

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



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, September 10, 2020

Meeting Location: Online or via phone

Click on the following link to join the Zoom meeting:

<https://us02web.zoom.us/j/995831210?pwd=UnlNdExMVFFqeVgzQ0NjNkpieXlGQT09>

Meeting ID: 995 831 210

Passcode: 577264

Or, use the following telephone number: 346 248-7799

- I. Call to Order
 - A. Welcome and Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of the Minutes
 - D. Training: Intimate Partner Violence and HIV
 - E. Updates from the Texas Dept. of Health Services
- II. Public Comments and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to 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
No report

Tana Pradia, Chair,
Ryan White Planning Council

Heather Keizman, RN
Clinical Quality Improvement
Ryan White Grant Admin.
Shelley Lucas, MPH
Manager, HIV/STD
Prevention and Care Branch

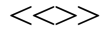
Daphne L. Jones and
Steven Vargas, Co-Chairs

- B. Operations Committee
Item: Youth Group
Recommended Action: FYI: The Youth Group met with Andrea Washington, a therapist with The Recovery Center, who provided information on *The Effect of Drugs and Alcohol on Relationships*. Then, Rod provided box lunches, gift cards and cloth masks from Council Chair, Tana Pradia.
- Ronnie Galley and
Carol Suazo, Co-Chairs
- C. Affected Community Committee
Item: Training: Emergency Preparedness Bingo
Recommended Action: FYI: Committee members Participated in an educational Bingo game related to Emergency Preparedness. The presentation was quite timely in lieu of Hurricane Laura moving into the Gulf of Mexico that evening.
- Veronica Ardoin and
Rodney Mills, Co-Chairs
- Item:* Consumer Only Standards of Care Workgroup Meeting
Recommended Action: FYI: On Monday, September 21, 2020, the Affected Community Committee will meet to provide input into the FY 2021 Standards of Care and Performance Measures. All consumers are welcome. All others are encouraged to participate In a second meeting for all Council and community members. The date for the second meeting is to be announced.
- D. Quality Improvement Committee
Item: Reports from the Administrative Agent – Part A/MAI*
Recommended Action: FYI: See the attached reports from the Part A/MAI Administrative Agent:
- FY20 Procurement Report – Part A & MAI, dated 08/13/20
 - FY20 Service Utilization Report – Part A & MAI, dated 08/11/20
 - FY18 Quality Management Program update
- Denis Kelly and
Pete Rodriguez, Co-Chairs
- Item:* Public Comment
Recommended Action: Based upon the attached public comment, Ryan White Grant Administration staff offered to provided quarterly updates on Performance Measures that are not meeting their benchmarks.
- Item:* Reports from the Administrative Agent – Part B/SS
Recommended Action: FYI: See the attached reports from the Part B/ State Services Administrative Agent:
- FY 2020/21 Procurement Report Part B – dated 07/23/20
 - FY 2020/21 Service Utilization 1st Qtr. Part B– dated 08/05/20
 - FY 2019/20 Procurement Report DSHS SS – dated 07/23/20
 - FY 2019/20 Health Insurance Program Report – dated 08/03/20

Item: FY 2019 Assessment of the Part A/MAI Administrative Mechanism
Recommended Action: Approve the attached FY 2019 Assessment of the Ryan White Part A/MAI Administrative Mechanism. Since the report found no deficiencies, no corrective action is necessary.

- | | | |
|-------|--|--|
| E. | Priority and Allocations Committee
No report | Bobby Cruz and
Allen Murray, Co-chairs. |
| | | |
| V. | Report from the Office of Support | Tori Williams, Director |
| VI. | Report from Ryan White Grant Administration | Carin Martin, Manager |
| VII. | Report from The Resource Group | S. Johnson-Fairley
Health Planner |
| VIII. | Medical Updates | Shital Patel, MD
Baylor College of Medicine |
| IX. | New Business (30 seconds/report) | |
| | A. Ryan White Part C Urban and Part D | Dawn Jenkins |
| | B. HOPWA | Niquita Moret |
| | C. Community Prevention Group (CPG) | Steven Vargas |
| | D. Update from Task Forces: | |
| | • Sexually Transmitted Infections (STI) | John Poole |
| | • African American | S. Johnson-Fairley |
| | • Latino | Steven Vargas |
| | • Youth | Gloria Sierra |
| | • MSM | John Poole |
| | • Hepatitis C | |
| | • Project PATHH (Protecting our Angels Through Healing Hearts)
formerly Urban AIDS Ministry | Ronnie Galley |
| | E. HIV and Aging Coalition | Skeet Boyle |
| | F. Texas HIV Medication Advisory Committee | Nancy Miertschin |
| | G. Positive Women's Network | Tana Pradia |
| | H. Texas Black Women's Initiative | Sha'Terra Johnson-Fairly |
| | I. Texas HIV Syndicate | Amber Harbolt |
| | J. END HIV Houston | Steven Vargas/Crystal Townsend |
| | K. Texans Living with HIV Network | Tana Pradia |
| | | |
| IX. | Announcements | |
| | | |
| X. | Adjournment | |

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MINUTES

12 noon, Thursday, August 6, 2020
Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Tana Pradia, Chair	Pete Rodriguez	Anthony Williams, Goodwill
Allen Murray, Vice Chair	Carol Suazo	
Crystal Starr, Secretary	Bruce Turner	
Kevin Aloysius	Steven Vargas	STAFF PRESENT
Veronica Ardoin	Andrew Wilson	<i>Ryan White Grant Administration</i>
Rosalind Belcher		Carin Martin
Mauricia E. Chatman	MEMBERS ABSENT	Heather Keizman
Enrique Chavez	Johnny Deal, excused	Rebecca Edwards
Tony Crawford	Ahmier Gibson	
Bobby Cruz	Gregory Hamilton	<i>The Resource Group</i>
Ronnie Galley	Arlene Johnson	Sha'Terra Johnson-Fairley
Angela F. Hawkins	Daphne L. Jones, excused	Crystal Townsend
Dawn Jenkins	Deondre Moore	
Denis Kelly	Matilda Padilla	<i>Office of Support</i>
Tom Lindstrom	Shital Patel, excused	Tori Williams
Holly McLean	John Poole	Amber Harbolt
Josh Mica	Rashel Richardson	Diane Beck
Rodney Mills	Imran Shaikh, excused	
Niquita Moret	Gloria Sierra	
Oscar Perez		
Faye Robinson		

Call to Order: Tana Pradia, Chair, called the meeting to order at 12:00 p.m.

During the opening remarks, Pradia thanked members for meeting a week early so that members can participate in the National Ryan White Conference. The conference will take place from August 11th

until the 14th. Hopefully, members will take advantage of this unique opportunity and attend a National HIV Conference work group or plenary from their Houston home or office.

Pradia then called for a Moment of Reflection.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Kelly, Mica) to adopt the agenda with one change: move the Report from the Resource Group to V..* **Motion carried.**

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Starr, Jenkins) to approve the June 11, 2020 minutes.* **Motion carried.** Abstention: Crawford.

Motion #3: *it was moved and seconded (Mica, Hawkins) to approve the July 9, 2020 minutes.* **Motion carried.** Abstentions: Chavez, Galley, Perez.

Training: Goodwill-HOPWA Project Good Hope: Anthony Williams, Employment Specialist at Goodwill Industries of Houston, presented two videos and gave information about their employment program for PLWH.

Public Comment and Announcements: None.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following:

FY 2021 EIIHA Target Populations: The EIIHA Workgroup met on July 16, 2020 to select the FY2021 EIIHA target populations for inclusion in the Ryan White Part A grant application. Please see the attached target populations criteria worksheet and the target populations selection matrix. This information was distributed broadly along with instructions on how to submit public comment. As usual, on July 23, 2020, the Comprehensive HIV Planning Committee provided the final approval on the attached motions from the EIIHA Workgroup so that staff can start working on the Part A/MAI* grant application.

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

Training: *COVID-19, Safe Sex and Jeopardy*: Committee members participated in an educational game called *COVID-19, Safe Sex and Jeopardy* that was created by Diane Beck from the Office of Support. There was some stiff competition but Johnny Deal and Cecilia Oshingbade tied for first place. All who played won a surgical mask and those who tied for first place will also receive a cloth mask, courtesy of Tana Pradia. Many thanks to Tana and Rodney for “test piloting” the game several weeks ago.

Quality Improvement Committee: No report.

Priority and Allocations Committee: Bobby Cruz, Co-Chair, reported on the following:

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

- FY20 Procurement – Part A & MAI*, dated 07/16/20

July 2020 Reallocations: Ryan White Part A & MAI* Funds: Martin said that the MAI* amount is an estimate, the final number has not yet been received from the Auditor’s Office. **Motion #4:** *Approve the attached July 2020 Reallocation of Ryan White Part A and Minority AIDS Initiative (MAI) funds.* **Motion Carried.** Abstention: Kelly.

* MAI = Minority AIDS Initiative funding.

Operations Committee: Carol Suazo, Co-Chair, reported on the following:

Youth Group: The Committee hosted a Zoom meeting with the Youth Group. The presenter was Chad Brandt, a Clinical Psychologist with a specialty in anxiety.

FY 2021 Office of Support Budget: **Motion #5:** *Give the Director of the Office of Support the authority to implement parts or all of the attached plan of possible revisions to the FY 2020 Council Support Budget as we get closer to the end of the fiscal year and spending is clearer.* **Motion carried.**

2020 Council Attendance: See the attached chart which summarizes Council attendance in 2020.

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

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

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

Updates from Task Forces

Community Planning Group (CPG): Vargas submitted the attached report.

Announcements: Jenkins said that the Lifeline program provides low cost phone and internet services for low income households. Kelly encouraged everyone to fill out the 2020 census asap as it is ending a month early. <http://2020census.gov>. Vargas said that he recently taught a Spanish version of the BLOC training, which trains Latinos to participate on planning bodies. It is an historic event as it is one of the only times that HRSA has funded a training in another language.

Aloysius said that PLWH have been excluded from COVID-19 vaccine trials. If members see that, please ask the company why PLWH are being excluded. Crawford said he was told that Baylor would be doing one for PLWH in January. Vargas stated that Moderna will soon begin recruiting PLWH for their vaccine trials.

Adjournment: Motion: *it was moved and seconded (Mica, Ardoin) to adjourn the meeting at 1:09 p.m.*
Motion Carried.

Respectfully submitted,

Victoria Williams, Director

Date _____

Draft Certified by
Council Chair: _____

Date _____

Final Approval by
Council Chair: _____

Date _____

* MAI = Minority AIDS Initiative funding

** SS = State Services funding

***EIIHA = Early Identification of Individuals with HIV and AIDS

Council Voting Record for August 6, 2020

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #1 Agenda Carried				Motion #2 June 11, 2020 Minutes Carried				Motion #3 July 9, 2020 Minutes Carried					Motion #1 Agenda Carried				Motion #2 June 11, 2020 Minutes Carried				Motion #3 July 9, 2020 Minutes Carried			
MEMBERS	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
Tana Pradia, Chair				C				C				C	Faye Robinson		X				X				X		
Allen Murray, Vice Chair		X				X				X			Pete Rodriguez		X				X				X		
Crystal Starr, Secretary		X				X				X			Carol Suazo	X				X				X			
Kevin Aloysius		X				X				X			Bruce Turner		X				X				X		
Veronica Ardoin		X				X				X			Steven Vargas		X				X				X		
Rosalind Belcher	X				X				X				Andrew Wilson		X				X				X		
Mauricia E. Chatman		X				X				X															
Enrique Chavez		X				X						X	MEMBERS ABSENT												
Tony Crawford		X						X		X			Johnny Deal												
Bobby Cruz		X				X				X			Ahmier Gibson												
Ronnie Galley		X				X						X	Gregory Hamilton												
Angela F. Hawkins		X				X				X			Arlene Johnson												
Dawn Jenkins		X				X				X			Daphne L. Jones												
Denis Kelly		X				X				X			Deondre Moore												
Tom Lindstrom		X				X				X			Matilda Padilla												
Holly McLean		X				X				X			Shital Patel												
Josh Mica		X				X				X			John Poole												
Rodney Mills		X				X				X			Rashel Richardson												
Niquita Moret		X				X				X			Imran Shaikh												
Oscar Perez		X				X						X	Gloria Sierra												

Council Voting Record - continued

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #4 July 2020 Reallocations Carried				Motion #5 FY 2020 OS budget plan Carried					Motion #4 July 2020 Reallocations Carried				Motion #5 FY 2020 OS budget plan Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
MEMBERS									MEMBERS								
Tana Pradia, Chair				C				C	Faye Robinson		X				X		
Allen Murray, Vice Chair		X				X			Pete Rodriguez		X				X		
Crystal Starr, Secretary		X				X			Carol Suazo				X		X		
Kevin Aloysius				X				X	Bruce Turner		X						X
Veronica Ardoin		X				X			Steven Vargas		X				X		
Rosalind Belcher		X				X			Andrew Wilson		X				X		
Mauricia E. Chatman		X				X											
Enrique Chavez				X				X	MEMBERS ABSENT								
Tony Crawford		X				X			Johnny Deal								
Bobby Cruz		X				X			Ahmier Gibson								
Ronnie Galley		X				X			Gregory Hamilton								
Angela F. Hawkins		X				X			Arlene Johnson								
Dawn Jenkins				X		X			Daphne L. Jones								
Denis Kelly				X		X			Deondre Moore								
Tom Lindstrom		X				X			Matilda Padilla								
Holly McLean		X				X			Shital Patel								
Josh Mica		X				X			John Poole								
Rodney Mills		X				X			Rashel Richardson								
Niquita Moret		X				X			Imran Shaikh								
Oscar Perez				X		X			Gloria Sierra								

Quality Improvement Committee Report

Ryan White Part A Quality Management Program Update

This is the first time Performance Measure information collected from chart reviews has been reported separately for Clinical Case Management and Medical Case Management.

Clinical Case Management Chart Review Measure FY 2018		
85% of clinical case management clients will have a case management care plan developed and/or updated two or more times in the measurement year		3%

Medical Case Management Chart Review Measures FY 2018		
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		11%*

*This measure was 3% last year which included both MCM and CCM

Agency A, shown below, is funded for Clinical Case Management only and is a good example to see broken out.

Agency A

COMPREHENSIVE ASSESSMENTS		
# of Assessments	# of clients	Percentage
0	13*	22%
1	15	25%
2	4	7%
N/A	28	47%
TOTAL	60 clients	

*10 had a documented reason

SERVICE PLANS		
# of Service Plans	# of clients	Percentage
0	20*	33%
1	11	18%
2	1	2%
N/A	28	47%
TOTAL	60 clients	

*11 had a documented reason

Each category was also given a "Completion rate" which was the number of clients who should have received an assessment/service plan and received at least one or had a documented reason as to why they did not have one on file within the review year.

- Comprehensive Assessments: 29 out of 32, completion rate of 91%
- Service Plans: 23 out of 32, completion rate of 72%

Recommendations:

Training for Case Managers

- Interviewing techniques
- Top social conditions facing clients (housing, recently released)
- Top medical conditions facing clients (Diabetes, Hypertension)
- Consistent criteria and proper documentation
- Engagement techniques to create quality interactions with clients

Additions to chart review process

- Separate out Clinical Case Management, Medical Case Management, and Non-Medical Case Management review to create sample sizes for each category.

FY 2020 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 1st Quarter (3/1-5/31)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	3,526	73%	25%	2%	45%	13%	3%	39%	0%	0%	4%	26%	28%	12%	27%	2%
1.a	Primary Care - Public Clinic (a)	2,350	1,309	70%	29%	1%	47%	9%	2%	42%	0%	0%	2%	16%	27%	14%	38%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	828	65%	32%	4%	99%	0%	1%	0%	0%	1%	7%	36%	28%	11%	18%	0%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	687	81%	15%	3%	0%	0%	0%	100%	0%	1%	6%	30%	32%	12%	18%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	308	85%	13%	2%	0%	85%	14%	1%	0%	0%	3%	26%	25%	11%	33%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	416	70%	29%	1%	41%	24%	2%	32%	0%	0%	6%	29%	28%	11%	24%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	378	0%	100%	0%	56%	6%	2%	37%	0%	0%	1%	11%	27%	19%	38%	5%
1.g	Primary Care - Pediatric (a)	7	2	100%	0%	0%	0%	0%	0%	100%	0%	50%	50%	0%	0%	0%	0%	0%
1.h	Vision	1,600	683	71%	27%	2%	53%	12%	2%	33%	0%	0%	4%	25%	26%	14%	29%	2%
2	Medical Case Management (f)	3,075	2,119															
2.a	Clinical Case Management	600	460	76%	22%	3%	54%	14%	1%	31%	0%	0%	3%	22%	28%	11%	32%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	256	91%	8%	1%	57%	14%	1%	28%	0%	0%	1%	24%	27%	9%	36%	2%
2.c	Med CM - Targeted to AA (a)	550	562	68%	29%	3%	99%	0%	1%	0%	0%	0%	5%	36%	27%	11%	19%	2%
2.d	Med CM - Targeted to H/L(a)	550	216	75%	20%	5%	0%	0%	0%	100%	0%	1%	7%	29%	31%	12%	16%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	171	91%	8%	1%	0%	89%	11%	0%	0%	1%	2%	26%	20%	12%	35%	5%
2.f	Med CM - Targeted to Rural (a)	150	261	73%	26%	1%	50%	25%	3%	22%	0%	0%	7%	21%	27%	9%	32%	3%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	121	0%	100%	0%	73%	6%	1%	21%	0%	0%	2%	10%	36%	9%	39%	4%
2.h	Med CM - Targeted to Pedi (a)	125	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.i	Med CM - Targeted to Veterans	200	69	93%	7%	0%	72%	22%	0%	6%	0%	0%	0%	0%	6%	0%	68%	26%
2.j	Med CM - Targeted to Youth	120	3	33%	67%	0%	67%	33%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	2,379	73%	24%	4%	44%	15%	2%	39%	0%	0%	3%	25%	28%	15%	28%	1%
4	Oral Health	200	81	67%	32%	1%	44%	30%	1%	25%	0%	0%	4%	17%	22%	15%	37%	5%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	81	67%	32%	1%	44%	30%	1%	25%	0%	0%	4%	17%	22%	15%	37%	5%
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	855	78%	20%	2%	43%	27%	2%	28%	0%	0%	1%	11%	16%	12%	47%	12%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	6	100%	0%	0%	17%	67%	0%	17%	0%	0%	0%	33%	17%	33%	17%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	282	78%	22%	0%	40%	22%	4%	33%	0%	0%	0%	11%	12%	12%	49%	15%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	241	72%	24%	5%	61%	12%	1%	26%	0%	0%	5%	30%	27%	12%	24%	2%
13	Non-Medical Case Management	7,045	3,073															
13.a	Service Linkage Targeted to Youth	320	63	78%	21%	2%	59%	2%	0%	40%	0%	14%	86%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	44	75%	20%	5%	66%	5%	0%	30%	0%	0%	0%	61%	23%	7%	9%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,582	66%	34%	1%	57%	8%	2%	34%	0%	0%	0%	16%	25%	14%	40%	4%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,384	73%	23%	3%	56%	11%	1%	31%	2%	2%	5%	29%	23%	11%	24%	3%
14	Transportation	2,850	621															
14.a	Transportation Services - Urban	170	368	67%	30%	2%	58%	9%	2%	31%	0%	0%	4%	31%	26%	11%	24%	4%
14.b	Transportation Services - Rural	130	90	63%	34%	2%	33%	30%	1%	36%	0%	0%	4%	22%	20%	18%	31%	4%
14.c	Transportation vouchersing	2,550	163															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	NA	77	66%	31%	3%	58%	10%	0%	31%	0%	0%	0%	21%	29%	18%	31%	1%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*		12,941	8,288	72%	26%	2%	50%	14%	2%	34%	0%	1%	4%	23%	25%	12%	31%	4%
Living AIDS cases + estimated Living HIV non-AIDS (from FY18 App) (b)		NA	29,078	75%	25%	0%	48%	18%	5%	29%	0%	4%		21%	23%	45%		7%

FY 2020 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 1st Quarter (03/01 -05/31)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	481	69%	28%	3%	98%	0%	2%	0%	0%	0%	7%	34%	30%	11%	16%	0%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	357	84%	13%	3%	0%	0%	0%	100%	0%	1%	8%	35%	33%	12%	11%	1%
2	Medical Case Management (f)																	
2.c	Med CM - Targeted to AA (a)	1,060	277	79%	19%	3%	49%	19%	1%	31%	0%	0%	11%	28%	28%	19%	15%	0%
2.d	Med CM - Targeted to H/L(a)	960	215	84%	11%	5%	53%	26%	5%	16%	0%	0%	16%	42%	16%	16%	5%	5%
RW Part A New Client Service Utilization Report - 1st Quarter (03/01-05/31)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/20 - 2/28/21)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	325	78%	19%	3%	53%	15%	2%	30%	0%	1%	12%	33%	24%	13%	1%	16%
2	LPAP	1,200	75	79%	19%	3%	49%	19%	1%	31%	0%	0%	11%	28%	28%	19%	0%	15%
3.a	Clinical Case Management	400	19	84%	11%	5%	53%	26%	5%	16%	0%	0%	16%	42%	16%	16%	5%	5%
3.b-3.h	Medical Case Management	1,600	247	79%	19%	2%	53%	17%	2%	27%	0%	1%	11%	36%	21%	13%	0%	18%
3.i	Medical Case Manangement - Targeted to Veterans	60	15	87%	13%	0%	80%	13%	0%	7%	0%	0%	0%	0%	20%	0%	13%	67%
4	Oral Health	40	3	33%	67%	0%	33%	67%	0%	0%	0%	0%	0%	0%	0%	33%	0%	67%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	382	70%	28%	2%	63%	10%	1%	26%	1%	1%	8%	29%	21%	15%	23%	2%
12.b	Service Linkage at Testing Sites	260	20	80%	15%	5%	75%	0%	0%	25%	0%	5%	15%	45%	25%	10%	0%	0%
Footnotes:																		
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																	
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Management																	
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

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

FY 2020 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,869,619	200,000	0	0	0	10,069,619	45.14%	9,870,959	198,660		1,752,093	18%	33%
1.a	Primary Care - Public Clinic (a)	3,591,064					3,591,064	16.10%	3,591,064	0	3/1/2020	\$213,205	6%	33%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	952,498					952,498	4.27%	952,498	0	3/1/2020	\$409,730	43%	33%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	798,473					798,473	3.58%	798,473	0	3/1/2020	\$356,923	45%	33%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,035,846					1,035,846	4.64%	1,035,846	0	3/1/2020	\$160,482	15%	33%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761					1,149,761	5.15%	1,149,761	0	3/1/2020	\$344,113	30%	33%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540					1,874,540	8.40%	1,874,540	0	3/1/2020	\$150,445	8%	33%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.07%	15,437	0	3/1/2020	\$2,400	16%	33%
1.h	Vision	452,000					452,000	2.03%	452,000	0	3/1/2020	\$114,795	25%	33%
1.x	Primary Care Health Outcome Pilot	0	200,000				200,000	0.90%	1,340	198,660	7/14/2020	\$0	0%	33%
2	Medical Case Management	2,185,802	0	0	0	0	2,185,802	9.80%	2,185,802	0		474,139	22%	33%
2.a	Clinical Case Management	488,656					488,656	2.19%	488,656	0	3/1/2020	\$156,635	32%	33%
2.b	Med CM - Public Clinic (a)	427,722					427,722	1.92%	427,722	0	3/1/2020	\$32,865	8%	33%
2.c	Med CM - Targeted to AA (a) (e)	266,070					266,070	1.19%	266,070	0	3/1/2020	\$94,302	35%	33%
2.d	Med CM - Targeted to H/L (a) (e)	266,072					266,072	1.19%	266,072	0	3/1/2020	\$47,578	18%	33%
2.e	Med CM - Targeted to W/MSM (a) (e)	52,247					52,247	0.23%	52,247	0	3/1/2020	\$29,160	56%	33%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.23%	273,760	0	3/1/2020	\$58,975	22%	33%
2.g	Med CM - Women at Public Clinic (a)	125,311					125,311	0.56%	125,311	0	3/1/2020	\$23,933	19%	33%
2.h	Med CM - Targeted to Pedl (a.1)	160,051					160,051	0.72%	160,051	0	3/1/2020	\$0	0%	33%
2.i	Med CM - Targeted to Veterans	80,025					80,025	0.36%	80,025	0	3/1/2020	\$24,431	31%	33%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.21%	45,888	0	3/1/2020	\$6,260	14%	33%
3	Local Pharmacy Assistance Program	3,157,166	0	0	0	0	3,157,166	14.15%	3,157,166	0	3/1/2020	\$350,268	11%	33%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	610,360					610,360	2.74%	610,360	0	3/1/2020	\$48,363	8%	33%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	2,546,806					2,546,806	11.42%	2,546,806	0	3/1/2020	\$301,905	12%	33%
4	Oral Health	166,404	0	0	0	0	166,404	0.75%	166,404	0	3/1/2020	15,900	10%	33%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404					166,404	0.75%	166,404	0	3/1/2020	\$15,900	10%	33%
5	Health Insurance (c)	1,339,239	43,898	0	0	0	1,383,137	6.20%	1,383,137	0	3/1/2020	\$259,480	19%	33%
6	Mental Health Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
7	Early Intervention Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
8	Home and Community-Based Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
9	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.20%	45,677	0	3/1/2020	\$1,850	0%	33%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.53%	341,395	0	3/1/2020	\$107,011	31%	33%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	420,000	0				420,000	1.88%	420,000	0	3/1/2020	\$73,699	18%	33%
13	Emergency Financial Assistance	525,000	0	0	0	0	525,000	2.35%	525,000	0	3/1/2020	\$90,052	17%	33%
14	Referral for Health Care and Support Services (c)	0	0	0			0	0.00%	0	0	NA	\$0	0%	0%
15	Non-Medical Case Management	1,381,002	0	0	0	0	1,381,002	6.19%	1,381,002	0		300,572	22%	33%
15.a	Service Linkage targeted to Youth	110,793					110,793	0.50%	110,793	0	3/1/2020	\$15,652	14%	33%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000					100,000	0.45%	100,000	0	3/1/2020	\$12,803	13%	33%
15.c	Service Linkage at Public Clinic (a)	427,000					427,000	1.91%	427,000	0	3/1/2020	\$69,934	16%	33%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	743,209					743,209	3.33%	743,209	0	3/1/2020	\$202,182	27%	33%
16	Medical Transportation	424,911	0	0	0	0	424,911	1.90%	424,911	0		85,704	20%	33%
16.a	Medical Transportation services targeted to Urban	252,680					252,680	1.13%	252,680	0	3/1/2020	\$51,244	20%	33%
16.b	Medical Transportation services targeted to Rural	97,185					97,185	0.44%	97,185	0	3/1/2020	\$34,460	35%	33%
16.c	Transportation vouchers (bus passes & gas cards)	75,046					75,046	0.34%	75,046	0	3/1/2020	\$0	0%	0%
17	Linguistic Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
BEU27518	Total Service Dollars	19,856,215	243,898	0	0	0	20,100,113	88.22%	19,901,453	198,660		3,510,766	18%	33%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	8.05%	1,795,958	0	N/A	0	0%	33%

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

**FY 2020 Ryan White Part A and MAI
Procurement Report**

[illegible]

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



Reflects spending through May 2020

Spending Target: 16.7%

Revised 7/23/20

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care (1)	\$1,758,878	52%	\$0	\$1,758,878	\$0	\$1,758,878	4/1/2020	\$92,800	5%
	Oral Health Care -Prosthodontics	\$460,000	14%	\$0	\$460,000	\$0	\$460,000	4/1/2020	\$43,035	9%
5	Health Insurance Premiums and Cost Sharing (2)	\$1,028,433	31%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2020	\$0	0%
8	Home and Community Based Health Services	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2020	\$18,880	17%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	\$0	\$0					
Total Houston HSDA		3,360,626	100%	0	3,360,626	\$0	\$2,900,626		154,715	5%

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

- (1) OHC- service utilization has decreased due to the interruption of COVID.
- (2) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31

2020-2020 Ryan White Part B Service Utilization Report
4/1/2020 - 6/30/2020 Houston HSDA (4816)
1st Quarter

Revised 8/5/2020

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,000	209	84.68%	15.32%	0.00%	0.00%	31.10%	32.06%	33.02%	3.82%	0.00%	0.00%	1.44%	16.75%	14.35%	32.53%	33.49%	1.44%
Home & Community Based Health Services	30	18	72.22%	27.78%	0.00%	0.00%	66.67%	11.11%	22.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	44.45%	44.44%	11.11%
Oral Health Care	2,500	1,225	71.76%	26.69%	0.00%	1.55%	51.10%	13.38%	33.55%	1.97%	0.00%	0.00%	1.22%	15.34%	22.44%	27.34%	24.57%	9.09%
Unduplicated Clients Served By RW Part B Funds:	N/A	1,452	76.22%	23.26%	0.00%	0.52%	49.62%	18.85%	29.60%	1.93%	0.00%	0.00%	0.89%	10.70%	12.26%	34.77%	34.17%	7.21%

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



Chart reflects spending through May 2020

Spending Target: 75.0%

Revised 7/23/2020

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	43%	\$0	\$864,506	\$0	\$864,506	9/1/2019	\$537,129	62%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	\$0	\$300,000	9/1/2019	\$110,208	37%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2019	\$113,832	65%
11	Hospice	\$259,832	13%	\$0	\$259,832	\$0	\$259,832	9/1/2019	\$186,560	72%
	Non Medical Case Management (3)	\$350,000	17%	\$0	\$350,000	\$0	\$350,000	9/1/2019	\$190,460	54%
15	Linguistic Services (4)	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2019	\$38,325	56%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	-\$142,285						
Total Houston HSDA		2,017,338	100%	-\$142,285	\$2,017,338	\$0	\$1,667,338		1,176,513	71%

Note

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31
- (2) Mental Health reporting services utilization is down and additional back billing has not been submitted. In addition some groups have been suspended for the first two months of COVID.
- (3) N-Medical Case Management service utilization has decreased due to the interruption of COVID.
- (4) Linguistic- service utilization has decreased due to the interruption of COVID.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported:

09/01/2019-6/30/20

Revised: 8/3/2020



Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1794	\$157,294.60	792			0
Medical Deductible	139	\$20,904.36	111			0
Medical Premium	5896	\$2,159,115.20	792			0
Pharmacy Co-Payment	16039	\$518,378.66	1421			0
APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	17	\$1,614.02	9	NA	NA	NA
Totals:	23886	\$2,854,578.80	3126	0	\$0.00	

Comments: This report represents services provided under all grants.

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

**Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2019**

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

DRAFT 07/15/20

**Houston Area
Ryan White HIV/AIDS Program
Assessment of the Administrative Mechanism
Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2019**

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Background

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

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

Methodology

In June and August 2020, 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 2020. The contract periods designated in the tool are:

- Part A and MAI: March 1, 2019 – February 29, 2020 (FY19)
- Part B: April 1, 2019 – March 31, 2020 (FY 1920)
- 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.

¹Ryan White Program Manual, Section V, Chapter 1, Page 4

²Ibid, Page 7

³Ibid, Page 8

Part A and Minority AIDS Initiative (MAI)
Contract Period: March 1, 2019 – February 29, 2020 (FY19)

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, extension of positions for FY19 occurred prior to receipt of the FY19 NGA. Twenty-eight days elapsed between receipt of the 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 FY19 Part A and MAI grant award was procured to funded service providers by the first day of the contract period (03/01/19).
- c) The AA procured funds in FY19 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 FY19 following application of the Increase Funding Scenario. During the contract period, the AA applied Planning Council-approved policies for the shifting of funds within Service Categories, including application of the increased funding scenarios for Part A and MAI, billing reconciliations, and receipt of carry-over funds in approved categories.
- d) Beginning in FY12, Part A and MAI services could be contracted for up to four years, with Service Categories rotated for bidding every three years. According to this schedule, there were no Requests for Proposal (RFP) issued in FY19. Therefore, it is not possible to evaluate communication by AAs to potential bidders specific to the grant award process.
- e) As described in (d) above, no RFP was issued in FY19. According to the schedule mentioned above in d), no Request for Proposal (RFP) was issued in FY19. As such, it is not possible to evaluate communication by AAs to potential bidders specific to Planning Council products
- f) The AA procured 100% of total service dollars for Part A and MAI by the end of the contract period, including the addition of reconciliations and carry-over funds.
- g) There were unspent service dollars in both Part A and MAI at the end of the FY19 contract period that occurred in Primary Care, Medical Case Management, Local Pharmacy Assistance Program, Medical Nutritional Therapy, Service Linkage, and Medical Transportation. The total amount of unspent service funds for both Part A and MAI was \$584,229 or 2.6% of the total allocation for service dollars for the contract period. Ninety-seven percent (97%) of FY19 Part A service dollars and 95% of MAI service dollars were expended by the end of the fiscal year.
- h) In FY19, the AA continued to communicate to the Planning Council the results of the procurement process, including agendaizing 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 FY19 was 25 days. The AA paid all contracted Part A and/or MAI agencies within an average of 28 days following receipt of an accurate invoice.

III. Monitoring Process

- j) There were no RFPs issued in FY19, therefore the AA's use of the Standards of Care as part of the contract selection process cannot be evaluated. The monitoring process that took place in FY19 used Standards of Care 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.

Administrative Assessment Checklist -- Part A and MAI		Contract Period: 3/1/19 - 2/29/20 (FY19)	
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)?	<ul style="list-style-type: none">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 FY19 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at Commissioners Court meetings on 12/18/2018 and 02/12/19 respectively. <p><i>Conclusion:</i> Because the AA rapid processed contract and position extensions, extension of positions for FY19 occurred prior to issuance of the FY19 NGA. Twenty-eight days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers.</p>	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	FY19 Part A and MAI NGA (issued 01/14/19) Commissioner's Court Agendas (12/18/18, 02/12/19)
b) What percentage of the grant award was procured by the: <input checked="" type="checkbox"/> 1st quarter? <input type="checkbox"/> 2nd quarter? <input type="checkbox"/> 3rd quarter?	<ul style="list-style-type: none">FY19 procurement reports from the AA indicate that all allocated funds in each Service Category were procured by 03/01/19, 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.<i>Conclusion:</i> Because of contract and position extensions processed by the AA in anticipation of the grant award, 100% of the Part A and MAI grant award was procured by the 1st quarter of the contract period.	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	FY19 Part A and MAI Procurement Report provided by the AA to the PC (06/07/20)

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?	<ul style="list-style-type: none"> 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 FY19 procurement report from the AA (dated 06/07/20) 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 FY19. Upon receipt of the NGA, the Increase Scenario was applied for the \$666,000 (3.4%) increase in Part A Formula and Supplemental service dollars. The AA applied the Increase Scenario to the \$40,438 (1.9%) service dollar increase in MAI. As a result, total allocations for FY19 matched the allocations established by the Planning Council with application of the Increase Funding Scenario. <p><i>Conclusion:</i> The AA procured funds in FY19 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.</p>	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	<p>FY19 Part A and MAI Procurement Report provided by the AA to the PC (06/07/20)</p> <p>PC FY19 Allocations Level Funding Scenario (7/12/18)</p> <p>PC FY19 Allocations Increase Scenario (7/12/18)</p>

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: <ul style="list-style-type: none"> <input type="checkbox"/> Provides bidders with information on applying for grants? <input type="checkbox"/> Offers a bidder's conference? 	<ul style="list-style-type: none"> • 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, no Request for Proposal (RFP) was issued in FY19. • <i>Conclusion:</i> There was no RFP due for issue in FY19. Therefore, it is not possible to evaluate communication by AAs to potential bidders specific to the grant award process. 	Confirmation of communication by the AAs to potential bidders specific to the grant award process	Part A RFP issued in FY19 for FY20 contracts – Not applicable Courtesy Notice for Pre-Proposal Conference in FY19 for FY20 contracts – Not applicable
e) Does the REQUEST FOR PROPOSALS incorporate service category definitions that are consistent with those defined by the Planning Council?	<ul style="list-style-type: none"> • According to the schedule mentioned above in d), no Request for Proposal (RFP) was issued in FY19 • <i>Conclusion:</i> There was no RFP due for issue in FY19. Therefore, it is not possible to evaluate communication by AAs to potential bidders specific to Planning Council products 	Confirmation of communication by the AAs to potential bidders specific to PC products	Part A RFP issued in FY19 for FY20 contracts – Not applicable
f) At the end of the award process, were there still unobligated funds?	<ul style="list-style-type: none"> • The most recent procurement report produced on 06/07/20 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. • <i>Conclusion:</i> There were no unobligated funds for the contract period. 	Comparison of final amounts procured and total amounts allocated in each service category	FY19 Part A and MAI Procurement Report provided by the AA to the PC (Dated 06/07/20)

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?	<ul style="list-style-type: none"> The most recent FY18 procurement report produced on 06/07/20 shows unspent service dollars as follows: <ul style="list-style-type: none"> (i) Part A: \$467,260 in unspent service dollars with less than 95% of the amount procured expended in the following Service Categories: <ul style="list-style-type: none"> Primary Care – Public Clinic – 93% expended Primary Care – CBO Targeted to AA – 86% expended Primary Care – CBO Targeted to White/MSM – 72% expended Primary Care – Pediatric – 58% expended Med. Case Management – Targeted to H/L – 33% expended Med. Case Management – Targeted to White/MSM – 80% expended Med. Case Management – Targeted to Rural – 70% expended Med. Case Management – Targeted to Women at Public Clinic – 54% expended Med. Case Management – Targeted to Pedi – 30% expended Med. Case Management – Targeted to Veterans – 85% expended Med. Case Management – Targeted to Youth – 80% expended LPAP – 94% expended Medical Nutritional Therapy – 90% expended Service Linkage – CBO – 93% expended Med. Transportation – Targeted to Rural – 70% expended (ii) MAI: \$116,969 with less than 95% of the amount procured expended in the following Service Categories: <ul style="list-style-type: none"> Primary Care – CBO Targeted to H/L – 84% expended Med. Case Management – Targeted to AA – 89% expended Med. Case Management – Targeted to H/L – 42% expended The total amount of unspent service funds for both Part A and MAI in FY19 was \$584,229 or 2.6% of the total service dollar allocation. <p><i>Conclusion:</i> There were \$584,229 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY19. Unspent funds represented 2.6% of the total FY19 Part A and MAI allocation for service dollars. Ninety-seven percent (97%) of FY19 Part A service dollars and 95% of MAI service dollars were expended by the end of the fiscal year.</p>	Review of final spending amounts for each service category	FY19 Part A and MAI Procurement Report provided by the AA to the PC (Printed 06/07/20)

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?	<ul style="list-style-type: none"> 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, FY19 Part A and MAI procurement reports from the AA were agendaized for Planning Council meetings occurring on 08/08/19, 09/12/19, 11/14/19, 12/12/19, 03/12/20, and 06/11/20. Results of the procurement process were also provided during the AA report. <p><i>Conclusion:</i> The AA was required to and maintained a method of communicating back to the Planning Council the results of the procurement process, including agendaized procurement reports to Committees and Full Council.</p>	Confirmation of communication by the AAs to the PC specific to procurement results	<p>Houston EMA MOU (signed 3/1/12)</p> <p>PC Agendas (08/08/19, 09/12/19, 11/14/19, 12/12/19, 03/12/20, 06/11/20)</p>
<p>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?</p> <p>What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice:</p> <p><input type="checkbox"/> Within 20 days?</p> <p><input checked="" type="checkbox"/> Within 35 days?</p> <p><input type="checkbox"/> Within 50 days?</p>	<ul style="list-style-type: none"> The Annual Contractor Reimbursement Report (CER) Tracking Summary for FY19 produced by the AA on 06/23/20 showed an average of 25 days elapsing between receipt of an accurate CER from contracted agencies and the issuance of payment by the AA, compared to 28 days on average in FY19. 100% of contracted agencies were paid within an average of 28 days following the receipt of an accurate CER. In comparison, the AA paid 100% of contracted agencies within an average of 37 days in FY18. One contracted agencies was paid within an average of 19 days, and 100% were paid within an average of 35 days. <p><i>Conclusion:</i> 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 25 days. The AA paid all contracted Part A and/or MAI agencies within an average of 28 days following receipt of an accurate invoice.</p>	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	<p>FY19 Part A and MAI Contractor Reimbursement Report (CER) Tracking Summary (06/23/20)</p>

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?	<ul style="list-style-type: none"> Typical RFP language 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 are also provided. As described in (d) above, however, the AA did not issue an RFP during the FY19 contract period. In addition, the AA's Site Visit Guidelines used during the FY19 contract period includes the process for reviewing compliance with Standards of Care. The AA's Quality Management Plan (dated 01/19) 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). <p><i>Conclusion:</i> 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.</p>	Confirmation of use of adopted SOC in contract monitoring activities	<p>Part A RFP issued in FY19 for FY20 contracts – N/a</p> <p>HCPH/RWGA Policy and Procedures for Performing Ryan White Part A Site Visits (Revised 03/17)</p> <p>HCPH/RWGA Quality Management Plan (01/19)</p>

Training on Standards of Care



General Standard 3.2: "Agency has Policy and Procedure regarding client Confidentiality [...] Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency."



"Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!"



All our nurses now have degrees... unfortunately the nurse practitioner is in the expressive arts!

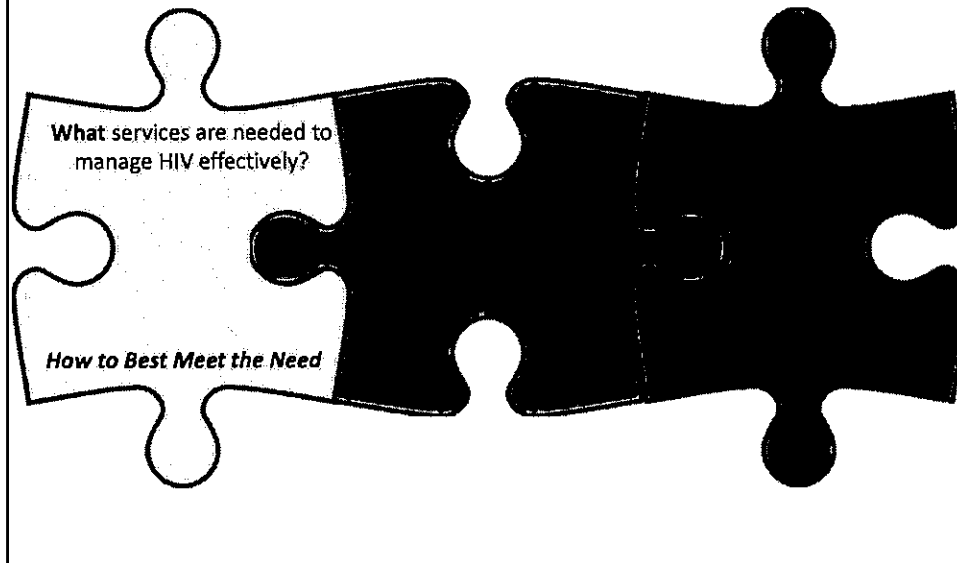
Primary Medical Care 1.1:
"Medical care for [PLWH] shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship."

Oral Health 2.8: "Oral hygiene instructions (OHI) should be provided annually to each client."



To help emphasize good oral hygiene in kids, Dr. Remford installed a dental floss zipline in his office.

Components of the Process

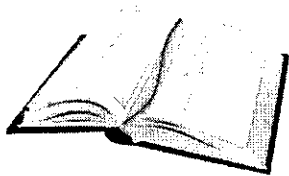


Houston Has Standards!

If you were planning on buying a car, what are some basic features you would expect to "come standard" with a good quality car?

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to "come standard" when buying a car, you can also expect basic levels of quality to "come standard" with HIV care services in Houston. We call these Standards of Care (SOC).



Official Definitions

- Standard of Care (SOC)

A *statement* of the minimal acceptable levels of quality in HIV service delivery by Ryan White funded providers in a local jurisdiction.

- Performance Measure (PM)

A *measurement* of the impact of HIV care, treatment, and support services provided by Ryan White funded providers in a local jurisdiction.



A Little Background on SOC...

- First developed in 1999 as a way to monitor provider contracts
- Every year since, workgroups are held to review the Standards with the community that include physicians, nurses, case managers, administrators, and consumers
- Based on
 1. Accepted industry guidelines
 2. On-site program monitoring results, and
 3. Provider and consumer input
- Apply to services funded by Ryan White Parts A and B, and State Services.
- Maintained by the Administrative Agents (AAs)
 - RW/A = Ryan White Grant Administration
 - RW/B and State Services = The HIV Resource Group



What SOC Are

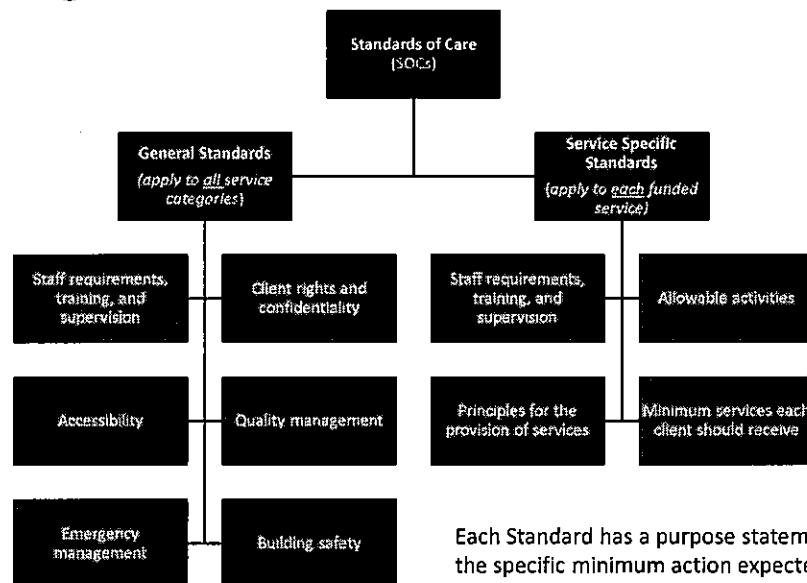
- A way of letting providers and consumers know what constitutes quality care and services for PLWH
- A tool for making sure Ryan White-funded services are delivered according to minimum industry standards and guidelines
- One of many data sources for measuring how well Ryan White-funded services are meeting overall community goals



What SOC Aren't

- A way to evaluate how a specific Ryan White-funded agency conducts business (*Agency monitoring is done by the AAs*)
- A way to decide which agency in Houston gets Ryan White money (*RFPs and agency contracts are coordinated by the AAs*)
- Guidelines for HIV services provided by *non-Ryan White-funded* agencies

Organization of the SOCs



GENERAL STANDARDS

	Standard	Measure
1.0	Staff Requirements	
1.1	Staff Screening (Pre-Employment) Staff providing services to clients shall be screened for appropriateness by provider agency as follows: <ul style="list-style-type: none"> • Personal/Professional references • Personal interview • Written application Criminal background checks, if required by Agency Policy, must be conducted prior to employment and thereafter for all staff and/or volunteers per Agency policy.	<ul style="list-style-type: none"> • Review of Agency's Policies and Procedures Manual indicates compliance • Review of personnel and/or volunteer files indicates compliance
1.2	Initial Training: Staff/Volunteers Initial training includes eight (8) hours HIV/AIDS basics, safety issues (fire & emergency preparedness, hazard communication, infection control, universal precautions), confidentiality issues, role of staff/volunteers, agency-specific information (e.g. Drug Free Workplace policy). Initial training must be completed within 60 days of hire.	<ul style="list-style-type: none"> • Documentation of all training in personnel file. • Specific training requirements are specified in Agency Policy and Procedure • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
1.3	Staff Performance Evaluation Agency will perform annual staff performance evaluation.	<ul style="list-style-type: none"> • Completed annual performance evaluation kept in employee's file • Signed and dated by employee and supervisor (includes electronic signature)
1.4	Cultural and HIV Mental Health Co-morbidity Competence Training/Staff and Volunteers All staff tenured 0 – 5 year with their current employer must receive four (4) hours of cultural competency training and an additional one (1) hour of HIV/Mental Health co-morbidity sensitivity training annually. All new employees must complete these within ninety (90) days of hire.	<ul style="list-style-type: none"> • Documentation of training is maintained by the agency in the personnel file

As of October 2, 2015

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SERVICE SPECIFIC STANDARDS OF CARE

Case Management (All Case Management Categories)

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

1.0	Staff Training	
1.1	Required Meetings Case Managers and Service Linkage Workers Case managers and Service Linkage Workers will attend on an annual basis a minimum of four (4) of the five (5) bi-monthly networking meetings facilitated by RWGA. Case Managers and Service Linkage Workers will attend the "Joint Prevention and Care Coordination Meeting" held annually and facilitated by the RWGA and the City of Houston STD/HIV Bureau. Medical Case Management (MCM), Clinical Case Management (CCM) and Service Linkage Worker Supervisors will attend on an annual basis a minimum of five (5) of the six (6) bi-monthly Supervisor meetings facilitated by RWGA (in the event a MCM or CCM supervises SLW staff the MCM or CCM must attend the Supervisor meetings and may, as an option, attend the networking meetings)	<ul style="list-style-type: none"> • Agency will maintain verification of attendance (RWGA will also maintain sign-in logs)

² US Department of Health and Human Services, Health Resources and Services Administration HIV/AIDS Bureau (2009). Ryan White HIV/AIDS Treatment Modernization Act of 2006: Definitions for eligible services

³ National Association of Social Workers (1997). NASW standards for social work case management. Retrieved 02/9/2009 from www.socialworkers.org/practice/standards/sw_case_mgmt.asp

As of October 2, 2015

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Organization of the PMs

All Performance Measures (PMs) are service-specific

- Each PM is a system-wide measure that helps evaluate the impact of HIV services on the health status of the people living with HIV in the Houston area.
- PMs are based on current U.S. Department of Health and Human Services (HHS) Guidelines for HIV health care and community input.
- In general, PMs assess the percentage of consumers who, following receipt of a specific service:
 - Entered into and/or were retained in HIV medical care
 - Experienced improvement in HIV health indicators like CD4 counts and viral load suppression
 - Received recommended medical, oral, and optical screening, care, and follow-up
 - Were screened for and received mental health or substance abuse services if needed
 - Obtained housing if homeless or unstably housed
 - Secured 3rd party health care coverage (insurance) if uninsured, and/or
 - Other service-specific measures

Ryan White Part A HIV Performance Measures FY 2016 Report

Clinical Case Management All Providers

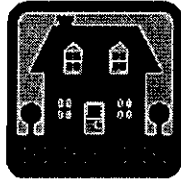
For FY 2016 (3/1/2016 to 2/28/2017), 1,406 clients utilized Part A clinical case management.

HIV Performance Measures	FY 2015	FY 2016	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	402 (39.5%)	685 (48.7%)	9.2%
Percentage of clinical case management clients who utilized mental health services	247 (24.3%)	360 (25.6%)	1.3%
75% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	382 (73.0%)	501 (69.0%)	-4.0%
Percentage of clients who were homeless or unstably housed	267 (26.2%)	322 (22.9%)	-3.3%

According to CPCDMS, 33 (2.4%) clients utilized primary care for the first time and 118 (8.4%) clients utilized mental health services for the first time after accessing clinical case management.

Clinical Chart Review Measures	FY 2015
Percentage of HIV-infected clinical case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	80%
Percentage of clients identified with an active substance abuse condition receiving Ryan White funded substance abuse treatment*	0%

*Data was not collected in FY 2015



Take-Home Messages

- Standards of Care set the minimum acceptable levels of *quality* of HIV care, treatment, and support services provided to PLWH by Ryan White funded providers
- Performance Measures provide a way to evaluate the system-wide impact of HIV services on the health status of the people living with HIV in the Houston area.
- SOC and PMs do *not* evaluate a specific individual provider or agency, nor do they determine which provider/agency receives Ryan White funds
- Consumers have an important role in the SOC/PM process. They review the standards and make recommendation for improvements, and they serve as a voice of the consumer in defining quality of HIV care.