

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, February 11, 2021

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, Moment of Reflection and Introductions
 - B. Adoption of the Agenda
 - C. Approval of the Minutes
 - D. Updates on ADAP* and TDSHS** Program Budgets
- Allen Murray, Chair
Ryan White Planning Council
- Shelley Lucas, MPH, Manager
HIV/STD Prevention and
Care Branch, TDSHS
- 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
 - B. Affected Community Committee
No report
 - C. Quality Improvement Committee
No report
- Daphne L. Jones and
Rodney Mills, Co-Chairs
- Rosalind Belcher and
Tony Crawford, Co-Chairs
- Kevin Aloysius and
Steven Vargas, Co-Chairs

D.	Priority and Allocations Committee No report	Peta-gay Ledbetter and Bobby Cruz, Co-Chairs
E.	Operations Committee <i>Item:</i> 2021 Mentor/Mentee Luncheon <i>Recommended Action:</i> FYI: Verbal update on the January 14, 2021 Mentor/Mentee Luncheon. <i>Item:</i> 2021 Council Orientation <i>Recommended Action:</i> FYI: Verbal update on the 2021 Council Orientation, which was hosted by the 2020 Operations Committee.	Ronnie Galley and Veronica Ardoin, Co-Chairs
IV.	2021 Council Activities A. Petty Cash Memorandum B. Open Meetings Act Training Memorandum C. 2021 Timeline of Critical Activities	Tori Williams
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	Sha'Terra Johnson Health Planner
VIII.	Medical Updates	Shital Patel, MD Baylor College of Medicine
IX.	New Business (30 seconds/report) A. AIDS Educational Training Centers (AETC) B. Ryan White Part C Urban and Part D C. HOPWA D. Community Prevention Group (CPG) E. Update from Task Forces: <ul style="list-style-type: none"> • Sexually Transmitted Infections (STI) • African American • Latino • Youth • MSM • Hepatitis C • Project PATHH (Protecting our Angels Through Healing Hearts) formerly Urban AIDS Ministry F. HIV and Aging Coalition G. Texas HIV Medication Advisory Committee H. Positive Women's Network I. Texas Black Women's Initiative J. Texas HIV Syndicate	Shital Patel Dawn Jenkins Kimberley Collins D. Moore or M. Padilla Sha'Terra Johnson Gloria Sierra Gloria Sierra Steven Vargas Johnny Deal Skeet Boyle Nancy Miertschin D. Morgan or A. Murray Sha'Terra Johnson Ricardo Mora

- K. END HIV Houston
- L. Texans Living with HIV Network

Crystal Townsend
Steven Vargas?

IX. Announcements

X. Adjournment

- * *ADAP = Ryan White Part B AIDS Drug Assistance Program*
- ** *TDSHS = Texas Department of State Health Services*

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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, December 10, 2020
Meeting Location: Zoom teleconference

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

Call to Order: Tana Pradia, Chair, called the meeting to order at 12:05 p.m.

During the opening remarks, Pradia stated that this is the last Council meeting of the year. It was a challenging year but because of member dedication and willingness to learn new ways of doing

things, the Planning Council met regularly, had robust attendance at all meetings, stayed in touch with all of the members, and created some innovative ways of doing things. Pradia thanked everyone for being a team player and for working with her to ensure that those living with HIV in the community received, and will continue to receive, the services that they need. One of the innovative ways in which members have stayed in touch with other members has been through the monthly Team Building meetings. In November, the event was a Ryan White movie night where participants learned about the history of The Ryan White Program and the little boy who honors us with his name. Pradia hopes that everyone will join the next meeting, which will be a virtual Ryan White Scavenger Hunt at 5 pm on Thursday, December 17th.

Pradia thanked Tori, Mauricia and the staff in the Office of Support. In 2020, Project LEAP had to be delayed until August and it had to be redesigned to work virtually, including graduation. The staff really pulled it off. Twenty individuals graduated feeling excited about Project LEAP and having a voice in the Houston HIV community. Council members met the students at the November Council meeting and saw their impressive special projects. Pradia hopes that many of the graduates will be at the CPG or Ryan White planning table in 2021. She reminded everyone that the official event to say good-bye to Amber Harbolt starts as soon as the Council meeting adjourns so please stay on this Zoom call when the meeting adjourns. Pradia then called for a Moment of Reflection.

Adoption of the Agenda: ***Motion #1:** it was moved and seconded (Vargas, Hawkins) to adopt the agenda with the following changes: move item I. D. to the end and delete the task force updates.*
Motion carried.

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Starr, Hawkins) to approve the November 12, 2020 minutes.* **Motion carried.** Abstentions: Ardoin, McLean, Moret, Robinson, Rodriguez.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following: Year 3 Comprehensive Plan Evaluation Report: The Committee reviewed and approved a draft of the Year 3 Evaluation Report from the Comprehensive Plan Evaluation Workgroup. The report covers progress for the 2019 calendar year. Please see the attached report.

***Motion #3:** Approve the attached Year 3 Comprehensive Plan Evaluation Report.* **Motion carried.** Abstentions: Crawford, Robinson, Turner.

Committee Quarterly Report: Please see the attached Committee Quarterly Report.

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

Quality Improvement Committee: Denis Kelly, Co-Chair, reported on the following: Reports from Administrative Agent – Part A/MAI*: See the attached reports from the Part A/MAI Administrative Agent:

- FY20 Procurement Report – Part A & MAI, dated 11/23/20
- FY20 Service Utilization Report – Part A & MAI, dated 11/12/20

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

- FY 2020/21 Procurement Report Part B – dated 08/26/20
- FY 2019/20 Procurement Report DSHS** State Services – dated 08/26/20
- Health Insurance Program Report 09/01/19-07/31/20 – dated 09/02/20

Ryan White Part A Standards of Care: **Motion #4:** *Support the proposed changes to the 2021-2022 Ryan White Part A Standards of Care and the Emergency Financial Assistance Program (Other) Standards of Care. See attached.* **Motion carried.** Abstention: May, Robinson, Shaikh.

Priority and Allocations Committee: No report.

Operations Committee: Ronnie Galley, Co-Chair, reported on the following:

Important Dates for the Ryan White 2021 Planning Year: Please note the following dates in 2021:

- 10:00 a.m. – 1:30 p.m., Mentor Luncheon/Orientation for new Members: Thursday, January 14, 2021
- 10:00 a.m. – 3:30 p.m., Orientation for all Council Members: Thursday, January 21, 2021 – Judge Hidalgo will speak at 2:40 pm.

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

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

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

Election of Officers for the 2021 Planning Council: See the attached slate of nominees and their credentials. Please note the new attendance requirements for Officers in the attached policy. Galley opened the floor for additional nominations; none were made. Each candidate on the ballot who was present stated their qualifications for their respective positions.

The list of candidates was distributed in the meeting packet, see attached. Williams reminded members that, per the election policy, votes must include the voters name in order to count. Voting was done for each office using the private chat function on Zoom. Those who were unable to use the chat function texted their votes to Beck who sent them to Williams via private chat. Williams and Avila counted the ballots separately in order to assure the accuracy of the tally.

While ballots were being tallied, Pradia presented the following certificates:

- Leadership – members of the 2020 Steering Committee

Council Voting Record for December 10, 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 Minutes 11/12/20 Carried					Motion #1 Agenda Carried				Motion #2 Minutes 11/12/20 Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
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			Imran Shaikh		X				X		
Veronica Ardoin		X						X	Steven Vargas		X				X		
Rosalind Belcher		X				X			Bruce Turner		X				X		
Mauricia E. Chatman		X				X											
Enrique Chavez		X				X			MEMBERS ABSENT								
Tony Crawford		X				X			Kevin Aloysius								
Bobby Cruz		X				X			Johnny Deal								
Ronnie Galley		X				X			Ahmier Gibson								
Angela F. Hawkins		X				X			Gregory Hamilton								
Daphne L. Jones		X				X			Dawn Jenkins, excused								
Denis Kelly		X				X			Arlene Johnson								
Tom Lindstrom		X				X			Deondre Moore								
Holly McLean		X						X	Matilda Padilla								
Roxane May		X				X			Shital Patel								
Josh Mica		X				X			John Poole								
Rodney Mills		X				X			Gloria Sierra								
Niquita Moret		X						X	Carol Suazo								
Oscar Perez		X				X			Andrew Wilson								

C = Chair of the meeting ja = Just arrived lm = Left the meeting lr = Left the room VP = Via phone	Motion #3 Y3 Comp Plan Evaluation Report Carried				Motion #4 2021-2022 Part A SOC & PM Carried					Motion #3 Y3 Comp Plan Evaluation Report Carried				Motion #4 2021-2022 Part A SOC & PM Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN		MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO
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			Imran Shaikh		X						X
Veronica Ardoin		X				X			Steven Vargas		X				X		
Rosalind Belcher		X				X			Bruce Turner				X		X		
Mauricia E. Chatman		X				X											
Enrique Chavez		X				X			MEMBERS ABSENT								
Tony Crawford				X		X			Kevin Aloysius								
Bobby Cruz		X				X			Johnny Deal								
Ronnie Galley		X				X			Ahmier Gibson								
Angela F. Hawkins		X				X			Gregory Hamilton								
Daphne L. Jones		X				X			Dawn Jenkins, excused								
Denis Kelly		X				X			Arlene Johnson								
Tom Lindstrom		X				X			Deondre Moore								
Holly McLean		X				X			Matilda Padilla								
Roxane May		X						X	Shital Patel								
Josh Mica		X				X			John Poole								
Rodney Mills		X				X			Gloria Sierra								
Niquita Moret		X				X			Carol Suazo								
Oscar Perez		X				X			Andrew Wilson								

The AIDS Drug Assistance Program (ADAP)/Texas HIV Medication Program (THMP)

Why we're concerned?

Unexpected and Harmful Changes to Eligibility Requirements

Overview of HIV Prevalence in the State of Texas

As of the end of 2018, over 94,000 Texans were living with HIV. In 2018, 4,520 Texans were newly diagnosed with HIV, which means that every day about 12 Texans were diagnosed with HIV. ¹

What is the State's ADAP/THMP Program?

The Texas HIV Medication Program (THMP) provides medications for the treatment of HIV and its related complications for low-income Texans, generally those at 200% and below of the federal poverty level. To qualify for medications, potential clients who meet eligibility criteria complete an application for assistance. Once approved, a client receives medications at an assigned pharmacy in their community.

The THMP is the official AIDS Drug Assistance Program (ADAP) for the State of Texas. The THMP has been in existence since 1987 and provides medications approved by the Food and Drug Administration (FDA) for the treatment of illnesses caused by the human immunodeficiency virus (HIV) and other opportunistic infections in HIV-infected individuals as prescribed by their doctor. THMP also operates the Texas HIV State Pharmaceutical Assistance Program (SPAP) which helps HIV-positive individuals that do not qualify for the full Low-Income Subsidy (extra help) with their out-of-pocket costs associated with Medicare Part D prescription drug plans, including co-payments, deductibles, coinsurance, and during the coverage gap (the "donut hole").

Why is the ADAP/THMP Program important?

HIV drugs are costly, and many Persons Living with HIV (PLWH) in the U.S. are unable to pay for the medications without assistance through ADAP.

How is it funded?

The primary source of Federal funding for ADAPs is through the ADAP Base (formerly referred to as "earmark") award component within the Ryan White Part B Formula (X07) award. RWHAP ADAP Base funding is distributed using a funding formula based on the number of reported living cases of HIV/AIDS cases in the State or Territory in the most recent calendar year as confirmed by CDC.

Recipients can choose to allocate other funding to ADAP, including State/Territory, local and Federal resources. ADAP-generated program income and rebates can also be allocated back to the ADAP, since they must be used for RWHAP Part B allowable services, with (for rebates) priority given to ADAP. All funds allocated to ADAP are subject to HRSA HAB ADAP program expectations.

¹ <https://www.dshs.texas.gov/hivstd/reports/epiprofile/sec02.shtml>

Why we're concerned?

Unexpected and Harmful Changes to Eligibility Requirements

- A sudden and unexpected action taken was taken by the Department of State Health Services over the Christmas holiday. On December 28, 2020 the Department of State Health Services announced it would change the eligibility requirements of the AIDS Drug Assistance Program (ADAP), effectively eliminating thousands of Texans living with HIV from its program.
- This decision came following a 2019 HRSA finding that called into question the state's actions concerning the application of eligibility requirements. Due to this finding, DSHS believes there are many ADAP recipients who are no longer eligible and that in order to fall back into compliance, it would remove them from the program by changing the spend down approach to their eligibility. The finding claims that the state's established ADAP requirements were inconsistently applied across regions.
- We believe the state took unnecessary and harmful actions to cut costs, not to meet HRSA's audit findings.
- DSHS has always been an ally to people living with HIV, but this decision will completely setback the state's own efforts laid out in the Achieving Together plan, which sought to reduce new HIV transmissions throughout the state.

What is the spend down approach and what has THMP enacted?

- For decades, the state has taken into account the cost of medications when determining eligibility for the ADAP program. For instance, if an HIV positive individual was applying for the THMP program and was at 203% of the federal poverty limit, the cost of their medication would be deducted from their salary and they then could qualify for the program. The state is proposing to end all deductions associated with the cost of HIV medications and treatment, cutting thousands from the ADAP program and leaving the most vulnerable HIV positive patient populations to pay for these expensive medications. This action will certainly lead to many patients foregoing care and living with increased viral loads.

Fiscal Impact

According to the CDC, the lifetime treatment cost for people living with HIV is estimated at \$379,668 (in 2010 dollars), therefore a prevention intervention is deemed cost saving if its Cost Effectiveness (CE) ratio is less than \$379,668 per transmission averted.² **Even a 1% increase in the number of diagnosed people living with HIV in the Texas could result in a \$356.9 million increase in healthcare costs over the course of a lifetime.** Investment in prevention is key to avoiding these future healthcare costs.

What can be done?

- There was no input allowed from providers and patients, and the effective date of the changes was announced to be immediate. **DSHS must reverse this announcement and provide proper input from the community affected by these changes.**

² <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

Williams, Victoria (County Judge's Office)

From: Martin, Carin (PHS)
Sent: Wednesday, October 28, 2020 11:29 AM
To: Williams, Victoria (County Judge's Office)
Subject: FW: Forwarded Statement from Shelley Lucas, MPH, Director

FYI – Shelley shared today that she anticipated an annual reduction of \$2.45 million for HIV/STD to be effective 9/1/21. She also discussed briefly how this may impact Texas MOE requirements.

Carin Martin, MPA
Program Manager
Ryan White Grant Administration
Please note my phone number has changed:
Phone: 832.927.7630
Email: carin.martin@phs.hctx.net

From: Janina Vazquez [mailto:ryanwhite@swift-solutions.org]
Sent: Wednesday, October 28, 2020 10:36 AM
Subject: Forwarded Statement from Shelley Lucas, MPH, Director

"We are currently analyzing the impact of increasing case load and rising medication costs on the financial stability of THMP. Analysis is underway, and we don't have the details yet. But as you can imagine, across the nation, ADAP programs have seen an increased need as many people have lost their jobs and insurance. We are committed to ensuring full visibility on the situation when the details are flushed out and confirmed. We will ensure that our community of stakeholders have the information for legislative session.

Additionally, DSHS will take a ~\$33M reduction for the next biennium. The HIV Program represents over 30% of the agency budget so there was no way DSHS could achieve the targeted reduction without the large GR programs from taking reductions, as well.

The reduction will require us asking HRSA for a change in how MOE is documented. We are aware that DSHS needs to preserve MOE so the agency does plan to add a rider indicating that if HRSA does not approve."

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FY 2020 Houston EMA Ryan White Part A/MAI Service Definition Comprehensive Outpatient Primary Medical Care including Medical Case Management, Service Linkage, Outreach, Emergency Financial Assistance - Pharmacy Assistance and Local Pharmacy Assistance Program (LPAP) Services	
HRSA Service Category Title: RWGA Only	1. Outpatient/Ambulatory Medical Care 2. Medical Case Management 3. AIDS Pharmaceutical Assistance (local) ← 4. Case Management (non-Medical) 5. Emergency Financial Assistance – Pharmacy Assistance 6. Outreach *
Local Service Category Title:	Adult Comprehensive Primary Medical Care - CBO i. Community-based Targeted to African American ii. Community-based Targeted to Hispanic iii. Community-based Targeted to White/MSM
Amount Available: RWGA Only	Total estimated available funding: <u>\$0.00</u> (to be determined) Note: The Houston Ryan White Planning Council (RWPC) determines overall annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.
Target Population:	Comprehensive Primary Medical Care – Community Based: i. Targeted to African American: African American ages 13 or older ii. Targeted to Hispanic: Hispanic ages 13 or older iii. Targeted to White: White (non-Hispanic) ages 13 or older Outreach: Services will be available to eligible HIV-infected clients residing in the Houston EMA/HSDA with priority given to clients most in need. Services are restricted to those clients who meet the contractor's RWGA approved Outreach Inclusion Criteria. The Outreach Inclusion Criteria components must include, at minimum 2 consecutive missed primary care provider and/or HIV lab appointments. Outreach Inclusion Criteria may also include VL suppression, substance abuse, and ART treatment failure components.
Client Eligibility: Age, Gender, Race, Ethnicity, Residence, etc.	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients). Contractor must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	<i>See Current Approved Financial Eligibility for Houston EMA/HSDA</i>

<p>Budget Type: RWGA Only</p>	<p>Hybrid Fee for Service</p>
<p>Budget Requirement or Restrictions: RWGA Only</p>	<p>Primary Medical Care: No less than 75% of clients served in a Targeted subcategory must be members of the targeted population with the following exceptions:</p> <p>100% of clients served with MAI funds must be members of the targeted population.</p> <p>10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost.</p> <p>Contractors may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA.</p> <p>Local Pharmacy Assistance Program (LPAP): Houston RWPC guidelines for Local Pharmacy Assistance Program (LPAP) services: Contractor shall offer HIV medications from an approved formulary for a total not to exceed \$18,000 per contract year per client. Contractor shall offer HIV-related medications for a total not to exceed \$3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding.</p> <p>Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p> <p>Emergency Financial Assistance – Pharmacy Assistance Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.</p> <p>Outreach</p>

*

	<p>Outreach services are restricted to those patients who have not returned for scheduled appointments with Provider as outlined in the RWGA approved Outreach Inclusion Criteria, and are included on the Outreach list.</p>
<p>Service Unit Definition/s: RWGA Only</p>	<ul style="list-style-type: none"> • Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit which includes the following: <ul style="list-style-type: none"> • Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and • Medication/treatment education • Medication access/linkage • OB/GYN specialty procedures (as clinically indicated) • Nutritional assessment (as clinically indicated) • Laboratory (as clinically indicated, not including specialized tests) • Radiology (as clinically indicated, not including CAT scan or MRI) • Eligibility verification/screening (as necessary) • Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit. • Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit. • Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit. • AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost. • Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager. • Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an

	<p>eligible PLWHA performed by a qualified service linkage worker.</p> <ul style="list-style-type: none"> • Outreach: 15 Minutes = 1 Unit • Emergency Financial Assistance – Pharmacy Assistance: A unit of service = a transaction involving the filling of a prescription or any other allowable HIV treatment medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.
<p>HRSA Service Category Definition: RWGA Only</p>	<ul style="list-style-type: none"> • Outpatient/Ambulatory medical care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. • AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding. • Medical Case Management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence

	<p>to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.</p> <ul style="list-style-type: none"> • Case Management (non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does. • Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. • Outreach Services include the provision of the following three activities: Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services, Provision of additional information and education on health care coverage options, Reengagement of people who know their status into Outpatient/Ambulatory Health Services
Standards of Care:	Contractors must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.
Local Service Category Definition/Services to be Provided:	<p>Outpatient/Ambulatory Primary Medical Care: Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication education, and patient care coordination. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).</p> <p>Services provided to women shall further include OB/GYN physician & physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietician, patient medication/women's health</p>

education, patient care coordination, and social services. The Contractor must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).

Outpatient/Ambulatory Primary Medical Care must provide:

- Continuity of care for all stages of adult HIV infection;
- Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);
- Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);
- Access to the Texas ADAP program (either on-site or through established referral systems);
- Access to compassionate use HIV medication programs (either directly or through established referral systems);
- Access to HIV related research protocols (either directly or through established referral systems);
- Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Contractor must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Contractor provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.
- On-site Outpatient Psychiatry services.
- On-site Medical Case Management services.
- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

Services for women must also provide:

- Well woman care, including but not limited to: PAP, pelvic exam, HPV screening, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.

- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site.

Nutritional Assessment: Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA.

Patient Medication Education Services must adhere to the following requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

Outpatient Psychiatric Services:

The program must provide:

- **Diagnostic Assessments:** comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- **Emergency Psychiatric Services:** rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24 hour basis including emergency room referral.

- **Brief Psychotherapy:** individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- **Psychopharmacotherapy:** evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- **Rehabilitation Services:** Physical, psychosocial, behavioral, and/or cognitive training.

Screening for Eye Disorders: Contractor must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

Local Medication Assistance Program (LPAP): LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client's annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription.

Contractor must offer all medications on the Texas ADAP formulary, for a total not to exceed \$18,000.00 per contract year per client. Contractor must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed \$3,000 per contract year per client. Contractor may be reimbursed ADAP dispensing fees (e.g. \$5/Rx) in accordance with RWGA business rules for those ADAP clients who are unable to pay the ADAP dispensing fee.

Medical Case Management Services: Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to

mental health, substance abuse and other client services as indicated by the medical service plan.

Service Linkage: The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.

Outreach: Providing allowable Ryan White Program outreach and service linkage activities to PLWHA who know their status but are not actively engaged in outpatient primary medical care with information, referrals and assistance with medical appointment setting, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPH/RWGA policies. Outreach services must be conducted at times and in places where there is a high probability

Staff Requirements:

Contractor is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dieticians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Contractor must ensure the following staff requirements are met:

Outpatient Psychiatric Services: Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be included in the proposal. Documentation of the Allied Health professional licensures and certifications must be included in the proposal appendices.

Medication and Adherence Education: The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.

Nutritional Assessment (primary care): Services must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years of experience providing nutritional assessment and counseling to PLWHA.

Medical Case Management: The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Contractor must maintain the assigned number of Medical Case Management FTEs throughout the contract term. **Contractor must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers within 30 days of start of grant year, and thereafter within 15 days after hire.**

Service Linkage: The program must utilize Service Linkage Workers who have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing client

	<p>services to PLWHA may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Contractor must maintain the assigned number of Service Linkage FTEs throughout the contract term.</p> <p>Contractor must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers within 30 days of start of grant year, and thereafter within 15 days after hire.</p> <p>Supervision of Case Managers: The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Contractor and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. An MCM may supervise SLWs.</p>
Special Requirements:	<p>All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.</p> <p>Contractor must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services.</p> <p>Primary Medical Care Services: Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Contractor bill the County for the difference between the reimbursement from Medicaid, Medicare or Third Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Contractor based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.</p>

For primary medical care services targeted to the Latino community at least 50% of the clinical care team must be fluent in Spanish.

Diagnostic Procedures: A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: www.hcphe.org/rwga. **Diagnostic procedures not listed on the website must have prior approval by RWGA.**

Outpatient Psychiatric Services: Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services. Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

Maintaining Referral Relationships (Point of Entry Agreements): Contractor must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Contractor and appropriate point of entry entities and are subject to audit by RWGA. Contractor and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Contractor must comply with CPCDMS business rules and procedures. Contractor must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication

regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Contractor must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Contractor is client's CPCDMS record-owning agency. Contractor must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

Bus Pass Distribution: The County will provide Contractor with METRO bus pass vouchers. Bus Pass vouchers must be distributed in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Contractor may only issue METRO bus pass vouchers to clients wherein the Contractor is the CPCDMS record owning Contractor. METRO bus pass vouchers shall be distributed as follows:

Expiration of Current Bus Pass: In those situation wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Contractor must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Contractor may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Contractor has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

Gas Cards: Primary Medical Care Contractors must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Contractors without prior approval by RWGA.

FY 2021 RWPC "How to Best Meet the Need" Decision Process

Step in Process: Council		Date: 06/11/2020
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/04/2020
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Improvement Committee		Date: 05/19/2020
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup #1		Date: 04/21/2020
Recommendations:	Financial Eligibility: PriCare=300%, EFA=500%, LPAP=400% +500%, MCM=none, SLW=none, Outreach=none	
1. Add the allowability of telehealth and telemedicine to the service definition, update the justification chart, and keep the financial eligibility the same.		
2.		
3.		

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
832 927-7926 telephone; 713 572-3740 fax

MEMORANDUM

To: Members, Ryan White Planning Council
Affiliate Members, Ryan White Committees

Copy: Carin Martin

From: Tori Williams, Director, Office of Support

Date: January 21, 2021

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2021. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and Affiliate Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 12, 2021.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2021 **will not be reimbursed at all if they are turned in after March 31, 2021.**
- 3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2021. If meetings are held in person during this time, then volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses incurred after March 1, 2021 but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2021.

We apologize for what could be an inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

March 1

2020.....

Beginning of
fiscal year 2020

Feb 12

2021.....

Turn in all
receipts

Feb 28

2021.....

End of fiscal
year 2020. No
money available
to write checks until
possibly the end of
May

March 31

2021

Turn in all remaining receipts
for fiscal year 2020 or you
will not be reimbursed for
those expenses incurred between
March 1, 2020 and Feb. 28, 2021

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

Memorandum

To: Members, Houston Ryan White Planning Council
Affiliate Members, Ryan White Committees

From: Tori Williams, Director, Ryan White Office of Support

Date: January 21, 2021

Re: Open Meetings Act Training

Please note that all Council members, and Affiliate Committee members, are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 31, 2021. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

<https://www.texasattorneygeneral.gov/og/oma-training>

If you do not have high-speed internet access, you are welcome to contact Rod in the Office of Support and we will see if we can help you access the information.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:

https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2021 Council Activities

(Revised 01-28-21)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

General Information: The following is a list of significant activities regarding the 2021 Houston Ryan White Planning Council. Consumers, providers and members of the general public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or review meeting agendas and support documents, please contact the Office of Support at 832 927-7926 or visit our website at: www.rwpchouston.org.

Routinely, the Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

- Thurs. Jan. 21 Council Orientation. 2021 Committee meeting dates will be established at this meeting.
- Thurs. Feb. 4 12 noon. First Steering Committee meeting for the 2021 planning year.
- Tues. Feb. 9 11 am, Orientation for new 2021 Affiliate Committee Members.
- Thurs. Feb. 11 12 noon. First Council meeting for the 2021 planning year.

Mon. Feb. 15 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 17 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider funding a service that is not currently being funded in the Greater Houston area with Ryan White Part A, Part B or State Services dollars. The form requires documentation for why dollars should be used to fund a particular service and why it is not a duplication of a service already being offered through another funding source. Anyone can submit an Idea Form. Contact the Office of Support at 832 927-7926 to request required forms

- Thurs. Feb. 25 12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2021 unspent funds, FY 2022 priority setting process** and more.
- TBD in March EIIHA Workgroup meeting.
- Tues. March 16 1:00 pm. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2022 service categories** for Part A, Part B and *State Services* funding.
- Mon. March 15 **Consumer Training** on the How to Best Meet the Need process.
- Thurs. April 1 12 noon. Steering Committee meets.
- Thurs. April 8** 12 noon. Planning Council meets.

1:30 – 4:30 pm. Council and Community Training for the How to Best Meet the Need process. Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.

(Continued)

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2021 Council Activities

(Revised 01-28-21)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

Mon. April 12	10 am – 5 pm, Special workgroup meetings. Topics to be announced.
Tues. April 20	<p>10:30 am. How To Best Meet the Need Workgroup #1 at which the following services for FY 2022 will be reviewed:</p> <ul style="list-style-type: none">• Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance – Pharmacy Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage – Adult and Rural)• Ambulatory/Outpatient Medical Care (including Medical Case Management and Service Linkage – Pediatric)• Referral for Health Care and Support Services• Clinical Case Management• Non-Medical Case Management (Service Linkage at Testing Sites)• Vision Care <p>1:30 pm. How To Best Meet the Need Workgroup #2 at which the following services for FY 2021 will be reviewed:</p> <ul style="list-style-type: none">• Health Insurance Premium & Co-pay Assistance• Medical Nutritional Therapy (including Nutritional Supplements)• Mental Health• Substance Abuse Treatment/Counseling• Non-Medical Case Management (Substance Use)• Oral Health – Untargeted & Rural <p>Call 832 927-7926 for confirmation and to receive meeting packets.</p>
Wed. April 21	<p>3:00 pm – 5:00 pm. How To Best Meet the Need Workgroup #3 at which the following services will be reviewed:</p> <ul style="list-style-type: none">• Early Intervention Services• Emergency Financial Assistance - Other• Home & Community-based Health Services (Adult Day Treatment)• Hospice• Linguistic Services• Transportation (van-based - Untargeted & Rural) <p>Call 832 927-7926 for confirmation and additional information.</p>
Thurs. April 22	12 noon. Priority & Allocations Committee meets to allocate Part A unspent funds .
Mon. May 3	5:00 pm. Deadline for submitting Proposed Idea Forms to the Office of Support. (See February 15 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
Tues. May 18	11 am. How to Best Meet the Need Workgroup meets for recommendations on the Blue Book . The Operations Committee reviews the FY 2022 Council Support Budget.
Tues. May 18	1 pm. Quality Improvement Committee meets to approve the FY 2022 How to Best Meet the Need results and review subcategory allocation requests . Draft copies are forwarded to the Priority & Allocations Committee.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2021 Council Activities

(Revised 01-28-21)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 832 927-7926.

- Tues. May 25** 7:00 pm., Public Hearing on the **FY 2022 How To Best Meet the Need results.**
- Wed. May 26 Time TBD. Special Quality Improvement Committee meeting to review public comments regarding **FY 2022 How To Best Meet the Need results.**
- Thurs. May 27 12 noon. Priority & Allocations Committee meets to recommend the **FY 2022 service priorities** for Ryan White Parts A and B and *State Services* funding.
- Thurs. June 3 12 noon. Steering Committee meets to approve the **FY 2022 How to Best Meet the Need results.**
- Thurs. June 10** 12 noon. Council approves the **FY 2022 How to Best Meet the Need results.**
- Week of June 14-18** Dates and times TBD. Special Priority & Allocations Committee meetings to draft the **FY 2022 allocations for RW Part A and B and State Services funding.**
- In June or Aug. 1 pm. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
- Thurs. June 24 12 noon. Priority & Allocations Committee meets to approve the **FY 2022 allocations for RW Part A and B and State Services funding.**
- Mon. June 28** 7 pm. Public Hearing on the **FY 2022 service priorities and allocations.**
- Tues. June 29 Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2022 service priorities and allocations.**
- July/Aug. Workgroup meets to complete the proposed **FY 2022 EIIHA Plan.**
- Thurs. July 1 12 noon. Steering Committee approves the **FY 2022 service priorities and allocations.**
- Thurs. July 8 12 noon. Council approves the **FY 2022 service priorities and allocations.**
- Fri. July 9 5 pm. Deadline for submitting a Project LEAP application form. See July 28 for description of Project LEAP. Call 832 927-7926 for an application form.
- Thurs. July 22 12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2022 priority & allocations.** They also allocate **FY 2020 carryover funds. (Allocate even though dollar amount will not be avail. until Aug.)**
- Wed. July 28** **Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals living with and affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.

(continued)

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- Thurs. Aug. 5 12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2022 GRANT**. (Mail out date for the August Steering Committee meeting is July 22, 2021.)
- TBD in Aug. Time TBD. **Consumer Training** on Standards of Care and Performance Measures.
- Fri. Sept. 3 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 15 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
- Tues, Sept. 14 1 pm. Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
- TBD in Sept. Time TBD. **Consumer-Only Workgroup** meeting to review FY 2022 Standards of Care and Performance Measures.
- Tues, Oct. 19 11 am. Review and possibly update the Memorandum of Understanding between all Part A stakeholders and the Letter of Agreement between Part B stakeholders.
- October or November Date & time TBD. Community Workgroup meeting to review **FY 2022 Standards of Care & Performance Measures** for all service categories.
- Thurs. Oct. 28 12 noon. Priority & Allocations Committee meets to allocate FY 2022 unspent funds.
- Tues. Nov. 9 or 30 9:30 am. Commissioners Court to receive the World AIDS Day Resolution.
- Thurs. Nov. 11 12 noon. Council recognizes all Affiliate Committee Members.
- Wed. Dec. 1 **World AIDS Day.**
- Thurs. Dec. 9 12 noon. Election of Officers for the 2022 Ryan White Planning Council.

2021 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/25/21)

AFFECTED COMMUNITY

TENTATIVE: Meetings are on the Monday after Council meets starting at 12 noon.

February 15	July 12
March 15	August 16
March 16*	September 13
April - no meeting	October 18
May 17**	November 15
June 14	December - no mtg

COMPREHENSIVE HIV PLANNING

Meetings are the second Thursday of the month starting at 2:00 pm:

February 11	August 12
March 11	September 9
April 8	October 14
May 13	November 11
June 10	December - no mtg
July 8	

OPERATIONS

Meetings are Tuesdays following the Council meeting starting at 11:00 am:

February 16	August 17
March 16	September 14
April 13	October 19
May 18	November 16
June 15	December 14
July 13	

PLANNING COUNCIL

Meetings are the second Thursday of the month starting at 12 noon:

February 11	August 12
March 11	September 9
April 8 - HRSA site visit	October 14
May 13	Nov 11 - LEAP presents
June 10	December 9
July 8	

PRIORITY & ALLOCATIONS

Meetings are the fourth Thursday of the month at 12 pm:

February 25	July 22
March 16*	August 26
March 25	September 23
April 22	October 28
May 27	November - no mtg
June 24	December - no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 1:00 pm:

February 16	August 17
March 16*	September 14
April 13	October 19
May 18	November 16
June 15	December - no mtg
July 13	

STEERING

Meetings are the first Thursday of the month starting at 12 noon:

February 4	August 5
March 4	September 2
April 1	October 7
May 6	November 4
June 3	December 2
July 1	

***Joint meeting of the Affected Community, Priority and Allocations and Quality Improvement Committees.**

BOLD = Special meeting date, time or place