



# The Houston Regional HIV/AIDS Resource Group, Inc.

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Eastern Texas HIV Administrative Service Area  
Ryan White Part B, C, D, State Services, HOPWA

**Houston Ryan White Planning Council**

**How to Best Meet The Need Process 2023**

# What does that mean?

## DSHS/TRG Jargon

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- AA Administrative Agency
- DSHS Department of State Health Services
- HASA Health Administrative Service Area
- HRSA Health Services and Resources Administration
- HSDA HIV Service Delivery Area
- INP Internal Needs Panel
- P&A Priorities and Allocations
- RW Ryan White
- RWPC Ryan White Planning Council
- SOC Standards of Care
- TRG The Resource Group, Inc.
- PLWH People Living with HIV

# TRG



- The Resource Group, Inc. is the largest and only community based HIV/AIDS agency in the State of Texas founded as a 501(c)(3) non-profit agency in 1993 to serve as the community based administrative agency for collaborative HIV/AIDS services funding in Northeast, East and Southeast Texas.
- We have grown from an initial funding of \$2,500,000 to our current funding level of over \$10,000,000. We currently fund over 15 agencies in Northeast, East and Southeast Texas to provide over 80 different services through 5 state and federal grants.
- The Resource Group serves as the administrative agency for the Ryan White Part B grant, the Department of State and Health Services (DSHS) State Services grant and the HOPWA grant in a 51 county region. We also administer the Ryan White Part D grants for Houston & Galveston and the Ryan White Part C grant for 27 rural counties of Eastern Texas.

# Ryan White Act

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- First enacted by Congress in 1990, The Ryan White CARE Act was reauthorized in 1996 and again in 2000. In 2006, Ryan White Treatment Modernization Act. The last reauthorization was in 2009 as the Ryan White Treatment Extensions Act. Learn more: <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>
- National HIV/AIDS Strategy
  - The National HIV/AIDS Strategy is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. First released on July 13, 2010, the Strategy identified a set of priorities and strategic action steps tied to measurable outcomes for moving the nation forward in addressing the domestic HIV epidemic. In July 2015, the [National HIV/AIDS Strategy for the United States: Updated to 2020](#) (NHAS 2020) (PDF - 2.2 MB) was updated. NHAS 2020 reflects the work accomplished and the new scientific developments since 2010 and charts a course for collective action across the federal government and all sectors of society to move us close to the Strategy's vision.



Ryan White  
1971-1990

# Ryan White Act: Purpose

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- To help communities and States increase availability of primary health care and support services that enhance access to care for persons living with HIV (PLWH) who fall through the public safety net.
- Reduce use of more costly inpatient care.
- Increase access to care for underserved populations.
- Improve quality of life for those affected by the epidemic.
- The Ryan White Act works towards these goals by funding local and State programs that provide primary medical care and support services; healthcare provider training; and technical assistance to help funded programs address implementation and emerging HIV care issues.

# Structure of HIV Care Funding

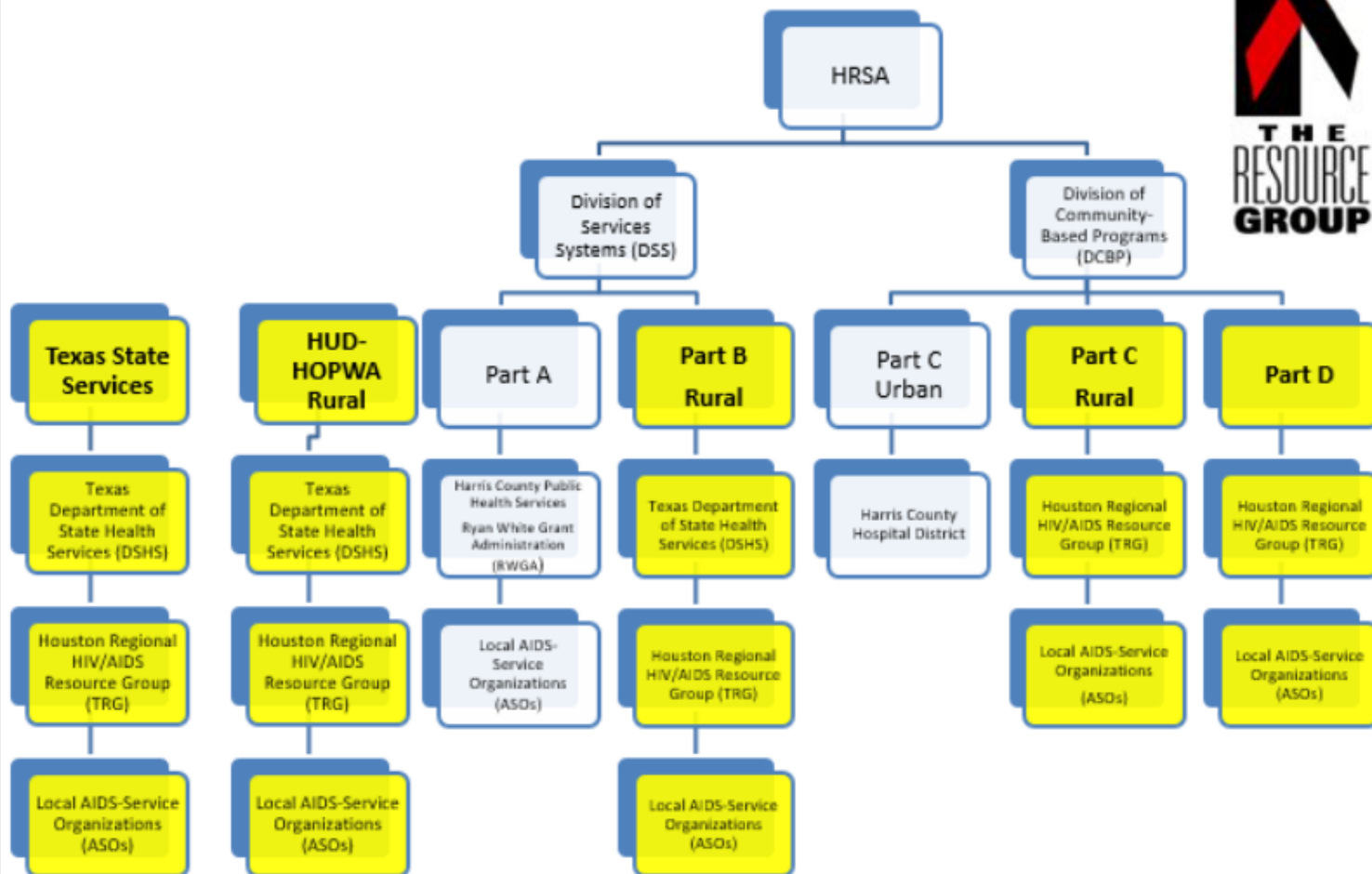
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U.S. Department of  
Health & Human  
Services (DHHS)



Health Resources & Services  
Administration (HRSA)  
HIV/AIDS Bureau (HAB)

# Structure of HIV Care Services



# Funding Service Categories

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1. Outpatient Ambulatory Health Services
2. Local AIDS Pharmaceutical Assistance
3. Early Intervention Services
4. Health Insurance Premiums and Cost-Sharing Assistance
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management
9. Medical Nutritional Therapy
10. Mental Health Services
11. Oral Health Care
12. Substance Abuse Services Outpatient

1. Non-Medical Case Management
2. Child Care Services
3. Emergency Financial Assistance (EFA)
4. Food Bank Services
5. Health Education/Risk Reduction
6. Housing Services
7. Legal Services
8. Linguistics Services
9. Medical Transportation Services
10. Outreach Services
11. Psychological Support Services
12. Referral for Health Care and Supportive Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (Residential)
16. Other Professional Services
17. Treatment Adherence Counseling (Non-Medical)

■ Core Medical Services

■ Supportive Services



Ryan White Part B

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DSHS State Services

Funding Overview

## Part B:

# Grants to States and Territories

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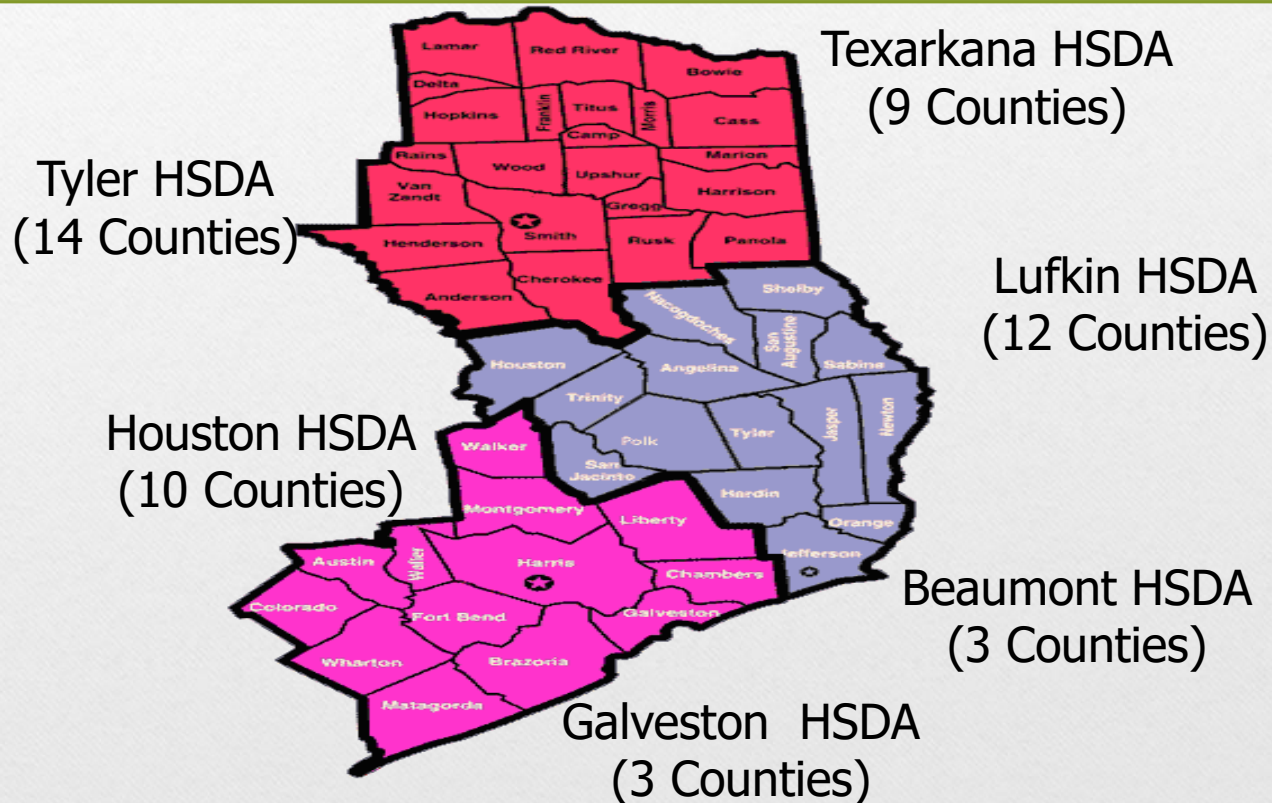
- Grants to all 50 States, District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands and 5 U.S. Pacific Territories or Associated Jurisdictions.
- Grants Include: Base Grant, AIDS Drug Assistance Program (ADAP), ADAP supplemental grants and grants to Emerging Communities (those reporting between 500-999 cumulative reported AIDS cases over the most 5 years....i.e. RURAL AREAS!

# What the heck is State Services?

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- DSHS State Services funding is Texas' allocations of funding for HIV Services.
- Though not directly bound by the rules of the Ryan White HIV/AIDS Treatment Extension Act, DSHS keeps State Services consistent with Ryan White whenever possible.
- State Services are Supportive HIV Services
- State Services-Rebate is funding generated from 340B rebate the State of Texas.

# DSHS HIV Service Delivery Area for Eastern Texas 51-County Service Area



# Houston HIV Service Delivery Area

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- The Houston HSDA is a 10-county service area including the counties of the Houston EMA.
- DSHS allocates funds by HSDA.



# Houston HSDA Funded Services

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- **RWB**

- Oral Health Care-Prosthodontics
- Oral Health-General
- Health Insurance Premium Assistance

- **SS**

- Hospice
- Health Insurance Premium Assistance
- Mental Health

- **SS-R**

- ADAP Enrollment Worker
- Health Insurance Premium Assistance
- Referral for Healthcare Targeting the Incarcerated and Recently Released

- **RWD**

- Case Management-Transition
- Health Education Risk Reduction
- Medical (Health) Case Management
- Medical Transportation
- Non-Medical Case Management (Patient Navigation, Recruitment & Retention Specialist)
- Outpatient Ambulatory Health Services
- **HOPWA**
- Tenant Based Rental Assistance
- Housing Case Management

# FUNDAMENTAL DIFFERENCE

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## Part A

- Guidance for Part A comes directly to the Recipient from the HRSA Division of Service Systems

## Part B

- Guidance for Part B comes directly to DSHS from the HRSA Division of Service Systems
- Guidance for State Services comes to TRG from the DSHS.

# THE END RESULT

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- Part A and Part B rules, requirements, and guidance may not always match.
- The Recipient and AA staff guidance in the RWPC processes may vary accordingly.
- Whenever possible, uniformity is desired. But uniformity may not always be able to be achieved.



# The Part B “Process”

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- The Planning Council will use its processes to make “recommendations” to The Resource Group regarding service categories, standards of care, outcome measures and priorities and allocations.
- The Resource Group will forward those “recommendations” and any concerns to DSHS.
- DSHS has final approval.
- Note: This does not exclude The Resource Group from making programmatic alterations to maintain consistency with DSHS policies or guidance.

# State Services Procurement Report

The Houston Regional HIV/AIDS Resource Group, Inc.  
 FY 2122 DSHS State Services  
 Procurement Report  
 September 1, 2021 - March 31, 2022



Chart reflects spending through March 2022 Final Closeout

Spending Target: 58%

Revised 4/12/2023

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)	\$853,137	43%	\$0	\$853,137	-\$853,137	\$0	9/1/2020	\$66,930	0%
6	Mental Health Services	\$300,000	15%	\$0	\$300,000	-\$75,000	\$225,000	9/1/2020	\$58,392	26%
7	EIS - Incarcerated (2)	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$73,853	42%
11	Hospice	\$259,832	13%	\$0	\$259,832	-\$108,000	\$151,832	9/1/2020	\$108,460	71%
13	Non Medical Case Management	\$350,000	17%	\$0	\$350,000	-\$135,000	\$215,000	9/1/2020	\$107,771	50%
16	Linguistic Services	\$68,000	3%	\$0	\$68,000	-\$40,000	\$28,000	9/1/2020	\$40,163	143%
<b>Total Houston HSDA</b>		<b>2,005,969</b>	<b>100%</b>	<b>\$0</b>	<b>\$2,005,969</b>	<b>-\$1,211,137</b>	<b>\$794,832</b>		<b>455,568</b>	<b>57%</b>

Note The amendment column is the five month budget 04/01/22-08/31/22 based on agency spending. Spending has been impacted by COVID and shorten grant period.

(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, All funds will be spent in remaining five month period, Likley to h

(2) Will not be contracted for the five month period. Service category redefined

# SS Service Utilization Report

## 2021 - 2022 DSHS State Services Service Utilization Report

4/1/2022 thru 08/31/2022 Houston HSDA

4th Quarter

Revised 9/23/2022

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	2,300	752	81.78%	17.55%	0.00%	0.67%	36.83%	27.12%	33.11%	2.94%	0.00%	0.00%	1.35%	17.28%	17.55%	26.59%	30.85%	6.38%
Mental Health Services	250	141	82.28%	15.60%	0.00%	2.12%	46.09%	24.11%	29.07%	0.73%	0.00%	0.00%	0.70%	29.78%	20.56%	19.85%	23.44%	5.67%
Hospice	35	17	82.36%	17.64%	0.00%	0.00%	52.94%	17.64%	29.42%	0.00%	0.00%	0.00%	0.00%	11.76%	11.76%	17.64%	47.08%	11.76%
Non Medical Case Management	315	97	83.50%	14.43%	0.00%	2.07%	44.33%	17.52%	37.11%	1.04%	0.00%	0.00%	1.03%	17.55%	21.64%	24.74%	28.86%	6.18%
Linguistic Services	50	45	46.66%	51.11%	0.00%	2.23%	53.33%	11.11%	4.44%	31.12%	0.00%	0.00%	0.00%	6.69%	24.44%	37.77%	22.22%	8.88%
Unduplicated Clients Served By State Services Funds:	NA	1,052	75.32%	23.27%	0.00%	1.41%	46.70%	19.50%	26.63%	7.17%	0.00%	0.00%	0.62%	16.61%	19.19%	25.32%	30.49%	7.77%

4-1-2022 State Services Start date to mirror and support the TRG Procurement Report

completed by: cvagaries

# Ryan White B Procurement Report

The Houston Regional HIV/AIDS Resource Group, Inc.  
 FY 2122 Ryan White Part B  
 Procurement Report  
 April 1, 2021 - March 31, 2022



Reflects spending through March 2022 Final Close Out Report

Spending Target: 100%

Revised 6/1/22

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 Service (1)	\$1,674,036	50%	\$0	\$1,674,036	\$0	\$1,674,036	4/1/2021	\$1,540,487	92%
4	Oral Health Service -Prosthodontics (1)	\$544,842	16%	\$0	\$544,842	\$40,789	\$585,631	4/1/2021	\$683,908	117%
5	Health Insurance Premiums and Cost Sharing (2)	\$1,028,433	31%	\$0	\$1,028,433	\$36,446	\$1,064,879	4/1/2021	\$1,217,879	114%
9	Home and Community Based Health Services (3)	\$113,315	3%	\$0	\$113,315	-\$77,235	\$36,080	4/1/2021	\$36,080	100%
		\$0	0%	\$0	\$0					
<b>Total Houston HSDA</b>		3,360,626	100%	0	3,360,626	\$0	\$3,360,626		3,478,354	104%

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

- (1) Agencies were allowed to spend the funds where needed within the Oral Health Service and total Oral Health Service spending is 98%
- (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. Demand exceeds funding.
- (3) Demand is still down because of COVID

\*Note TRG reallocated funds to avoid lapse in funds including reallocated funds from rural HSDAs.

# Ryan White B Service Utilization Report

**2021-2022 Ryan White Part B Service Utilization Report**  
**4/1/2021- 03/31/2022 Houston HSDA (4816)**  
**4th Quarter**

Revised 5/2/2022

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	1,600	932	82.00%	17.25%	0.10%	0.65%	39.37%	26.93%	31.00%	2.70%	0.00%	0.00%	1.50%	18.24%	19.31%	25.53%	28.86%	6.56%
Home and Communiy Based Health Services	38	20	57.14%	38.09%	0.00%	4.77%	75.00%	15.00%	10.00%	0.00%	0.00%	0.00%	5.00%	5.00%	0.00%	30.00%	40.00%	20.00%
Oral Health Care	4,860	2,814	71.59%	26.49%	0.00%	1.92%	78.51%	18.78%	0.00%	2.71%	0.00%	0.14%	2.27%	16.87%	21.81%	24.80%	25.62%	8.49%
Unduplicated Clients Served By State Services Funds	NA	1,839	70.24%	27.28%	0.03%	2.45%	64.29%	20.24%	13.67%	1.80%	0.00%	0.05%	2.92%	13.37%	13.71%	26.78%	31.49%	11.68%

**RWB-State Rebate**  
**January-December 2022**

Referral for Healthcare (AEWs) UDC 2,482

# HIA Service Utilization Report

## Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported:

09/01/2021-08/31/2022

Revised: 9/28/2022



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	1490	\$184,247.72	523			0
Medical Deductible	137	\$142,581.02	103			0
Medical Premium	8089	\$2,290,085.35	918			0
Pharmacy Co-Payment	28931	\$1,519,887.67	1714			0
APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment		\$18,046.03	33	NA	NA	NA
Totals:	38648	\$4,119,255.73	3292	0	\$0.00	

Comments: This report represents services provided under all grants.

# TRG's HRSA-Direct Projects

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Rural Primary Care Network

1 CARES 4 Another Project

Positive VIBE Project

# Part C: Early Intervention Services

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- Part C-Early Intervention Services
  - Provides funds directly to public or private organizations for early intervention services and capacity development and planning.
- TRG designed Part C funding to address Rural Primary Care of East Texas Continuum of Care
- Additional Services:
  - Outpatient Ambulatory Medical Care
  - Medical Case Management
  - Case Management
  - ADAP
  - Oral Health Care
  - Nutritional Counseling and Supplements



# Rural Primary Care Network

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- Provides care services in four HSDAs – Tyler, Lufkin, Beaumont and Galveston HSDAs
- No service impact in Houston HSDA

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# RW Part C May 1-April 30

BHS-4815 (Beaumont HSDA)	OAHC-Specialty, MCM
BFHC-4814 (Lufkin HSDA)	OAHC, MNS/T
LCH-B-4815 (Beaumont HSDA)	MHS, MCM, NMCM
SHRT-4806 (Tyler HSDA)	OAHC-Tyler Clinic Only
UTMB-4825 (Galveston HSDA)	MCM, OAHC,

**Part C Allocation FY 22/23 \$830,438**

1  
CARES  
4  
Another  
&  
Positive  
VIBE  
Project



Funded by Ryan White Part D



Provides a family-centered approach – encouraging all staff to incorporate the client’s support system in care.



The Project serves:

Women (25+)  
Infants (0 – 23 months)  
Children (2 – 12)  
Youth (13 – 24)



**2223 Positive VIBE Project  
Funding (Houston)  
Projected**

<b>1. Medical Services Subtotal</b>	<b>\$321,376</b>
<b>a. Outpatient /Ambulatory Health Services</b>	\$54,392
b. AIDS Pharmaceutical Assistance (local)	\$0
c. Oral Health Care	\$0
d. Home Health Care	\$0
e. Home and Community-based Health Services	\$0
f. Hospice Services	\$0
<b>g. Mental Health Services</b>	\$25,618
h. Medical Nutrition Therapy	\$0
<b>i. Medical Case Management (CC)</b>	\$241,366
j. Substance Abuse Services - Outpatient	\$0
<b>2. Support Services Sub-total</b>	<b>\$213,533</b>
<b>a. Case Management (non-Medical) (CC)</b>	\$157,479
b. Child Care Services	\$0
c. Early Intervention Services	\$0
d. Emergency Financial Assistance	\$0
e. Food Bank/Home-Delivered Meals	\$0
<b>f. Health Education/Risk Reduction (CC)</b>	\$11,380
g. Legal Services	\$0
h. Linguistics Services	\$0
<b>i. Medical Transportation Services*</b>	\$15,500
<b>j. Outreach Services (CC)</b>	\$16,414
k. Permanency Planning	\$0
l. Psychosocial Support Services	\$0
<b>m. Referral for Health Care/Supportive Services (CC)</b>	\$12,760
n. Rehabilitation Services	\$0
o. Respite Care	\$0
p. Treatment Adherence Counseling	\$0
<b>Total Service Allocations</b>	<b>\$534,909</b>

\*Agency Specific funding

CC = Care Coordination (bundles service interventions for PLWH at a single-point of delivery.)

NMCM includes Non-Medical Case Management and Patient Navigation service interventions.

# Women, Infant, Children, Youth WICY

**Houston HSDA Part D  
Allocation FY 22/23**

**\$534,909**

# HOPWA: Housing Opportunities for Persons With AIDS

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- Housing Case Management
- Permanent Housing Placement
- Short Term Rental, Mortgage & Utilities
- Tenant Based Rental Assistance
- DSHS HOPWA serves Texarkana, Tyler, Lufkin, Beaumont, Galveston (Matagorda county), Houston (Fort Bend, Wharton, Colorado counties).



# HOPWA September 1-August 31

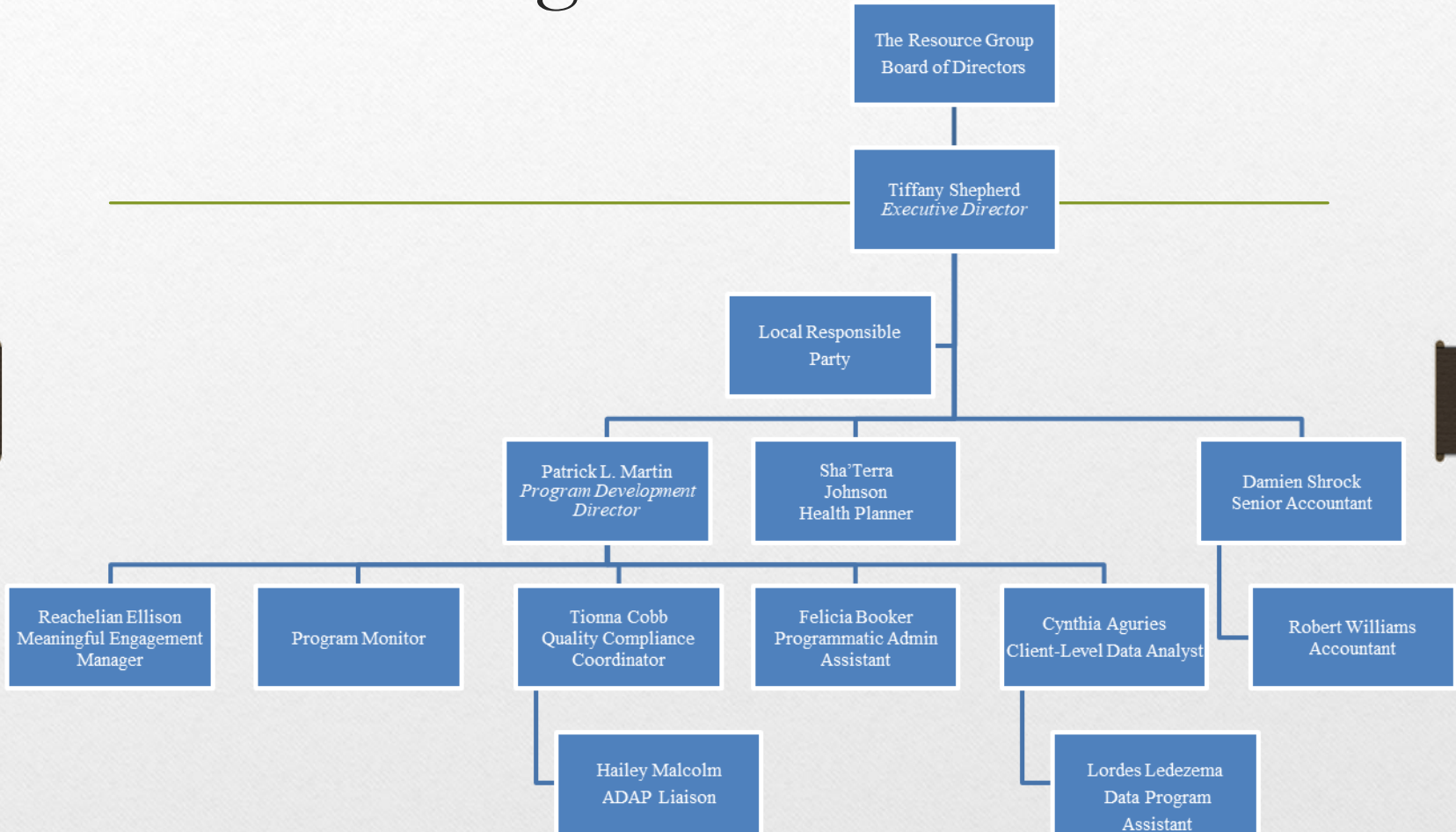
AFH-4816 (Houston HSDA)	HCM, STSH, TSH, PHP (Post Incarceration)
AH-4825 (Houston HSDA)	HCM, STRMU, TBRA
BHA-4815 (Beaumont HSDA)	HCM, PHP, STRMU, TBRA
BFHC-4814 (Lufkin HSDA)	HCM, STRMU, TBRA
ETC-4806 (Tyler HSDA)	HCM, PHP, STRMU, TBRA
SHRT-4806 (Tyler HSDA)	HCM, PHP, STRMU, TBRA
SHRT-4805 (Texarkana HSDA)	HCM, STRMU, TBRA

**Houston HSDA HOPWA  
Allocation FY 22/23  
\$532,366**

# 2023 TRG Organizational Chart

Revised 2/30/26

# TRG Organizational Chart





# Contact Information

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@HIVResourceGroup

Q&A

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