 2019 to reallocate approximately $500,000 in Ryan White Part A, Part B and State Services funding.

E. Operations Committee — Ella Collins-Nelson and Johnny Deal, Co-Chairs
No report.

**The Early Identification of Individuals with HIV/AIDS, or EIIHA, is a national HRSA initiative to increase the number of individuals who are aware of their HIV positive status and link them to medical care. Each year, the Ryan White Planning Council hosts a collaborative process of HIV prevention and care strategies and stakeholders to develop an EIIHA plan for the Houston Area.*

IV.	Report from the Office of Support	Tori Williams, Director
V.	Report from Ryan White Grant Administration	Carin Martin, Manager
VI.	Report from The Resource Group	S. Johnson-Fairley, Health Planner
VII.	Medical Updates	Shital Patel, MD Baylor College of Medicine
VIII.	New Business (30 seconds/report)	
	A. Ryan White Part C Urban and Part D	Dawn Jenkins
	B. Community Development Advisory Council (CDAC)	Johnny Deal
	C. HOPWA	Krystal Shultz
	D. Community Prevention Group (CPG)	Denis Kelly
	E. Update from Task Forces:	
	• Sexually Transmitted Infections (STI)	Herman Finley
	• African American	Ella Collins-Nelson
	• Latino	Gloria Sierra
	• Youth	Gloria Sierra
	• MSM	Ted Artiaga
	• Transgender	Viviana Santibanez
	• Hepatitis C	Robert Noble
	• Urban AIDS Ministry	Ella Collins-Nelson
	F. HIV and Aging Coalition	Bruce Turner
	G. Texas HIV Medication Advisory Committee	Bruce Turner
	H. Positive Women's Network	Tana Pradia
	I. Texas Black Women's Initiative	Sha'Terra Johnson-Fairly
	J. PrEP and Data to Care Campaigns	Denis Kelly and John Poole
	K. Texas HIV Syndicate	Amber Harbolt
	L. END HIV Houston	Venita Ray
	M. Texans Living with HIV Network	Venita Ray
	N. Legislative Updates	Denis Kelly
IX.	Announcements	
X.	Adjournment	

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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We envision an educated community where the needs of all persons living with HIV and/or affected individuals are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.

The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those living with and/or affected by HIV by taking a leadership role in the planning and assessment of HIV resources.

MINUTES

12 noon, Thursday, July 12, 2018
Meeting Location: Ryan White Offices, 2223 W. Loop South, Rm 532; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Cecilia Oshingbade, Chair	Robert Noble	Ann Robison, Montrose Center
Skeet Boyle, Vice Chair	Shital Patel	Jessi Mona Cartwright-Biggs
Carol Suazo, Secretary	Faye Robinson	
Ruth Atkinson	Viviana Santibanez	
Connie L. Barnes	Gloria Sierra	**STAFF PRESENT**
Rosalind Belcher	Bruce Turner	*Ryan White Grant Administration*
Ella Collins-Nelson	Steven Vargas	Carin Martin
Bobby Cruz		Heather Keizman
Johnny Deal		
Herman L. Finley III	**MEMBERS ABSENT**	*The Resource Group*
Ronnie Galley	Ted Artiaga, excused	Sha'Terra Johnson-Fairley
Paul E. Grunenwald	David Benson, excused	Crystal Townsend
Angela F. Hawkins	Arlene Johnson	
Dawn Jenkins	J. Hoxi Jones, excused	*Office of Support*
Daphne L. Jones	Krystal Perez, excused	Tori Williams
Denis Kelly	John Poole	Amber Harbolt
Peta-gay Ledbetter	Tana Pradia, excused	Diane Beck
Tom Lindstrom	Venita Ray	
Osaro Mgbere	Isis Torrente, excused	
Rodney Mills		
Allen Murray		

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

During the opening remarks, Oshingbade acknowledged the Mentors for doing a great job. She presented a special pin to the mentors who were present. She stated that Council members are 100% compliant with the Open Meetings Act training requirement and asked that everyone please keep an eye out for information about Ryan White Committee Cross Trainings which will start in August.

Training: Priority Setting and Allocations Processes: Peta-gay Ledbetter and Bruce Turner, Co-Chairs of the Priority and Allocations Committee, presented the attached training.

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

Approval of the Minutes: ***Motion #2:*** *it was moved and seconded (Turner, Barnes) to approve the June 14, 2018 minutes.* **Motion carried.** Abstentions: Grunenwald, Lindstrom, and Suazo.

Public Comment and Announcements: See attached written comments.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following:
Early Identification of Individuals with HIV/AIDS (EIIHA)*: The Comprehensive HIV Planning Committee held a brief meeting on June 28th to discuss the development timeline for the FY19 EIIHA Strategy. See the attached development timeline.

Motion #3: *In order to meet HRSA grant application deadlines, it was requested that the Planning Council allow the Comprehensive HIV Planning Committee to have final approval of the FY 2019 EIIHA Plan target populations, provided that the FY 2019 EIIHA Plan is developed through a collaborative process that includes stakeholders from prevention and care, community members, and consumers; and the recommended FY 2019 EIIHA Plan target populations are distributed to Planning Council members for input prior to final approval from the Comprehensive HIV Planning Committee.* **Motion carried.**

Affected Community Committee: Rodney Mills, Co-Chair, reported on the following:
Road 2 Success: The Council is partnering with the Houston Health Department, Harris County Public Health Ryan White Grant Administration and The Resource Group to provide Emergency Preparedness Training for the Houston HIV Community. The goal is to have seven training sessions at Ryan White funded primary care clinics and other locations. Please see Tori if you wish to join the members of the Affected Community Committee for a dress rehearsal at 12 noon on July 16th. There will be a board game, cooking discussion, prizes and more. Staff needs an accurate head count in order to have enough "give a way" items.

Quality Improvement Committee: Denis Kelly, Co-Chair, reported on the following:
2018 How To Best Meet the Need Results: Last month, the Council approved all FY 2019 service definitions except the 5 Service Linkage Workers Targeted to Substance Abuse and the 5 ADAP eligibility workers. The July 17, 2018 Quality Improvement Committee will be dedicated to looking at these positions before bringing them back to the Council for final approval. All are welcome to observe the meeting. Please see Rod if you would like to be in attendance.

Priority and Allocations Committee: Bruce Turner, Co-Chair, reported on the following:
FY 2019 Ryan White Service Priorities: ***Motion #4****: Approve the attached FY 2019 Service Priorities for Ryan White Parts A and B, MAI** and State Services.* **Motion Carried**. Abstentions: Atkinson, Artiaga, Finley, Jenkins, Jones, Kelly, Lindstrom, Mgbere, Patel, Noble, Robinson and Vargas.

**The Early Identification of Individuals with HIV/AIDS, or EIIHA, is a national HRSA initiative to increase the number of individuals who are aware of their HIV positive status and link them to medical care. Each year, the Ryan White Planning Council hosts a collaborative process of HIV prevention and care strategies and stakeholders to develop an EIIHA plan for the Houston Area.*

FY 2019 Allocations: Level Funding Scenario – All Funding Streams: ***Motion #5 (A):*** *Approve the attached FY 2019 Level Funding Scenario for Ryan White Parts A and B, MAI and State Services funds. See attached chart for details.* **Motion Carried**. Abstentions: Artiaga, Finley, Jenkins, Jones, Kelly, Lindstrom, Mgbere, Patel, Noble, Robinson and Vargas.

FY 2019 Allocations: MAI** Increase/Decrease Funding Scenarios: ***Motion #6 (B)****: Approve the attached FY 2019 Increase & Decrease Funding Scenarios for Ryan White MAI** funds.* **Motion Carried.** Abstentions: Atkinson, Artiaga, Finley, Jenkins, Jones, Kelly, Lindstrom, Mgbere, Patel, Noble, Robinson and Vargas.

FY 2019 Allocations: Part A Increase/Decrease Funding Scenarios: ***Motion #7 (C)****: Approve the attached FY 2019 Increase & Decrease Funding Scenarios for Ryan White Part A funds.* **Motion Carried.** Abstentions: Atkinson, Artiaga, Finley, Jenkins, Jones, Kelly, Lindstrom, Mgbere, Patel, Noble, Robinson and Vargas.

FY 2019 Allocations: Part B & SS*** Increase/Decrease Funding Scenarios: ***Motion #8 (D)****: Approve the attached FY 2019 Increase & Decrease Funding Scenarios for Ryan White Part B and State Services funding.* **Motion Carried.** Abstentions: Artiaga, Finley, Jenkins, Jones, Kelly, Lindstrom, Mgbere, Patel, Noble, Robinson and Vargas.

Operations Committee: Johnny Deal, Co-Chair, reported on the following:
2018 Attendance Records: After reviewing the attendance records for Council and External Committee members, the Committee asked staff to send the attached letter to nine individuals who have missed three or more meetings in 2018.

Future Council and Committee Meeting Dates & Times: Because of requests from the public and because more people living with HIV are returning to the job market, the Operations Committee is working with the Health Planner for the Office of Support to gage the importance of offering evening or Saturday Council and/or committee meetings. Look for your survey soon and see Amber if you have questions.

2018 Council Training Schedule: Per a suggestion from HRSA, the Council will add the following topics to the 2018 training schedule:

- *Opioid and Other Drug Use*
- *Trauma Informed Care****

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

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

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

Medical Updates: Patel presented the attached report.

Updates from Task Forces
African American: Collins-Nelson said they will be honoring those who are nominated at the World AIDS Day gala.

** *MAI – Minority AIDS Initiative*
*** *Trauma Informed Care (TIC) is a holistic, person-centered approach to treatment that understands and incorporates the biological, psychological, neurological, and social impact of trauma on an individual.*

Latino: Sierra reported that the Task Force will be honored at Orgullo, the Latino Pride celebration. They will participate in health fairs scheduled for August 4th and 25th and Fiestas Patrias is in September.

Youth: The Youth Transition Summit will be held on August 1st at the Hiram Clarke Multiservice Center.

Hepatitis C: Vargas said they reviewed the work from the summit held in May and will submit at abstract for the upcoming conference. Noble will provide the report on this group starting next month.

HIV and Aging Coalition: Turner reported that they did not meet in June. The speaker for the July meeting will be Maggie Barnes from Dr. Crofoot's office, talking about prostate health.

Texas HIV Medication Advisory Committee: Turner said the last meeting was operational, they are working to create bylaws.

Positive Women's Network (PWN): Hawkins said they had received a grant to train 100 advocates and ended up training 212 people. They are currently working on a school supply drive.

Texas Black Women's Initiative (TBWI): Johnson-Fairly said they will be having a Beautiful Hair event in September promoting HIV prevention, treatment and PrEP for women of color.

PrEP and Data to Care Campaigns: Kelly said they met on June 18th. In late July, they will be conducting focus groups with MSM of color.

Texas HIV Syndicate: Vargas reported that they are working to complete the HIV/Hepatitis C conference scheduled for November where the statewide END plan will be presented.

END HIV Houston: Townsend said that DSHS will publish transgender data at the end of summer and they will work to align findings with the comprehensive plan.

Texans Living with HIV Network: Vargas said there is a conference call this evening, looking at planning Texas Advocacy Day for 2019.

Announcements: See the attached flyer about the 2018 Road 2 Success emergency preparedness presentations.

Adjournment: The meeting was adjourned at 1:29 p.m.

Respectfully submitted,

_____ Date _____
Victoria Williams, Director

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

Council Voting Records for July 12, 2018

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** FY 2019 EIIHA motion **Carried**				**Motion #4** FY 2019 Service Priorities **Carried**					**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** FY 2019 EIIHA motion **Carried**				**Motion #4** FY 2019 Service Priorities **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
C. Oshingbade, Chair				C				C				C				C	Robert Noble	X				X					X						X
Skeet Boyle, Vice Chair		X				X				X				X			Shital Patel	X				X				X							X
Carol Suazo, Secretary		X						X		X				X			Faye Robinson	X				X					X						X
Ruth Atkinson		X				X				X						X	Viviana Santibanez		X				X				X				X		
Connie L. Barnes		X				X				X				X			Gloria Sierra		X				X				X				X		
Rosalind Belcher		X				X				X				X			Bruce Turner		X				X				X				X		
Ella Collins-Nelson		X				X				X				X			Steven Vargas		X				X				X						X
Bobby Cruz		X				X				X				X																		
Johnny Deal		X				X				X				X																		
Herman L. Finley III	X				X					X						X																
Ronnie Galley		X				X				X				X																		
Paul E. Grunenwald		X						X		X				X			**MEMBERS ABSENT**															
Angela F. Hawkins		X				X				X				X			Ted Artiaga																
Dawn Jenkins	X				X					X						X	David Benson																
Daphne L. Jones	X				X					X						X	Arlene Johnson																
Denis Kelly		X				X				X						X	J. Hoxi Jones																
Peta-gay Ledbetter		X				X				X				X			Krystal Perez																
Tom Lindstrom		X						X		X						X	John Poole																
Osaro Mgbere	X				X					X						X	Tana Pradia																
Rodney Mills		X				X				X				X			Venita Ray																
Allen Murray		X				X				X				X			Isis Torrente																

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room	**Motion #5** FY 2019 Level Funding Scenario **Carried**				**Motion #6** FY 2019 MAI Incr/Decr Scenario **Carried**				**Motion #7** FY 2019 Part A Incr/Decr Scenario **Carried**				**Motion #8** FY 2019 Part B/SS Incr/Decr Scenario **Carried**					**Motion #5** FY19 Level Funding Scenario **Carried**				**Motion #6** FY19 MAI Incr/Decr Scenario **Carried**				**Motion #7** FY19 Part A Incr/Decr Scenario **Carried**				**Motion #8** FY19 Part B/SS Incr/Decr Scenario **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
C. Oshingbade, Chair				C				C				C				C	Robert Noble				X				X				X				X
Skeet Boyle, Vice Chair		X				X				X				X			Shital Patel				X				X				X				X
Carol Suazo, Secretary		X				X				X				X			Faye Robinson				X				X				X				X
Ruth Atkinson			X					X				X			X		Viviana Santibanez		X				X				X					X		
Connie L. Barnes		X				X				X				X			Gloria Sierra		X				X				X					X		
Rosalind Belcher			X			X				X					X		Bruce Turner		X				X				X					X		
Ella Collins-Nelson		X				X				X				X			Steven Vargas				X				X				X				X
Bobby Cruz		X				X				X				X																			
Johnny Deal		X				X				X				X																			
Herman L. Finley III				X				X				X				X																	
Ronnie Galley		X				X				X				X																			
Paul E. Grunenwald		X				X				X				X			**MEMBERS ABSENT**																
Angela F. Hawkins		X				X				X				X			Ted Artiaga																
Dawn Jenkins				X				X				X				X	David Benson																
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Denis Kelly				X				X				X				X	J. Hoxi Jones																
Peta-gay Ledbetter		X				X				X				X			Krystal Perez																
Tom Lindstrom				X				X				X				X	John Poole																
Osaro Mgbere				X				X				X				X	Tana Pradia																
Rodney Mills		X				X				X				X			Venita Ray																
Allen Murray		X				X				X				X			Isis Torrente																

Comprehensive HIV Planning Committee Report

EIIHA Workgroup Motions
FY 2019 EIIHA Target Populations – 07/23/2018

The EIIHA Workgroup met on July 23, 2018. Participants included representatives from prevention and care, community members, and consumers. The Workgroup reviewed the FY 2019 guidance from HRSA, adopted selection criteria, and selected the FY 2019 target populations.

Item: FY 2019 EIIHA Plan Target Populations

Recommended Action: **FYI: (Committee provided final approval):** Approve the following target populations for the FY 2019 EIIHA Plan:

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

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

Recommended Action: **FYI: (Committee provided final approval):** Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data is not sufficient to assess the need for testing, referral, and linkage in at-risk populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24.

The only change from the FY 2018 EIIHA Plan is the inclusion of information regarding late diagnoses observed for the Houston EMA in 2016. Data from the Texas Department of State Health Services indicate a slight increase in the percentage of late/concurrent HIV diagnoses among several populations reviewed at the July 23rd EIIHA Workgroup meeting.

The Comprehensive HIV Planning Committee will meet on Monday, July 30, 2018 at 10:30 a.m., located at 2223 West Loop South, Room 532, Houston, TX 77027, to review and approve the FY 2019 EIIHA Plan target populations.

All are welcome to provide public comment at the July 30th Comprehensive HIV Planning Committee meeting at 10:30 a.m. Those unable to attend are encouraged to provide input via phone, email or fax to Amber Harbolt no later than Monday, July 30, 2018 at 9:00 a.m. Those submitting input via email or fax are encouraged to call to confirm receipt.

Input can be submitted via:

Phone:	(713) 572-3724
Email:	amber.harbolt@cjo.hctx.net
Fax:	(713) 572-3740

Quality Improvement Committee Report

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

FY 2018 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,634,415**	**391,824**	**0**	**0**	**0**	**10,026,239**	**46.85%**	**10,026,239**	**0**	[redacted]	**925,983**	**9%**	**25%**
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	0	0		3,591,064	16.78%	3,591,064	0	3/1/2018	$0	0%	0%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	0	0		1,021,370	4.77%	1,021,370	0	3/1/2018	$255,661	25%	25%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	0	0		867,347	4.05%	867,347	0	3/1/2018	$240,254	28%	25%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	0	0		1,104,720	5.16%	1,104,720	0	3/1/2018	$175,733	16%	25%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.37%	1,149,761	0	3/1/2018	$177,264	15%	25%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.76%	1,874,540	0	3/1/2018	$0	0%	0%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	$2,700	17%	25%
1.h	Vision	402,000	0	0	0		402,000	1.88%	402,000	0	3/1/2018	$74,370	19%	25%
2	**Medical Case Management**	**2,535,802**	**0**	**0**	**0**	**0**	**2,535,802**	**11.85%**	**2,535,802**	**0**	[redacted]	**314,968**	**12%**	**25%**
2.a	Clinical Case Management	488,656	0	0	0		488,656	2.28%	488,656	0	3/1/2018	$86,555	18%	25%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.26%	482,722	0	3/1/2018	$0	0%	0%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0		321,070	1.50%	321,070	0	3/1/2018	$82,160	26%	25%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0		321,072	1.50%	321,072	0	3/1/2018	$30,702	10%	25%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0		107,247	0.50%	107,247	0	3/1/2018	$18,895	18%	25%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.63%	348,760	0	3/1/2018	$50,241	14%	25%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.84%	180,311	0	3/1/2018	$0	0%	0%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.75%	160,051	0	3/1/2018	$21,165	13%	25%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.37%	80,025	0	3/1/2018	$25,250	32%	25%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	$0	0%	0%
3	**Local Pharmacy Assistance Program (a) (e)**	**1,934,796**	**256,674**	**0**	**0**	**0**	**2,191,470**	**10.24%**	**2,191,470**	**0**	3/1/2018	**$412,687**	**19%**	**25%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.78%**	**166,404**	**0**	3/1/2018	**53,650**	**32%**	**25%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.78%	166,404	0	3/1/2018	$53,650	32%	25%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,244,551**	**28,519**	**0**	**0**	**0**	**1,273,070**	**5.95%**	**1,273,070**	**0**	3/1/2018	**$286,907**	**23%**	**25%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.21%**	**45,677**	**0**	3/1/2018	**$8,394**	**18%**	**25%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.60%**	**341,395**	**0**	3/1/2018	**$81,422**	**24%**	**25%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Outreach Services**	**420,000**	**39,927**				**459,927**	**2.15%**	**459,927**	**0**	**3/1/2018**	**$3,879**	**1%**	**25%**
13	**Non-Medical Case Management**	**1,231,002**	**0**	**0**	**0**	**0**	**1,231,002**	**5.75%**	**1,231,002**	**0**	[redacted]	**146,467**	**12%**	**25%**
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.52%	110,793	0	3/1/2018	$0	0%	25%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			0		100,000	0.47%	100,000	0	3/1/2018	$21,317	21%	25%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	2.00%	427,000	0	3/1/2018	$0	0%	0%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	0		593,209	2.77%	593,209	0	3/1/2018	$125,149	21%	25%
14	**Medical Transportation**	**482,087**	**25,824**	**0**	**0**	**0**	**507,911**	**2.37%**	**507,911**	**0**	[redacted]	**80,642**	**16%**	**25%**
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.18%	252,680	0	3/1/2018	$63,246	25%	25%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.45%	97,185	0	3/1/2018	$17,396	18%	25%
14.c	Transportation vouchering (bus passes & gas cards)	132,222	25,824	0	0		158,046	0.74%	158,046	0	3/1/2018	$0	0%	0%
15	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
16	**Emergency Financial Assistance**	**450,000**		**0**	**0**	**0**	**450,000**	**2.10%**	**450,000**	**0**	3/1/2018	$0	**0%**	**0%**
17	**Referral for Health Care and Support Services (c)**	**0**	**0**	**0**			**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
[redacted]	**Total Service Dollars**	**18,486,129**	**742,768**	**0**	**0**	**0**	**19,228,897**	**87.71%**	**19,228,897**	**0**	[redacted]	**2,311,120**	**12%**	**25%**
[redacted]	**Grant Administration**	**1,675,047**	**0**	**0**	**0**	**0**	**1,675,047**	**7.83%**	**1,675,047**	**0**	**N/A**	**0**	**0%**	**25%**
[redacted]	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.36%	1,146,388	0	N/A	[redacted] $0	0%	25%
[redacted]	RWPC Support*	528,659			0	0	528,659	2.47%	528,659	0	N/A	0	0%	25%

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

FY 2018 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
[redacted]	Quality Management	495,000	0	0	0	0	495,000	2.31%	495,000	0	N/A	$0	0%	25%
		20,656,176	742,768	0	0	0	21,398,944	97.85%	21,398,944	0	[redacted]	2,311,120	11%	25%
											[redacted]			[redacted]
								Unallocated	Unobligated					
	Part A Grant Award:	21,398,944	*Carry Over:*	0		*Total Part A:*	21,398,944	0	0					

	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)	15,903,040	677,017	0	0	0	16,580,057	86.40%	16,580,057	86.40%
Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	0	0	2,608,913	13.60%	2,608,913	13.60%
Total Service Dollars (does not include Admin and QM)	18,486,129	702,841	0	0	0	19,188,970	[redacted]	19,188,970	[redacted]
Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	0	0	0	0	1,675,047	7.83%		
Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.31%		

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**	1,797,785	49,060	0	0	0	1,846,845	85.23%	1,797,785	49,060	[redacted]	514,250	29%	25%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530		0	0	934,693	43.13%	910,163	24,530	3/1/2017	$317,350	35%	25%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530		0	0	912,152	42.09%	887,622	24,530	3/1/2017	$196,900	22%	25%
2	**Medical Case Management**	320,100	0	0	0	0	320,100	14.77%	320,100	0			0%	0%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.39%	160,050	0		$0		
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.39%	160,050	0		$0	0%	0%
[redacted]	**Total MAI Service Funds**	1,797,785	49,060	0	0	0	2,166,945	100.00%	1,797,785	369,160	[redacted]	514,250	29%	25%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0	[redacted]	0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0	[redacted]	0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0	[redacted]	0	0%	0%
[redacted]	**Total MAI Funds**	1,797,785	49,060	0	0	0	2,166,945	100.00%	1,797,785	369,160	[redacted]	514,250	29%	25%
	MAI Grant Award	2,166,944	*Carry Over:*	0		*Total MAI:*	2,166,944							[redacted]
	Combined Part A and MAI Orginial Allocation Total	22,453,961												

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

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FY 2017 PERFORMANCE MEASURES HIGHLIGHTS

RYAN WHITE GRANT ADMINISTRATION

HARRIS COUNTY PUBLIC HEALTH (HCPH)

HCPH is the local public health agency for the Harris County, Texas jurisdiction. It provides a wide variety of public health activities and services aimed at improving the health and well-being of the Harris County community.

Follow HCPH on Twitter @hcphtx and like us on Facebook

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Highlights from FY 2017 Performance Measures

Measures in this report are based on the 2017 Houston Ryan White Quality Management Plan, Appendix B. HIV Performance Measures.

Clinical Case Management

- During FY 2017, from 3/1/2017 through 2/28/2018, 1,265 clients utilized Part A clinical case management. According to CPCDMS, 632 (50%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing clinical case management.
- Among these clients, 328 (26%) clients accessed mental health services at least once during this time period after utilizing clinical case management.
- For clients who have lab data in CPCDMS, 71% were virally suppressed

Local Pharmacy Assistance

- Among LPAP clients with viral load tests, 2,913 (72%) clients were virally suppressed during this time period.

Medical Case Management

- During FY 2017, 5,189 clients utilized Part A medical case management. According to CPCDMS, 2,626 (51%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing medical case management.
- Among these medical case management clients, 699 (14%) clients accessed mental health services at least once during this time period after utilizing medical case management.
- Among these clients, 1,764 (34%) clients had third-party payer coverage after accessing medical case management.

Primary Medical Care

- During FY 2017, 7,512 clients utilized Part A primary medical care. According to CPCDMS, 4,231 (73%) of these clients accessed primary care two or more times at least three months apart during this time period.
- Among clients whose initial primary care medical visit occurred during this time period, 291 (22%) had an AIDS diagnosis (CD4 < 200) within the first 90 days of initial enrollment in primary medical care.
- Among these clients, 82% had a viral load test performed at least every six months during this time period.
- Among clients with viral load tests, 71% were virally suppressed during this time period.
- During FY 2017, the average wait time for an initial appointment availability to enroll in primary medical care was 13 days, while the average wait time for an appointment availability to receive primary medical care was 12 days.

Non-Medical Case Management / Service Linkage

- During FY 2017, 7,084 clients utilized Part A non-medical case management / service linkage. According to CPCDMS, 3,259 (46%) of these clients accessed primary care two or more times at least three months apart during this time period after utilizing non-medical case management.

- Among these clients, 372 (43%) clients utilized primary medical care for the first time after accessing service linkage for the first time.
- Among these clients, the median number of days between the first service linkage visit and the first primary medical care visit was 18 days during this time period.

Substance Abuse Treatment

- During FY 2017, 12 (46%) clients utilized primary medical care after accessing Part A substance abuse treatment services.
- Among clients with viral load tests, 67% were virally suppressed during this time period.

Transportation

- Van-Based Transportation:
  - During FY 2017, 498 (66%) clients accessed primary care after utilizing van transportation services.
  - Among van-based transportation clients, 388 (52%) clients accessed LPAP services at least once during this time period after utilizing van transportation services.

- Bus Pass Transportation:
  - During FY 2017, 809 (34%) clients accessed primary care after utilizing bus pass services.
  - Among bus pass clients, 471 (20%) clients accessed LPAP services at least once during this time period after utilizing bus pass services.
  - Among bus pass clients, 1,833 (76%) clients accessed any RW or State service after accessing bus pass services.

Vision Care

- During FY 2017, 1,584 clients were diagnosed with HIV/AIDS related and general ocular disorders. Among 636 clients with follow-up appointments, 590 (93%) clients had disorders that were either resolved, improved or had remained the same.

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Clinical Case Management
All Providers

For FY 2017 (3/1/2017 to 2/28/2018), 1,265 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2016	FY 2017	Change
A minimum of 75% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing clinical case management	685 (48.7%)	632 (50.0%)	**1.3%**
Percentage of clinical case management clients who utilized mental health services	360 (25.6%)	328 (25.9%)	**0.3%**
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	501 (69.0%)	466 (71.1%)	**2.1%**
Percentage of clients who were homeless or unstably housed	322 (22.9%)	217 (17.2%)	**-5.7%**

According to CPCDMS, 27 (2.1%) clients utilized primary care for the first time and 96 (7.6%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2016
*Percentage of clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	41%
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment	30%

*For FY 2017, due to limited data, combined clinical/medical case management plans were evaluated.

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Local Pharmacy Assistance
All Providers

HIV Performance Measures	FY 2016	FY 2017	Change
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	2,839 (72.6%)	2,913 (72.3%)	**-0.3%**

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Medical Case Management
All Providers

For FY 2017 (3/1/2017 to 2/28/2018), 5,189 clients utilized Part A medical case management.

HIV Performance Measures	FY 2016	FY 2017	Change
A minimum of 85% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing medical case management	2,553 (50.3%)	2,626 (50.6%)	**0.3%**
Percentage of medical case management clients who utilized mental health services	616 (12.1%)	699 (13.5%)	**1.4%**
Increase in the percentage of clients who have third-party payer coverage (e.g. Medicare, Medicaid) after accessing medical case management	1,909 (37.6%)	1,764 (34.0%)	**-3.6%**
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	2,032 (67.7%)	2,004 (67.5%)	**-0.2**
Percentage of clients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits	770 (40.3%)		
Percentage of clients who did not have a medical visit in the last six months of the measurement year	591 (23.9%)	660 (25.5%)	**1.6%**
Percentage of clients who were homeless or unstably housed	1,190 (23.5%)	1,001 (19.3%)	**-4.2%**

According to CPCDMS, 112 (2.2%) clients utilized primary care for the first time and 257 (5.0%) clients utilized mental health services for the first time after accessing medical case management.

Clinical Chart Review Measures	FY 2016
*60% of medical case management clients will have a case management care plan developed and/or updated two or more times in the measurement year	41%

*For FY 2017, due to limited data, combined clinical/medical case management plans were evaluated.

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Medical Nutritional Supplements
All Providers

HIV Performance Measures	FY 2016	FY 2017	Change
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	378 (77.8%)	384 (80.7%)	**2.9%**
90% of clients diagnosed with wasting syndrome or suboptimal body mass will improve or maintain body mass index (BMI) in the measurement year	9 (75.0%)	6 (60.0%)	**-15.0%**

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Oral Health Care
All Providers

HIV Performance Measures	**FY 2017**
75% of HIV-related and general oral pathologies will be resolved, improved or maintained at most recent follow-up	No data is available

Clinical Chart Review Measures*	**FY 2015**	**FY 2016**
75% of oral health clients will have a dental health history (initial or updated) at least once in the measurement year	93%	87%
75% of oral health clients will have a medical health history (initial or updated) at least once in the measurement year	83%	87%
90% of oral health clients will have a dental treatment plan developed and/or updated at least once in the measurement year	81%	94%
85% of oral health clients will receive oral health education at least once in the measurement year	80%	88%
90% of oral health clients will have a periodontal screen or examination at least once in the measurement year	92%	84%
60% oral health clients will have a Phase 1 treatment plan that is completed within 12 months	86%	71%

* To review the full FY 2016 chart review reports, please visit:
http://publichealth.harriscountytx.gov/Services-Programs/Programs/RyanWhite/Quality

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Primary Medical Care
All Providers

For FY 2017 (3/1/2017 to 2/28/2018), 7,512 clients utilized Part A primary medical care.

HIV Performance Measures	FY 2016	FY 2017	Change
90% of clients will have two or more medical visits, at least 90 days apart, in an HIV care setting in the measurement year	4,205 (75.3%)	4,231 (73.2%)	**-2.1%**
Less than 20% of clients who have a CD4 < 200 within the first 90 days of initial enrollment in primary medical care	266 (17.9%)	291 (22.2%)	**4.3%**
80% of clients aged six months and older with a diagnosis of HIV/AIDS will have at least two CD4 cell counts or percentages performed during the measurement year at least three months apart	3,782 (67.7%)	4,010 (69.4%)	**1.7%**
95% of clients will have Hepatitis C (HCV) screening performed at least once since the diagnosis of HIV infection	5,486 (74.2%)	5,694 (75.8%)	**1.6%**
Percentage of clients who received an oral exam by a dentist at least once during the measurement year	1,837 (24.8%)	1,813 (24.1%)	**-0.7%**
85% of clients will have a test for syphilis performed within the measurement year	5,960 (80.7%)	5,902 (78.7%)	**-2.0%**
95% of clients will be screened for Hepatitis B virus infection status (ever)	5,846 (79.1%)	6,219 (82.8%)	**3.7%**
90% of clients will have a viral load test performed at least every six months during the measurement year	3,584 (79.7%)	3,695 (81.7%)	**2.0%**
80% of clients for whom there is lab data in the CPCDMS will be virally suppressed (< 200)	7,189 (71.3%)	7,317 (71.4%)	**0.1%**
Percentage of clients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits	2,248 (23%)		
Percentage of clients who did not have a medical visit in the last six months of the measurement year	1,542 (27.6%)	1,716 (29.7%)	**2.1%**
100% of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network will have a waiting time of 15 or fewer business days for a Ryan White Part A program-eligible patient to receive an initial appointment to enroll in outpatient/ambulatory medical care	**Data below**		
Percentage of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network who had a waiting time of 15 or fewer business days for a Ryan White Part A program-eligible patient to receive an appointment for outpatient/ambulatory medical care	**Data below**		

For FY 2017, 60% of Ryan White Part A outpatient/ambulatory care organizations provided a waiting time of 15 or fewer business days for a program-eligible patient to receive an initial appointment to enroll in medical care.

Average wait time for initial appointment availability to enroll in outpatient/ambulatory medical care: EMA = 13 Days

Agency 1: 18
Agency 2: 13
Agency 3: 19
Agency 4: 4
Agency 5: 9

For FY 2017, 60% of Ryan White Part A outpatient/ambulatory care organizations provided a waiting time of 15 or fewer business days for a program-eligible patient to receive an appointment for medical care.

Average wait time for appointment availability to receive outpatient/ambulatory medical care: EMA = 12 Days

Agency 1: N/A
Agency 2: 10
Agency 3: 27
Agency 4: 4
Agency 5: 7

Clinical Chart Review Measures*	FY 2015	FY 2016
100% of clients will be prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	93.0%	100%
100% of pregnant women will be prescribed antiretroviral therapy	100%	100%
75% of female clients will receive cervical cancer screening in the last three years	68.2%	80.1%
55% of clients will complete the vaccination series for Hepatitis B	59.9%	55.6%
85% of clients will receive HIV risk counseling within the measurement year	71.3%	69.4%
95% of clients will be screened for substance abuse (alcohol and drugs) in the measurement year	98.7%	98.6%
90% of clients who were prescribed HIV antiretroviral therapy will have a fasting lipid panel during the measurement year	88.4%	88.9%
65% of clients at risk for sexually transmitted infections will have a test for gonorrhea and chlamydia within the measurement year	69.6%	72.9%
75% of clients for whom there was documentation that a TB screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection	67.1%	66.9%
65% of clients seen for a visit between October 1 and March 31 will receive an influenza immunization OR will report previous receipt of an influenza immunization	56.3%	53.1%
95% of clients will be screened for clinical depression using a standardized tool with follow-up plan documented	92.3%	87.9%
90% of clients will have ever received pneumococcal vaccine	87.8%	86.7%
100% of clients will be screened for tobacco use at least one during the two-year measurement period and who received cessation counseling intervention if identified as a tobacco user	100%	99.4%
95% of clients will be prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	96.5%	98.6%
85% of clients will have an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year	70.0%	69.2%

* To view the full FY 2016 chart review reports, please visit:
http://publichealth.harriscountytx.gov/Services-Programs/Programs/RyanWhite/Quality

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Non-Medical Case Management / Service Linkage
All Providers

For FY 2017 (3/1/2017 to 2/28/2018), 7,084 clients utilized Part A non-medical case management.

HIV Performance Measures	**FY 2016**	**FY 2017**	**Change**
A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing non-medical case management (service linkage)	3,072 (45.0%)	3,259 (46.0%)	**1.0%**
Percentage of clients who utilized primary medical care for the first time after accessing service linkage for the first time	508 (52.5%)	372 (42.9%)	**-9.6%**
Number of days between first ever service linkage visit and first ever primary medical care visit:			
Mean	36	35	**-2.8%**
Median	21	18	**-14.3%**
Mode	14	1	**-92.9%**
60% of newly-enrolled clients will have a medical visit in each of the four-month periods of the measurement year	132 (46.3%)	119 (43.1%)	**-3.2%**

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Substance Abuse Treatment
All Providers

HIV Performance Measures	FY 2016	FY 2017	Change
A minimum of 70% of clients will utilize Parts A/B/C/D primary medical care after accessing Part A-funded substance abuse treatment services*	18 (62.1%)	12 (46.2%)	**-15.9%**
55% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	17 (73.9%)	14 (66.7%)	**-7.2%**
Change in the rate of program completion over time	See data below		

***Overall, the number of clients who received primary care in FY 2017 was 15 (62.5%), with 12 receiving the services through Ryan White and 3 receiving the services through other insurance such as Medicare.**

Number of clients completing substance abuse treatment program during FY 2017 (March 2017 to February 2018): **16**

Number of clients engaged in substance abuse treatment program during FY 2017: **24**

Number of clients completing substance abuse treatment during FY 2017 who entered treatment in FY 2016: **4**

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Transportation
All Providers

Van-Based Transportation	**FY 2016**	**FY 2017**	**Change**
A minimum of 50% of clients will utilize Parts A/B/C/D primary care services after accessing Van Transportation services	493 (69.1%)	498 (66.2%)	**-2.9%**
35% of clients will utilize Parts A/B LPAP services after accessing Van Transportation services	386 (54.1%)	388 (51.6%)	**-2.5%**

Bus Pass Transportation	**FY 2016**	**FY 2017**	**Change**
A minimum of 50% of clients will utilize Parts A/B/C/D primary care services after accessing Bus Pass services	914 (37.3%)	809 (33.5%)	**-3.8%**
A minimum of 20% of clients will utilize Parts A/B LPAP services after accessing Bus Pass services	535 (21.8%)	471 (19.5%)	**-2.3%**
A minimum of 65% of clients will utilize any RW Part A/B/C/D or State Services service after accessing Bus Pass services	1,955 (79.7%)	1,833 (75.8%)	**-3.9%**

Ryan White Part A
HIV Performance Measures
FY 2017 Report

Vision Care
All Providers

HIV Performance Measures	**FY 2017**
75% of clients with diagnosed HIV/AIDS related and general ocular disorders will resolve, improve or stay the same over time	See ocular disorder table

Clinical Chart Review Measures*	**FY 2015**	**FY 2016**
100% of vision clients will have a medical health history (initial or updated) at least once in the measurement year	100%	100%
100% of vision clients will have a vision history (initial or updated) at least once in the measurement year	100%	100%
100% of vision clients will have a comprehensive eye exam at least once in the measurement year	100%	100%

* To review the full FY 2016 chart review reports, please visit:
http://publichealth.harriscountytx.gov/Services-Programs/Programs/RyanWhite/Quality

Ocular Disorder	Number of Diagnoses	Number with Follow-up	*Resolved		*Improved		*Same		*Worsened	
			#	%	#	%	#	%	#	%
Accommodation Spasm	2	0								
Acute Retinal Necrosis										
Anisocoria	9	6					6	100%		
Bacterial Retinitis										
Cataract	256	102			1	6%	82	80%	19	19%
Chalazion	1	1			1	100%				
Chorioretinal Scar	12	5					4	80%	1	20%
Chorioretinitis	1	1					1	100%		
CMV Retinitis - Active										
CMV Retinitis - Inactive										
Conjunctivitis	23	9	1	11%	3	33%	4	44%	1	11%
Covergence Excess										
Convergence Insufficiency										
Corneal Edema										
Corneal Erosion										
Corneal Foreign Body										
Corneal Opacity	57	15					15	100%		
Corneal Ulcer										
Cotton Wool Spots										
Diabetic Retinopathy	3	2			1	50%			1	50%
Dry Eye Syndrome	679	305			1	0%	296	97%	8	3%
Ecchymosis	1	0								
Esotropia	1	0								
Exotropia	10	5	1	20%			4	80%		
Glaucoma	8	4					2	50%	2	50%
Glaucoma Suspect	127	66	5	8%	16	24%	38	58%	7	11%
Iritis	3	1	1	100%						
Kaposi Sarcoma										
Keratitis	14	1	1	100%						
Keratoconjuctivitis										
Keratoconus	6	0								
Lagophthalmos	1	1					1	100%		
Macular Hole	1	0								
Meibomianitis										
Molluscum Contagiosum										
Optic Atrophy	15	1					1	100%		
Papilledema	1	0								

Ocular Disorder	Number of Diagnoses	Number with Follow-up	*Resolved		*Improved		*Same		*Worsened	
			#	%	#	%	#	%	#	%
Paresis of Accommodation										
Pseudophakia	9	3					3	100%		
Refractive Change/Transient										
Retinal Detachment	2	1							1	100%
Retinal Hemorrhage	1	0								
Retinopathy HTN	2	1					1	100%		
Retinal Hole/Tear	1	1					1	100%		
Suspicious Optic Nervehead(s)	1	0								
Toxoplasma Retinochoriochitis										
Thyroid Eye Disease										
Visual Field Defect	21	6					6	100%		
Vitreous Degeneration	2	1							1	100%
Other	314	98			5	5%	88	90%	5	5%
Total	**1,584**	**636 (40%)**	**9**	**1%**	**28**	**4%**	**553**	**87%**	**46**	**7%**

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1819 Ryan White Part B

Procurement Report

April 1, 2018 - March 31, 2019

Reflects spending through May 2018

Spending Target: 16.7%

Revised 7/20/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	$2,085,565	62%	$0	$2,085,565	62%	4/1/2018	$292,736	14%
7	Health Insurance Premiums and Cost Sharing (1)	$726,885	22%	$0	$726,885	22%	4/1/2018	$0	0%
9	Home and Community Based Health Services	$202,315	6%	$0	$202,315	6%	4/1/2018	$21,760	11%
	Unallocated	$325,806	10%	$0	$325,806	10%	4/1/2018	$0	0%
	Total Houston HSDA	3,340,571	100%	$0	$3,340,571	100%		314,496	9%

Note: Spending variances of 10% will be addressed:

1 HIP - Funded by Part A, B and State Services. Provider is spending other grant funds before they close (currently spending State Services thru August)

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1718 DSHS State Services

Procurement Report

September 1, 2017- August 31, 2018

Chart reflects spending through May 2018

Spending Target: 75%

Revised 7/20/2018

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services (1)	$300,000	16%		$300,000	16%	9/1/2017	$116,437	39%
7	Health Insurance Premiums and Cost Sharing	$937,694	50%		$937,694	50%	9/1/2017	$734,941	78%
9	Hospice (2)	$414,832	22%		$414,832	22%	9/1/2017	$265,100	65%
11	EIS - Incarcerated (3)	$170,000	9%		$170,000	9%	9/1/2017	$104,621	62%
16	Linguistic Services (4)	$51,211	3%		$51,211	3%	9/1/2017	$31,550	62%
	Total Houston HSDA	**1,873,737**	**100%**	**$0**	$1,873,737	100%		1,252,649	67%

Note: Spending variances of 10% will be addressed:

1 MHS - Service utilization is lagging; May need to reallocate funds to another service category.

2 HOS- Lower spending reflects changes in service provision by provider and operational expenses are being covered by another funding source

3 EIS - Provider had a vacancy but is now full staff; service units should increase.

4 LIN- Billing submission of expense report is behind. Usually one month behind.

DRAFT

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

Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2017

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

Houston Area
Ryan White HIV/AIDS Program
Assessment of the Administrative Mechanism
Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2017

Table of Contents

Background

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

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

Methodology

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

- Part A and MAI: March 1, 2017 – February 28, 2018 (FY17)
- Part B: April 1, 2017 –March 31, 2018 (FY 1718)
- State Services: Most recent completed FY

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

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

Part A and Minority AIDS Initiative (MAI)
Contract Period: March 1, 2017 – February 28, 2018 (FY17)

Summary of Findings

I. Procurement/Request for Proposals Process

a) The Administrative Agent (**AA**) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (**NGA**). As a result of this practice, 13 days elapsed between receipt of the initial NGA and extension of positions for FY17. Forty-two days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers, and there were no lapses in services to consumers.
b) Due to the extensions of Part A and MAI contracts and positions described in (a) above, 100% of the FY17 Part A and MAI grant award was procured to funded service providers by the first day of the contract period (3/1/17), or within the 1st quarter of the contract period. The AA procured Outreach Services following the final NGA, and Emergency Financial Assistance following receipt of MAI carryover funds. As such, the AA's timely procurement process resulted in no gaps in procured funds to service providers.
c) The AA procured funds in FY17 only to Planning Council-approved Service Categories. Moreover, the amounts of funds procured per Service Category at the beginning of the contract period matched Planning Council-approved final allocations for level funding for FY17. During the contract period, the AA applied Planning Council-approved policies for the shifting of funds within Service Categories, including application of the increased funding scenarios for Part A and MAI, billing reconciliations, and receipt of carry-over funds in approved categories.
d) Beginning in FY12, Part A and MAI services could be contracted for up to four years, with Service Categories rotated for bidding every three years. According to this schedule, bundled Community-Based and Rural Primary Medical Care, Local Pharmacy Assistance Program (LPAP), Medical Case Management, Service Linkage, Emergency Financial Assistance, and Outreach, along with urban and rural van-based Medical Transportation under Part A was slated for the Request for Proposal (RFP) process during FY17 for FY18 contracts. These Service Categories were competitively bid via a RFP process during the FY17 contract period for service contracts beginning in FY18.The RFP issued by the AA for these services contains information about the grant application process, which took place via the Harris County Purchasing Agent. The AA also held a pre-proposal conference for the RFP. These steps indicate that the AA maintained a grant award process that provided potential bidders with information on applying for grants through the Purchasing Agent as well as the opportunity to address questions prior to submission.
e) As described in (d) above, the AA issued an RFP during the FY17 contract period for these services that included the FY18 Planning Council-adopted Service Category definitions. This indicates that the AA maintained a grant award process that adhered potential bidders to Planning Council-approved definitions for contracted Service Categories.
f) The AA procured 100% of total service dollars for both Part A and MAI by the end of the contract period, including the addition of reconciliations and carry-over funds.

g) There were unspent service dollars in both Part A and MAI at the end of the FY17 contract period that occurred in Primary Care, Clinical Case Management, Medical Case Management, Outreach Services, Service Linkage, Medical Transportation, and Emergency Financial Assistance. The total amount of unspent service funds for both Part A and MAI was $1,083,345, or 5.0% of the total allocation for service dollars for the contract period. Ninety-eight percent (98%) of FY16 Part A service dollars and 89% of MAI service dollars were expended by the end of the fiscal year.

h) In FY16, the AA continued to communicate to the Planning Council the results of the procurement process, including agendizing procurement reports at Committee and Full Council meetings throughout the contract period.

II. Reimbursement Process

i) The average number of days elapsed between receipt of an accurate Contractor Reimbursement Report (**CER**) from contracted agencies and the issuance of payment by the AA for FY17 was 35 days. The AA paid all contracted Part A and/or MAI agencies within an average of 49 days following receipt of an accurate invoice.

III. Monitoring Process

j) The AA continued to use the Standards of Care as part of the FY18 contract selection and monitoring process that took place in FY17, and clearly indicated this in various quality management policies, procedures, and plans, including the AA's Policy and Procedure for Performing Site Visits and the AA's current Quality Management Plan. Moreover, the RFP issued during the FY17 contract period states that the AA will monitor for compliance with Standards of Care during site monitoring visits of contracted agencies.

Administrative Assessment Checklist -- Part A and MAI		Contract Period: 3/1/17 - 2/28/18 (FY17)	
Section I: Procurement/Request for Proposals Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	• The Administrative Agent (**AA**) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (**NGA**) in order to prevent lapses in services to consumers. • For the FY17 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at Commissioners Court meetings on 1/31/2017. The Part A and MAI NGA was received on 1/18/17 (partial) and 6/16/17 (final), and agreements were executed at the Court meetings on 02/28/17, and amended to reflect the final NGA on 6/27/17 and 8/22/17. *Conclusion*: Because the AA rapidly processed contract and position extensions, 13 days elapsed between receipt of the initial NGA and extension of positions for FY17. Forty-two days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers.	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	FY17 Part A and MAI NGA (issued 1/18/17 and 6/16/17) Commissioner's Court Agendas (1/31/17, 2/28/17, 6/27/17, 8/22/17)
b) What percentage of the grant award was procured by the: ☒ 1st quarter? ☐ 2nd quarter? ☐ 3rd quarter?	• FY17 procurement reports from the AA indicate that all allocated funds in each Service Category except Outreach Services and Emergency Financial Assistance were procured by 3/1/17, the first day of the contract period. This is due to the contract and position extensions processed by the AA prior to receipt of the NGA, as described in (a) above. The AA procured Outreach Services on 7/1/17 following receipt of the final NGA, and Emergency Financial Assistance following receipt of MAI carryover funds on 12/1/17. *Conclusion*: Because of contract and position extensions processed by the AA in anticipation of the grant award, 100% of the Part A and MAI grant award was procured by the 1st quarter of the contract period, or upon receipt of carryover funds.	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	FY17 Part A and MAI Procurement Report provided by the AA to the PC (Printed 7/9/18)

Section I: Procurement/Request for Proposals Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
c) Did the awarding of funds in specific categories match the allocations established by the Planning Council?	• The Planning Council makes allocations per Service Category for each upcoming contract period based on the assumption of level funding. It then designs scenarios to be applied in the event of an increase or decrease in funding per the actual NGA. The Planning Council further permits the AA to re-allocate funds within Service Categories (up to 10%) without pre-approval throughout the contract period for standard business practice reasons, such as billing reconciliations, and to apply carry-over funds as directed. In addition, the Planning Council allows the AA to shift funds in the final quarter of the contract period in order to prevent the grantee from leaving more than 5% of its formula funds unspent. • The most recent FY17 procurement report from the AA (dated 7/9/18) shows that the Service Categories and amounts of funds per Service Category procured at the beginning of the contract period matched the final Planning Council-approved allocations for level funding for FY17, except for Emergency Financial Assistance. On 06/08/17, the Planning Council approved a motion to bundle Emergency Financial Assistance with Ambulatory Outpatient Medical Care and Local Pharmacy Assistance Program, and fund using MAI carryover funding. Upon receipt of the final NGA, the 10% reallocation rule described above was applied for the $115,275 (0.6%) decrease in Part A Formula and Supplemental. The AA applied the Increase Scenario to the $59,936 (2.9%) increase in MAI. As a result, total allocations for FY17 did not match the original level-funding allocations approved by the Planning Council, but MAI did match the Final FY17 Allocations Worksheet after application of the Increase Funding Scenario. *Conclusion*: The AA procured funds in FY17 only to Planning Council-approved Service Categories, and the amounts of funds per Service Category procured at the beginning of the contract period were a match to final allocations approved by the Planning Council for level funding. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories during the contract period, including increased funding scenarios, billing reconciliations, and receipt of carryover funds.	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	FY17 Part A and MAI Procurement Report provided by the AA to the PC (Printed 7/9/18) PC Meeting Minutes (6/8/17) PC FY17 Allocations Level Funding Scenario Worksheet (7/14/16) PC Final FY17 Allocations Increase Scenario (6/14/16)

Section I: Procurement/Request for Proposals Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
d) Does the AA have a grant award process which: ☒ Provides bidders with information on applying for grants? ☒ Offers a bidder's conference?	• Beginning in FY12, Part A and MAI services could be contracted for up to four years, with Service Categories rotated for bidding every three years. According to this schedule, bundled Community-Based and Rural Primary Medical Care, Local Pharmacy Assistance Program (**LPAP**), Medical Case Management, Service Linkage, Emergency Financial Assistance, and Outreach, along with urban and rural van-based Medical Transportation under Part A was slated for the Request for Proposal (**RFP**) process during FY17 for FY18 contracts. • The RFP issued on 09/14/17 for the above Service Categories (Job No. 17/0278) contains information about the process for applying for grants through the Harris County Purchasing Agent (see, for example, "Vendor Instructions," page 9, and "Suggestions for Completing Proposals," page 24). • Moreover, the AA held a pre-proposal conference for the RFP on 10/24/17 with the stated purpose to "discuss and clarify the RFP requirements and answer vendor questions regarding the proposal review and award process." *Conclusion*: A review of the RFP issued in FY17 indicates that the AA has maintained a grant award process that provides potential bidders with information on how to apply for grants via the Harris County Purchasing Agent as well as the opportunity to address questions about the grant award process.	Confirmation of communication by the AAs to potential bidders specific to the grant award process	Part A and MAI RFP issued in FY17 for FY18 contracts - Job No. 17/0278 (09/14/17) Courtesy Notice for Pre-Proposal Conference in FY17 for FY18 contracts (10/24/17)
e) Does the REQUEST FOR PROPOSALS incorporate service category definitions that are consistent with those defined by the Planning Council?	• The RFP issued in FY17 (on 09/14/17) (Job No. 17/0278) for services to be contracted for FY18 includes the FY18 Planning Council-adopted Service Category definitions for this service category (see "Service Category Specifications," pages 36-69). *Conclusion*: The RFP issued in FY17 includes Service Category definitions that are consistent with those defined by the Planning Council.	Confirmation of communication by the AAs to potential bidders specific to PC products	Part A and MAI RFP issued in FY17 for FY18 contracts - Job No. 17/0278 (09/14/17)
f) At the end of the award process, were there still unobligated funds?	• The most recent procurement report produced on 7/9/18 shows that 100% of total service dollars for Part A and MAI were procured by the end of the contract period, including the addition of reconciliations and carry-over funds. *Conclusion*: There were no unobligated funds for the contract period.	Comparison of final amounts procured and total amounts allocated in each service category	FY17 Part A and MAI Procurement Report provided by the AA to the PC (Printed 7/9/18)

Section I: Procurement/Request for Proposals Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
g) At the end of the year, were there unspent funds? If so, in which service categories?	• The most recent FY17 procurement report produced on 7/9/18 shows unspent service dollars as follows: (i) Part A: $468,236 in unspent service dollars with less than 95% of the amount procured expended in the following Service Categories: Primary Care – CBO Targeted to White/MSM – 57% expended Primary Care – CBO Targeted to Rural – 91% expended Primary Care – Women at Public Clinic – 65% expended Primary Care – Pediatric – 74% expended Clinical Case Management – 76% expended Med. Case Management – Targeted to H/L – 63% expended Med. Case Management – Targeted to White/MSM – 82% expended Med. Case Management – Targeted to Rural – 82% expended Med. Case Management – Targeted to Women at Public Clinic – 42% expended Med. Case Management – Targeted to Pedi. – 60% expended Med. Case Management – Targeted to Veterans – 86% expended Outreach Services – 35% expended Service Linkage – Targeted to Newly Diagnosed/Not in Care – 85% expended Service Linkage – Public Clinic – 0% expended Med. Transportation – Targeted to Rural – 76% expended (ii) MAI: $615,109 with less than 95% of the amount procured expended in the following Service Categories: Primary Care – CBO Targeted to Hispanic – 79% expended Emergency Financial Assistance – 0% expended • The total amount of unspent service funds for both Part A and MAI in FY1 was $1,083,345, or 5.0% of the total service dollar allocation. *Conclusion*: There were $1,083,345 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY17. Unspent funds represented 5.0% of the total FY17 Part A and MAI allocation for service dollars. Ninety-eight percent (98%) of FY17 Part A service dollars and 89% of MAI service dollars were expended by the end of the fiscal year.	Review of final spending amounts for each service category	FY17 Part A and MAI Procurement Report provided by the AA to the PC (Printed 7/9/18)

Section II: Reimbursement Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
h) Does the ADMINISTRATIVE AGENT have a method of communicating back to the Planning Council the results of the procurement process?	• The Memorandum of Understanding (MOU) (signed 3/1/12) between the CEO, Planning Council, AA, and Office of Support requires the AA to "inform the Council no later than the next scheduled [.] Steering Committee meeting of any allocation changes" (page 4). • In addition, FY17 Part A and MAI procurement reports from the AA were agendized for Planning Council meetings occurring on 11/09/17, 12/14/17, 03/08/18, and 06/14/18. Results of the procurement process were also provided during the AA report. *Conclusion*: The AA was required to and maintained a method of communicating back to the Planning Council the results of the procurement process, including agendized procurement reports to Committees and Full Council.	Confirmation of communication by the AAs to the PC specific to procurement results	Houston EMA MOU (signed 3/1/12) PC Agendas (11/09/17, 12/14/17, 3/08/18, 6/14/18)
i) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA? What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice: ☐ Within 20 days? ☒ Within 35 days? ☒ Within 50 days?	• The Annual Contractor Reimbursement Report (**CER**) Tracking Summary for FY17 produced by the AA on 7/9/18 showed an average of 35 days elapsing between receipt of an accurate CER from contracted agencies and the issuance of payment by the AA, compared to 20 days on average in FY16. • 100% of contracted agencies were paid within an average of 49 days following the receipt of an accurate CER. In comparison, the AA paid 100% of contracted agencies within an average of 24 days in FY16. No contracted agencies were paid within an average of 20 days, and 56% were paid within an average of 35 days. *Conclusion*: The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds and the issuance of payment by the AA was 35 days. The AA paid all contracted Part A and/or MAI agencies within an average of 49 days following receipt of an accurate invoice.	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	FY17 Part A and MAI Contractor Reimbursement Report (CER) Tracking Summary (7/10/18)

Section III: Contract Monitoring Process			
Method of Measurement	**Summary of Findings**	**Data Point**	**Data Source(s)**
j) Does the ADMINISTRATIVE AGENT use the Standards of Care as part of the contract monitoring process?	• As described in (d) above, the AA issued an RFP during the FY17 contract period for bundled Community-Based and Rural Primary Medical Care, Local Pharmacy Assistance Program (**LPAP**), Medical Case Management, Service Linkage, Emergency Financial Assistance, and Outreach, along with urban and rural van-based Medical Transportation for FY18 contracts. Page 26 of the RFP states that the AA will monitor for compliance with the Standards of Care during site monitoring visits of contracted agencies. Directions to current Standards of Care document is also provided. • In addition, the AA's Site Visit Guidelines used during the FY17 contract period includes the process for reviewing compliance with Standards of Care. • The AA's Quality Management Plan (dated 1/17) states that the RWGA Clinical Quality Improvement Project Coordinator and Quality Management Development Project Coordinator both "[conduct] onsite QM program monitoring of funded services to ensure compliance with RWGA Standards of Care and QM plan" (Page 6). The Plan also states that "Annual site visits are conducted by RWGA at all agencies to ensure compliance with the standards of care" (Page 9). *Conclusion*: The AA used the Standards of Care as part of the contract monitoring process and clearly indicated this in its quality management policies, procedures, and plans.	Confirmation of use of adopted SOC in contract monitoring activities	Part A and MAI RFP issued in FY17 for FY18 contracts - Job No. 17/0278 (09/14/17) HCPH/RWGA Policy and Procedures for Performing Ryan White Part A Site Visits (Revised 03/17) HCPH/RWGA Quality Management Plan (1/17)

ADAP Eligibility Workers

See attached:

Presentation: *The Medication Jigsaw Puzzle (TRG's Pieces)*

Texas HIV Medication Program Formulary

Notice of Termination of Gilead Partnership with HarborPath

FY17/18 State Services Rebate Procurement Reports – dated 06/12/18 and 05/09/18

ADAP Enrollment Worker Service Definition – approved 06/15/17

The Medication Assistance Jigsaw Puzzle (TRG's Pieces)

Presenters:

Marcus Benoit

Patrick L. Martin

Houston HSDA
ADAP Enrollment Worker

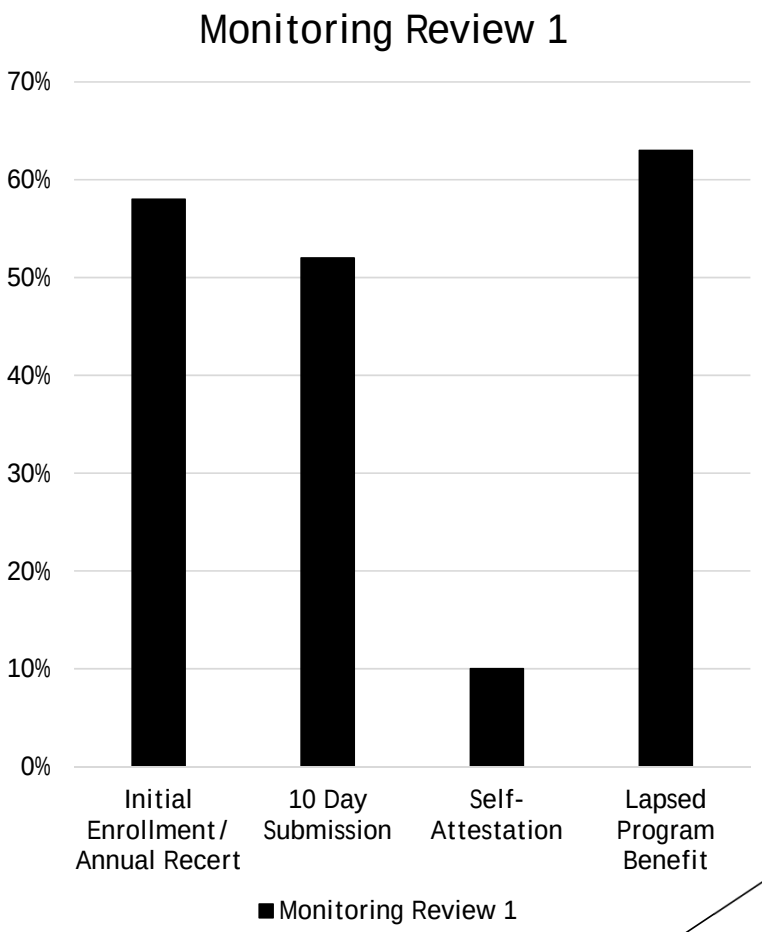
Presented by: Marcus Benoit, Ryan White Regional Liaison MSW, LBSW

The Call To Action

- In September 2016, The Houston Regional HIV/AIDS Resource Group (TRG) took on the role of monitoring, implementing, and providing technical assistance for the AIDS Drug Assistance Program in the Eastern Texas region (Rural & Houston HSDA). In January 2017, TRG added the Houston HSDA to the Ryan White ADAP Network. This included 12 none funded agencies; 7 agencies who directly assisted with ADAP applications and 4 support service;
  The areas of monitoring included:
  - Applications for Initial Enrollments
  - Annual Recertifications;
  - Self Attestation;
  - 10 days submission; and
  - Lapsed of Program Benefits.

Year 2017, for the months of March – July 31 the Houston ADAP Enrollment Pilot (HAEP) began with the 4 identified "Part A" Primary Care Providers (Houston HSDA) and 950 applications were received. These applications included Initial Enrollments, Annual Recertifications, and Self-Attestation. Data concluded that 58% of Initial Enrollments and Annual Recertifications applications were completed upon initial submission. 52% submitted within ten business days of initial contact and 10% of the Six Month Self-Attestation being complete. During this time 63% of the applications were documented as lapsed of their program benefits.

(Lapsed of Program Benefits means to be dropped from THMP due to incomplete and/or none submission of an Birthday Month Recertification, Half Birthday Month Self Attestation, or inactivity for 6 months).



Client Hold- When a client can not order medication from THMP due to outstanding items.

1. Bad Addresses (The address on file is undeliverable)
2. Client Half Birth month Self Attestation is not received and processed by due date (Due Date last day of the Half Birth month "30 days")
3. Client Birth month Recertification is not received and processed by due date (Due Date last day of the Birth month "30 days")
4. HMS Hold: Medications will be dropped due to possible insurance.
5. SPAP Coordinator will place clients on HOLD who has Medicare with an active Part D Plan.

**Holds can not be lifted until the outstanding item is received and processed*

Client Drop- When a client is removed from THMP:

1. Inactivity for 6 months of client not ordering medication
2. Market Place Insurance is gained by the client
3. Medicare Part D plan with full LIS
4. Medicaid, or Medicare is gained by client (at this point clients maybe switched to the TIAP program which pays insurance premiums).
5. Private insurance with prescription drug benefit that does not work with TIAP.
6. Client Half Birth month Self Attestation is not received and processed by the due date (Due Date is the last day of the following month "60 days")
7. Client Birth month Recertification is not received and processed. (Due Date is the last day of the following month "60 days")
8. Clients who complete their Birth Month Recertifications and exceed income guidelines (200% FPL)

CHALLENGES?

While conducting site visits, TRG identified the following challenges within the Houston HSDA agencies:

- No official application review process internally at agencies.
  - Caused barriers for clients as their Initial Enrollment, Recertification or Self Attestation were denied due to being incomplete and they were placed on HOLD or rejected.
- No official process to track the status of clients who were place on HOLD
  - Caused barriers for clients who needed refills of medications
- No official process to track clients Self Attestation or Annual Recertifications due dates
  - Caused barriers for clients who solely depended on the Texas HIV Medication Program for their Medications to be placed on HOLD and/or DROPPED
- Late follow up on clients applications submissions.
  - Caused barriers for clients who were approved but continue to order from the Patient Assistance Program (PAP).

Overall Identified Problems

A multitude of staff in various positions were responsible for completing and submitting applications. It was identified that the majority of staff had no review or follow process in place. No official structure or training was provided to staff who completed any parts of the ADAP process; One particular agency had 17 different staff members completing and submitting applications.

Resolution

After site visits were conducted and challenges were identified;

- TRG identified an ADAP point of contact at each agency while establishing a Memorandum of Understanding.
- TRG and DSHS also conducted multiple ADAP trainings and meetings with those individuals who were identified to create the Ryan White ADAP Network (RWAN). During these meetings and trainings, Technical Assistance and Updates were provided to assist agencies with bettering their ADAP processes.
- During the implementation of agencies ADAP processes, TRG performed monthly site visits, pilots, and monitoring in efforts to capture the agency's strengths and inefficacy's.

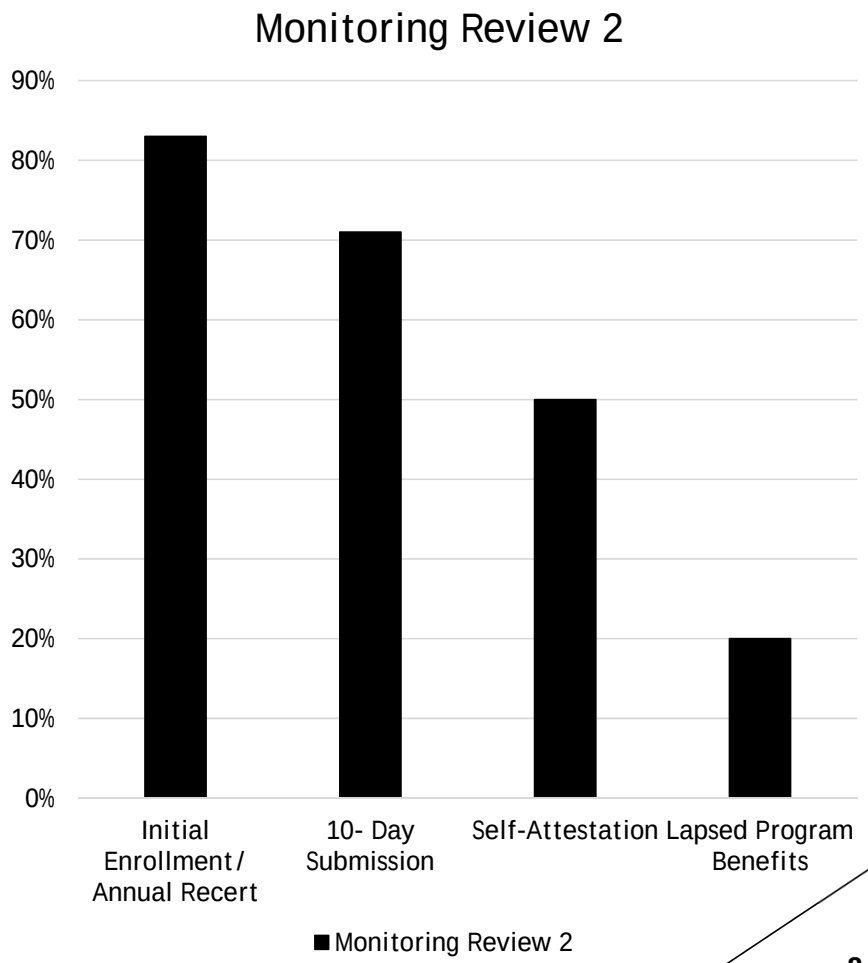
TRG GOAL

Provide and personalize recommendations and work one on one with agencies administrative and direct service staff to assist with their ADAP process internally. This would result in fewer clients Lapsing their Program Benefits and being place on HOLD or DROPPED from THMP.

Year 2017, for the months August, *September*, October, and November data concluded that the Houston HSDA area processed 1,100 applications. Overall, **83%** of Initial Enrollments and Annual Recertifications were completed and processed, reflecting a **25%** progression, with a **19%** progress for applications being submitted within ten business days of initial contact. **50% of the S**elf Attestations were identified complete and processed which showed a **40%** progression rate. Clients who Lapsed Program Benefits Decreased by **43%** which showed a all time low of only **20%** of clients lapsing.

September 1, 2017- AEW were funded in the Houston HSDA.

(Lapsed of Program benefits means to be dropped from THMP due to incomplete and/or none submission of an Birthday Month Recertification, Half Birthday Month Attestation, or inactivity for 6 months).



Birth of the AEW in Houston

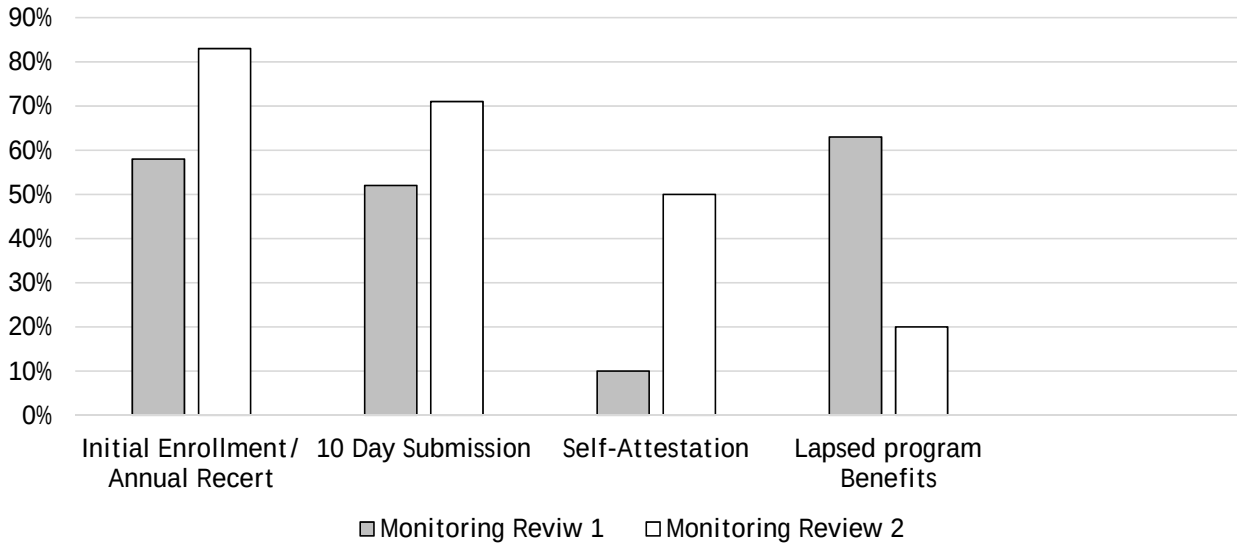
Role and Responsibilities:

ADAP Enrollment Worker:

- Assist clients with accessing ADAP services via in person, telephone, written, or other forms of communication.
- Meet with (if work flow allows) **ALL** potential and established ADAP clients and explain ADAP Program benefits/ requirement, assist with any parts of ADAP application process, and address any concerns the client my have.
- Obtain, maintain, and submit required documentation for clients ADAP applications including Residency, Income, Medical Certification Form (if applicable), and 3rd party insurance information.
- Review **ALL** submissions completed by other staff internally to ensure applications and documentation is efficient, complete, accurate, and ready to be submitted to the Texas HIV Medication Program (THMP) via the established method of submission.
- Promptly follow up with **ALL** applicants or staff regarding any incomplete, missing, or other needed information to ensure completed applications and documentation is submitted as quickly and feasible.
- Serve as the primary person to submit **ALL** ADAP related items from their agencies to THMP via the established method of submission.
- Follow up with **ALL** clients 60-90 days prior to their Birth Month Recertification and Half Birth Month Self Attestation to ensure clients are aware of their update time period.
- Ensure **ALL** clients have completed their Birth Month Recertification and Half Birth Month Self Attestation by the established deadline to ensure no Lapse or Loss of Program Benefits.
- Maintain communication with designated TMHP staff to quickly resolve any outstanding items to ensure client is not place on a Hold or Dropped.
- Track the status of **ALL** submissions to THMP via the most effective method.
- Ensure appropriate documentation is recorded into **ALL** clients primary record
- Ensure **ALL** clients Service encounters are entered into ARIES

Beginning September 01, 2017 the identified 4 Part A funded agencies received SSR funding for the AEW position.

Monitoring Review 1 VS Monitoring Review 2



Results

While having access to resources such as identifying;

- A point of contact, providing trainings, hiring an ADAP Enrollment Worker, continuous technical assistance and monitoring; the Houston HSDA has demonstrated progression related to indicators that correlate with the AIDS Drug Assistance Program.

- After the adoption of the ADAP Enrollment Worker agencies submission increased to **83% for** completed Initial Enrollment and Birth Month Recertifications applications versus **58%**.
- Previously, the Houston HSDA were only submitting **52%** of their applications within 10 business days. Now **71%** of the applications are being submitted within 10 business days which gives clients sooner access to the program and has a positive impact on Medication Adherence.
- Self-Attestation were identified as a barrier as the agencies were not completing this process which resulted in THMP not having the most current information for clients and in some cases clients being dropped. Once the Enrollment Worker was in place **50%** of Self-Attestations were being reported as complete compared to only **10%** in the past.
- **63%** of clients Lapsed Program Benefits which resulted in the client being dropped from THMP. The Houston HSDA has since decreased to **43%** of clients who Lapse in their program benefits.

The AEW is Charged with:

Achieving the program goals by ensuring at least 95% of Initial Enrollments are not only accepted but submitted within 1 business days via ARIES. Each agency and their AEW are accountable to demonstrate a minimum of 95% Birth Month Recertifications and Half Birth Month Self- Attestations before the Lapse of THMP program benefits.

ARIES Documentation Upload

Implemented in Houston HSDA 05/01/18

- Established guidelines and uniform practices for the completion and contents for the process of uploading ADAP applications into the AIDS Regional Information and Evaluation System (ARIES).
- Client-level documentation upload is established to ensure access to the Texas HIV Medication Program via online method of submission while adhering to Confidentiality requirements.
- Direct communication is achieved between the AEW and DSHS-ADAP team regarding clients status of approval or denial.
- Barriers for expediated clients as well as for all clients who are being Initially enrolled, completing their Half Birth Month Self Attestation, and Birth Month Recertification are alleviated.

The HarborPath Collaboration

Presented by:
Patrick L. Martin
Program Development Director
The Resource Group

Yes, I Know We Usually Don't Use Agency Names. . .

But this is collaboration not a traditional service category.

Genesis of the Collaboration

- The HarborPath Collaboration grew out a conversation between a RW service provider and DSHS about how DSHS could address the delay in the THMP Approval Process.
- At the time of the conversation, THMP had a backlog of applications (see previous slides in the ADAP Enrollment Worker Portion). The service provider had been utilizing HarborPath but their need far outstripped the capacity of HarborPath.
- DSHS brought together the service provider, Ryan White Grants Administration, The Resource Group and the Office of Support to discuss how funds could be used to address the capacity issue.
- A pilot project was proposed for the Houston area. Funds were targeted from State Service Rebate.

Initial Focus of the Collaboration

- The initial focus of the collaboration was to provide a low-cost alternative to utilizing other Ryan White dollars to cover the cost of medications until the patient could become eligible for THMP.
- *Caveat: The HarborPath Collaboration only covers medications that are on the THMP Formulary*.

Rollout, Success, and Expansion

- Houston Medical Providers were approached to participate in the pilot. Five providers became part of the collaboration. One provider opted not to participate.
- DSHS explored the possibility of each AA having a contract directly with HarborPath for their service area but the idea was discarded. TRG continues to serve as the "local" administrator of the funds statewide.
- DSHS decided to expand the collaboration across the entire state in 2018. HarborPath presented the collaboration as part of the Part A/B Meeting in Austin in February 2018.
- DSHS has established a "carve-out" of SS-R funds to cover the entire state.

Additional Focus of the Collaboration

- As the challenges with recertifications have become a barrier, the collaboration can be used to fill the gap in service that might occur when patients do not successfully complete the recertification process.
- This is possible since SS-R funds are not limited by RW EFA restrictions.

Service Utilization in Houston HSDA

- Between 7/1/2017–6/30/2018, the HarborPath Collaboration has provided 341 unduplicated clients in the Houston HSDA with 876 units of service.

How Does It Work?

- Clinics become partners of the collaboration.
  - HarborPath and each clinic execute a HIPAA-compliant business agreement
  - The clinic completes set-up paperwork (doctors who will be prescribing, case managers/staff who will be registering patients, etc.)

How Does It Work?

- HarborPath provides the only web-based portal with a single application, allowing healthcare professionals to efficiently apply for multiple medications on behalf of their uninsured patients living with chronic and life-threatening diseases, including HIV/AIDS and hepatitis C.
- Healthcare professionals enter patient eligibility data ONCE into HarborPath's secure, HIPAA-compliant portal to generate ONE application for multiple medications.
- A 30-day supply of a patient's medications ships directly from HarborPath's contracted mail-order pharmacy to the patient or healthcare facility. The HarborPath portal allows healthcare professionals to securely log in and track up-to-the-minute prescription refill and delivery status.

How Does It Work?

- Online PAP Application via the HarborPath portal
  - Healthcare professionals enter patient eligibility data once into fields of common application form
  - Site prompts for eligibility data and documentation
- Eligibility via HarborPath portal system:
  - Processes and provides immediate notification of eligibility for participating PAP programs
  - Auto-populates and generates hard copy application for non-participating PAP programs for healthcare professionals to submit separately

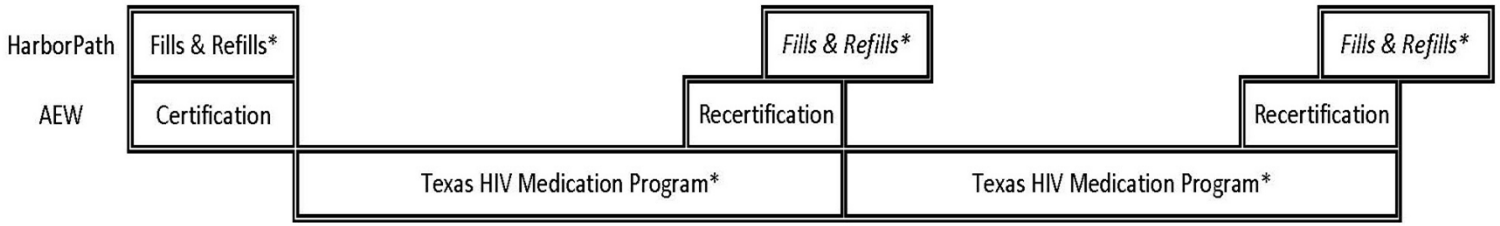
How Does It Work?

- Documentation And Portal Tracking
  - Healthcare professionals upload or fax eligibility documentation and medication script
  - Healthcare professionals can log in to the portal to view the status of an application or shipment
- Pharmacy Services
  - All medications are shipped directly to the patient or healthcare facility
- Medication Adherence
  - Online refills, IVR and personal customer service help healthcare professionals provide prompt refills

Changes In the Collaboration

- Gilead has decided to focus its support on its own Advancing Access Program (AAP).
  - No new patient enrolled in HarborPath as of July 1st.
  - Existing patients will be transferred to AAP by September 30th.
- HarborPath is adding new one-pill regimens.

How Do TRG's Pieces Fit Together?



*Only covers medications on the approved THMP Formulary

Questions??

NOTICE OF TERMINATION OF GILEAD PARTNERSHIP WITH HARBORPATH

Dear

Gilead Sciences has notified HarborPath that the company is ending its participation in the HarborPath program. Effective July 1, 2018, Gilead will no longer provide products to NEW patients through the HarborPath program. Currently enrolled patients will be able to order refills through September 30, 2018. Therefore, please note that no Gilead products will be made available through the HarborPath program after September 30, 2018.

Gilead's Advancing Access Program is available to your eligible patients. Please contact Gilead directly with any questions at 1-800-226-2056 or via www.gileadadvancingaccess.com.

Our mission remains steadfast, and since 2012, we have helped patients living with chronic illnesses obtain their life-saving medicines. We want to assure you that HarborPath, along with our other pharmaceutical company partners, are committed to continue to serve your uninsured patients with their medication needs.

Sincerely,

Ken Trogdon
President

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1718 DSHS State Services Rebate

Procurement Report

September 1, 2017- August 31, 2018

Chart reflects spending through April 2018

Spending Target: 67%

Revised 6/12/2018

Priority	Service Category	Original Allocation per	% of Grant	Amendment	Contractual Amount	% of Grant	Date of Original	Expended YTD	Percent YTD
6	ADAP Eligibility Worker (1)	$375,000	38%		$375,000	38%	9/1/2017	$102,987	27%
7	Emergency Financial Assistance (2)	$600,000	62%		$600,000	62%	9/1/2017	$156,521	26%
	Total Houston HSDA	**975,000**	**100%**	$0	$975,000	100%		259,507	27%

Note: Spending variances of 10% will be addressed

1 2 of 5 positions are unfilled; This is a start-up project and all positions were new hires.

2 Contract was implemented late; The public clinic has yet to utilize services, however, DSHS has expanded statewide. Expenditures has increased.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1718 DSHS State Services Rebate

Procurement Report

September 1, 2017- August 31, 2018

Chart reflects spending through March 2018

Spending Target: 58%

Revised 5/9/2018

Priority	Service Category	Original Allocation per	% of Grant	Amendment	Contractual Amount	% of Grant	Date of Original	Expended YTD	Percent YTD
6	ADAP Eligibility Worker	$375,000	38%		$375,000	38%	9/1/2017	$199,361	53%
7	Emergency Financial Assistance**	$600,000	62%		$600,000	62%	9/1/2017	$123,976	21%
	Total Houston HSDA	975,000	100%	$0	$975,000	100%		323,337	33%

Note: Spending variances of 10% will be addressed

** The public clinic is yet to utilize services, however, DSHS has expanded statewide.

Service Category Definition - DSHS State Services-R

FY 2017 Houston EMA/HSDA State Services-R Service Definition **AIDS Drug Assistance Program Enrollment Worker at RW Care Sites** (Created Date: 4/5/2017)	
DSHS Service Category Title: **TRG Only**	Referral For Health Care/Support Services
Local Service Category Title:	A. Clinic-Based ADAP Enrollment Service Linkage Worker
Budget Type: **TRG Only**	Categorical: 1 FTE per RW Care Site; unless advised otherwise
Budget Requirements or Restrictions: **TRG Only**	Maximum of 10% of budget for Administrative Costs. A Full-Time Equivalent must be proposed at each clinic.
DSHS Service Category Definition: **TRG Only**	***ADAP Enrollment Worker*** Direct a client to a service in person or through telephone, written, or other types of communication, including management of such services where they are not provided as part of Ambulatory Outpatient Medical Care or Case Management Services.
Local Service Category Definition:	C. **PROPOSED:** AIDS Drug Assistance Program (ADAP) Enrollment Service Linkage Workers (SLWs) are collocated at Ryan-White Part A funded clinics to ensure the efficient and accurate submission of ADAP applications to the Texas HIV Medication Program (THMP). ADAP enrollment SLWs will meet with new potential and established ADAP enrollees, explain ADAP program benefits and requirements, assist clients and or staff with the submission of complete, accurate ADAP applications. ADAP enrollment SLWs will ensure all annual Re-Certifications are submitted by the last day of the client's birth month and semi-annual Attestations are completed six months later to ensure there is no lapse in ADAP eligibility and loss of benefits. Other responsibilities will include: • Track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible; • Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible; ADAP Enrollment workers will maintain relationships through the Ryan White ADAP Network (RWAN). Guidelines and or instructions will vary according to agency internal processes and as agreed upon by the AA.
Target Population (age, gender, geographic, race, ethnicity, etc.):	HIV/AIDS infected individuals residing within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Meet with new potential and established ADAP enrollees; explain ADAP program benefits and requirements; and assist clients and or staff with the submission of complete, accurate ADAP applications, including but not limited to: • Identifying and screening clients including screening for third party payer and potential abuse; completing the comprehensive THMP intake including determination of client eligibility for the ADAP program in accordance with the THMP eligibility policies including Modified Adjusted Gross Income (MAGI).

	• Obtain, maintain, and submit the required documentation for client application including residency, income, and the THMP Medical Certification Form (MCF). • Conduct the 6-month attestations for all enrolled clients in accordance with THMP policies. Obtain, maintain, and submit to THMP all updated eligibility documentation. • Conduct annual Re-Certifications for enrolled clients in accordance with THMP policies. Obtain, maintain, and submit to THMP all updated eligibility documentation. • Proactively contact current ADAP enrollees 60-90 days prior to the enrollee's re-certification or attestation deadline to ensure all necessary documentation is gathered to complete the re-certification/attestation on or before the deadline. • Ensure annual Re-certifications are submitted by the last day of client's birth month and semi-annual Attestations are completed six months later to ensure there is no lapse in ADAP eligibility and loss of benefits. Provide initial education to applicants about the THMP including, but not limited to: • Discuss the confidentiality of the process including that THMP regards all information in the application as confidential and the information cannot be released, except as allowed by law or as specifically designated by the client. Applicants should realize that their physician and pharmacist would also be aware of their diagnosis. • Discuss how applicants who have been approved by the THMP for assistance may be required to pay a $5.00 co-payment fee per prescription to the participating pharmacy for each month's supply at the time the drug is dispensed and the availability of financial assistance for the dispensing fee. • Discuss how applicants who are eligible for Medicaid assistance benefits must first utilize and exhaust their monthly Medicaid pharmacy benefits in order to be eligible to receive medications from the Program. Medicaid eligible applicants shall be assigned to the nearest available participating THMP pharmacy outlet to receive medication. The pharmacy will not charge the $5.00 co-payment to the patient. • Discuss the use of participating pharmacies and the procedure for how applicants will receive medications through the program. Submit completed applications via the most efficient method available (e.g. the Public Health Information Network or PHIN), including ARIES, once the document upload capability is rolled out. Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible. Participate in ongoing training and technical assistance provide by DSHS, THMP, or the RWAN.
Service Unit Definition(s): **TRG Only**	One unit of service is defined as 15 minutes of direct client services and allowable charges.
Financial Eligibility:	Adjusted gross income less than 200% of the Federal Poverty Level* (adjusted annually).

	** A spend-down calculation is applied to applicants' gross incomes to determine an adjusted gross income for eligibility screening.* DSHS THMP Eligibility requirements https://www.dshs.texas.gov/hivstd/meds/
Client Eligibility:	Proof of Texas residency; Proof of being HIV-positive; Uninsured or underinsured for prescription drugs; and under the care of a Texas-licensed physician who prescribes the medication(s). DSHS THMP Eligibility requirements https://www.dshs.texas.gov/hivstd/meds/
Agency Requirements:	Agency will ensure documentation meets TDSHS and Agency requirements all activities performed on behalf of ADAP enrollees including re-certifications and attestations Agency will track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible. Agency will ensure that completed applications undergo secondary review by a peer ADAP Enrollment Worker or Supervisor before submission. This peer or supervisor must meet all requirements of the ADAP enrollment service linkage worker, including required training. Agency will provide aggregated data regarding ADAP enrollment service linkage worker performance measures to TRG as directed.
Staff Requirements:	**Education:** To be defined locally, but must have at minimum a high school degree or equivalency; **Experience:** • Must have documented experience (paid, internship and/or as a volunteer) working with Persons Living with HIV/AIDS or other chronic health conditions. • Experience in performing intake/eligibility, referral/linkage and/or basic assessments of client needs preferred. **Skills**: • Must demonstrate proficiency in the use of PC-based word processing and data entry to ensure ADAP applications and re-certifications are completed accurately in a timely manner; • Must demonstrate the ability to quickly establish rapport with clients in a respectful manner consistent with the health literacy, preferred language, and culture of prospective and current ADAP enrollees; • Must demonstrate general knowledge of, or the ability to learn, health care insurance literacy (third party insurance and Affordable Care Act (ACA) Marketplace plans); • Bilingual (English/Spanish) preferred; • AEWs working in care systems with a high prevalence of non-English speaking clients must be fluent in the preferred language of the high prevalence non-English speaking clients; **Training:** • Must complete all THMP ADAP training modules within 30 days of hire; • Must complete all training required of Agency new hires, including any training required by TDSHS HIV Care Services Branch Standards of Care, within established timeframes;

	• Must complete all annual or periodic training or re-certifications within established timeframes;
Special Requirements: **TRG Only**	There will be 1 FTE; unless advised otherwise, placed at each funded Part A primary care clinic. Meet the established guidance by DSHS for the ADAP Enrollment Worker. Follow the HHSC Uniform Terms and Conditions. THMP regards all information in the application as confidential. No information that could identify a client (including 11-character codes) will be released, except as allowed by law or as specifically designated by the client. THMP regards the information in the application as part of the applicant's medical record. Funded agencies should have physical security and administrative controls to safeguard the confidentiality of the applications and other means of identifying the individual. Applications can be expedited for pregnant women, post-incarcerated persons, minors, those with CD4 counts under 100, and other special circumstances. Eligibility and access to medications for newborn infants and pregnant women is considered a program priority. <u>Required Performance Measures</u> 1. Enroll all ADAP-eligible clients in Texas HIV Medication Program (THMP) within 30 days of initiation of care. 2. Recertify all existing clients in THMP without lapse in coverage. 3. Maintain 95-100% approval rate for initial application submissions 4. Maintain 100% Ryan White Eligibility for all Ryan White clients at the contracted agency. 5. Ensure that up-to-date eligibility information (in compliance with established guidance) is maintained for all clients served. 6. Maintain relationships through the Ryan White ADAP/Eligibility Network (RWAN) to ensure all clients on ADAP in the HSDA are submitting accurate application 7. Utilize CPCDMS and Texas PHIN databases.

FYI

Emergency Preparedness
for the HIV Community

Preparedness ideas, games and prizes

Find out how to prepare for and what you should do when there is a flood, hurricane or other emergency -- learn what you need to do to take care of your family, yourself and your pets!

HIV and Aging Coalition Meeting

Monday, August 20, 2018 @ 2:30 p.m.

Montrose Center 401 Branard Street 77006

For more information about Road 2 Success or to RSVP for this class, please contact:

Ryan White Planning Council Office of Support

PH: 713 572-3724 ◆ TTY: 713 572-2813

FeedbackRWPC@cjo.hctx.net ◆ www.rwpcHouston.org

Ryan White Planning Council

Houston Area HIV&Aging Coalition

HOUSTON HEALTH DEPARTMENT

Harris County Public Health
Building a Healthy Community

HARRIS COUNTY HOMELAND SECURITY & EMERGENCY MANAGEMENT TEXAS

THE RESOURCE GROUP