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
http://rwpchouston.org

MEMO

To:	2023 Operations Committee	
	Ronnie Galley, Co-Chair	Kenia Gallardo
	Cecilia Ligons, Co-Chair	Josh Mica
	Skeet Boyle	Allen Murray
	Johanna Castillo	
Copy:	Crystal Starr	Mauricia Chatman
	Rodriga Avila	Tiffany Shepherd
	Glenn Urbach	Sha'Terra Johnson
From:	Tori Williams	
Date:	Tuesday, February 7, 2023	
Re:	Meeting Announcement	

Please note the following meeting information:

Operations Committee Meeting
11:00 a.m., Tuesday, February 14, 2023

To join the Zoom meeting, click on the following link:
https://us02web.zoom.us/j/81938771756?pwd=cnhFMHBsdTJWMTdZWmNEbjBjdG82Zz09
Meeting ID: 819 3877 1756 Passcode: 817550
Or, use your telephone to dial in at: 346 248-7799

Please RSVP to Rod, even if you cannot attend the meeting. She can be reached at: Rodriga.Avila@harriscountytx.gov or by telephone at 832 927-7926.

We look forward to seeing you soon!

DRAFT

Houston Area HIV Services Ryan White Planning Council

Operations Committee Meeting

11:00 am, Tuesday, February 14, 2023

Join Zoom Meeting
https://us02web.zoom.us/j/81938771756?pwd=cnhFMHBsdTJWMTdZWmNEbjBjdG82Zz09
Meeting ID: 819 3877 1756 Passcode: 817550
Or, use your telephone to dial in at: 346 248-7799

AGENDA

* = Handout to be distributed at the meeting

I. Call to Order — Ronnie Galley and Cecilia Ligons, Co- Chairs
   A. Moment of Reflection
   B. Adoption of the Agenda
   C. Adoption of the Minutes

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.

III. Old Business — Tori Williams
   A. Nuts and Bolts, FY 2022 Petty Cash and Open Meetings Act Training
   B. 2023 Committee Goals
   C. 2023 Committee Meeting Dates & Critical Timeline
   D. Sign Member Statement of Confidentiality Forms
   E. Elect a Committee Vice Chair

IV. New Business
   A. Date for New Affiliate Member Training
   B. 2023 Council Training Schedule – See attached request
   C. Council and Committee Meeting Format in 2023, see attached report and comments
   D. HRSA Policy Letter regarding Consumer Incentives
   E. Ryan White Office of Support Possible Move
   F. Review Election Policy if Vice Chair is Conflicted

V. Announcements

VI. Adjourn

OPTIONAL: Members meet with Committee Mentor — Cecilia Ligons

DRAFT

Houston Area HIV Services Ryan White Planning Council

Operations Committee Meeting

10:00 am, Tuesday November 15, 2022
Meeting Location: Zoom teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Ronnie Galley, Co-Chair		Crystal Starr, Chair RWPC
Matilda Padilla, Co Chair		Sarah Ross, RWGA
Kevin Aloysius		
Skeet Boyle		
Johnny Deal		**Staff**
Denis Kelly		Tori Williams, Director
Peta-Gay Ledbetter		Rod Avila, Assistant Coordinator
Cecilia Ligons		

Call to Order: Ronnie Galley, Co-Chair, called the meeting to order at 10:05 a.m.

Adoption of the Agenda: ***Motion #1:*** *it was moved and seconded (Boyle, Ligons) to adopt the agenda with the following amendment: add the following new item: Format for 2023 Council Meetings.* **Motion carried unanimously.**

Approval of the Minutes: **Motion #2**: *it was moved and seconded (Boyle, Ligons) to approve the October 18, 2022 minutes.* **Motion carried.** Abstentions: Deal.

Public Comment and Announcements: None

Old Business

Election of the 2023 RWPC Officers- Slate of Nominees. The Committee reviewed the attached slate of nominees for the 2023 Ryan White Planning Council election of officers. There were no additional nominations. Committee members discussed the prerequisite of presenting a short biography in writing by candidates. It was agreed by consensus that this committee will further review this process in 2023.

2023 Orientation: The Council Orientation will be in person and have training all in one day at the restaurant III Wolfgang Puck in the Medical Center on Thursday 01/26/23. The committee reviewed the agenda from the 2022 Ryan White Planning Council Orientation and made suggested changes. To compliment Orientation, the Mentor Luncheon will be on 01/19/23.

Council Applicants: By consensus, committee members agreed to interview Council applicants as follows: starting at 10 am on 11/15/22; if needed, 10 am on Tuesday, November 22nd and, as a last resort, if needed, at 1 pm on November 29th.

The Format for 2023 Council Meetings: Starr, Chair of the RWPC, stated that she feels it is important to conduct Council business in-person. After committee members stated various sides of the issue, they agreed by consensus to ask the Office of Support to survey 2022 Council members to see if they wish to have future Council meetings in-person or via hybrid format.

Announcements: None

Adjournment: the meeting adjourned at 10:33 a.m.

Submitted by:

Tori Williams, Director Date

Approved by:

Committee Chair Date

DRAFT

Houston Area HIV Services Ryan White Planning Council

Operations Committee Meeting

9:00 am, Tuesday January 19, 2023
Meeting Location: Zoom teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Ronnie Galley, Co-Chair	Kevin Aloysius, excused	Crystal Starr, Chair RWPC
Skeet Boyle	Peta-Gay Ledbetter, excused	Sarah Ross, RWGA
Johnny Deal	Matilda Padilla, excused	**Staff**
Cecilia Ligons		Tori Williams, Director
		Rod Avila, Assistant Coordinator

Call to Order: Ronnie Galley, Co-Chair, called the meeting to order at 9:15 a.m.

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

Public Comment and Announcements: None

2023 Orientation: Williams informed members that the number of people testing positive for COVID, the flu, and the RSV respiratory infection is only increasing. The Office of Support contacted Crystal Starr and Ronnie Galley ten days previously and suggested that all January meetings should be conducted virtually to maintain the safety of Ryan White volunteers and staff. They agreed and the contract with the restaurant was cancelled. After Committee members discussed this, it was agreed that it would be safer to conduct January Ryan White meetings virtually.

Since the Orientation will be virtual, it will be condensed into a half-day meeting. The committee reviewed draft agendas for the following 2023 Ryan White Planning Council meetings:
New Member Orientation – January 19, 2023 from 10 am to 12 noon
Mentor Meeting – January 19, 2023 from 12 pm - 12:30pm
All-Member Orientation – January 26, 2023 from 9 am - 12:30 pm

Survey regarding the format for 2023 Meetings: Williams summarized the findings of the survey that was emailed to all 2022 Council members. See attached survey report.

February Meeting:
Determine the best format for 2023 Council and Committee Meetings
Discuss the new HRSA policy on consumer incentives
Other

Announcements: None

Adjournment: the meeting adjourned at 9:55 a.m.

Submitted by:

Tori Williams, Director Date

Approved by:

Committee Chair Date

Nuts and Bolts for New Members

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact the Office of Support. Two email reminders will be sent and will include an electronic copy of the meeting packet.

Packets will have the date and time of the meeting on the cover memo and at the top of the agenda. At the beginning of 2023, meetings will be virtual or hybrid. If hybrid, the Zoom access information and the location of the meeting will be below the time and date on the cover memo and at the top of the agenda.

If the meeting is in-person, only committee members sit at the table and can vote at the meeting; staff and others sit in the audience.

Members may only vote on the minutes if they were present at the meeting.

Due to a new HRSA policy, announced on December 6, 2022, there will be changes to the petty cash policy in 2023. Until the Council has had an opportunity to discuss and transition to the new policy, consumers can request reimbursement for transportation to and from Ryan White Council and Committee meetings. Childcare expenses may also be reimbursed for members if this allows a consumer to attend a Council and/or Committee meeting. See the 2022 Petty Cash Policy for details.

Due to County budgeting policy, there may be no petty cash reimbursements in March and possibly April so save receipts and turn them into Rod

for payment in April.

Be careful about stating personal health information in meetings as they are tape recorded and, due to the Open Meetings Act, are considered public record. The tapes must be available for anyone to listen to, including members of the media.

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MEMORANDUM

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

Copy: Glenn Urbach

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

Date: January 26, 2023

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2023. 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 the end of the day on Friday, February 17, 2023.**

2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2023 **will not be reimbursed at all if they are turned in after March 31, 2023.**

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	Feb 17	Feb 28	March 31
2022	**2023**	**2023**	**2023**
Beginning of fiscal year 2022	Turn in all receipts	End of fiscal year 2022. Possibly no money available to write checks until early April	Turn in all remaining receipts for fiscal year 2022 or you will not be reimbursed for those expenses incurred between March 1, 2022 and Feb. 28, 2023

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Memorandum

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

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

Date: January 26, 2023

Re: Open Meetings Act Training

Please note that all Council members are required to take the Open Meetings Act training at least once in their lifetime. Affiliate members are encouraged to take the training. If you have never viewed the training video, 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, 2023. 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 access to high-speed internet, you are welcome to contact Rod in the Office of Support to arrange a time to come to the office.

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

2022 QUARTERLY REPORT
OPERATIONS COMMITTEE

(submitted May)

Status of Committee Goals and Responsibilities (* means mandated by HRSA):

1. Design and implement Orientation for Council members and new external committee members early in the planning year.
   Status:

2. When necessary, address member needs for additional orientation and training, including through the Committee Mentoring Program.
   Status:

3. *When necessary, review and revise the bylaws, policies, and procedures of the Ryan White Planning Council.
   Status:

4. In November, review and, if necessary, recommend amendments to the Memorandum of Understanding among Part A stakeholders and/or the Letter of Agreement among Part B stakeholders.
   Status:

5. When necessary, review and revise policies and procedures for the Council support staff.
   Status:

6. *Investigate and make recommendations regarding complaints and grievances brought before the committee in order to assure member/staff compliance with bylaws, policies, and procedures.
   Status:

7. *Resolve any grievances brought forward.
   Status:

8. *Make nominations to the CEO, which ensure the reflectiveness and representativeness of the Council.
   Status:

9. Evaluate the performance of the Director in conjunction with the Planning Council Chair and CEO.
   Status:

10. Ensure that the Council is complying with HRSA, County and other open meeting requirements.
    Status:

11. Annually, review the status of Committee activities identified in the Comprehensive Plan.
    Status:

Status of Tasks on the Timeline:

_____ _____

Committee Chairperson Date

2023 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/26/23)

AFFECTED COMMUNITY

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

February 20	July 24
March 14*	August 21
March 20	September 25
April - no mtg	October 23
May 22	November 20
June 19 *(Holiday)*	December - no mtg

COMPREHENSIVE HIV PLANNING

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

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

OPERATIONS

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

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

PLANNING COUNCIL

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

February 9	August 10
March 9	September 14
April 13	October 12
May 11	November 9
June 8	December 14
July 13	

PRIORITY & ALLOCATIONS

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

February 23	July 27
March 14*	August 24
March 23	September 28
April 27	October 26
May 25	November - no mtg
June 22	December - no mtg

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 2:00 pm:

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

STEERING

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

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

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

BOLD = Special meeting date, time or place

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

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 check our website at http://rwpchouston.org or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

General Information: The following is a list of significant activities regarding the 2023 Houston Ryan White Planning Council. People living with HIV, providers and members of the 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 meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: http://rwpchouston.org.

All Ryan White Council and Committee meetings will be held virtually in January 2023, possibly via hybrid format after January. Routinely, the Ryan White 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. 26	Council Orientation. 2023 Committee meeting dates will be established at this meeting.
Thurs. Feb. 2	12 noon. First Steering Committee meeting for the 2023 planning year.
Feb. date TBD	10 am, Orientation for new 2023 Affiliate Committee Members.
Feb. dates TBD	Integrated Plan: Quality of Life workgroup, Evaluation workgroup, HIV Education Coalition and HIV Data Committee meet to create timelines and organize their 2023 work products.
Thurs. Feb. 9	12 noon. First Council meeting for the 2023 planning year.
Tues. Feb. 14	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding 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 a service that is not currently being funded in the Greater Houston area with Ryan White funds. The form requires documentation that justifies why a particular service should be funded 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 forms.
Thurs. Feb. 23	12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2023 unspent funds, FY 2024 priority setting process** and more.
March dates TBD	EIIHA Workgroup and the Project LEAP/Proyecto VIDA Advisory Committee meet.
Tues. March 14	Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2024 service categories** for Part A, Part B, MAI and *State Services* funding.
Mon. March 20	**Consumer Training** on the How to Best Meet the Need process.
Thurs. April 6	12 noon. Steering Committee meets.
Thurs. April 13	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.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

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Mon. April 17	10 am – 5 pm, Special workgroup meetings. Topics to be announced.

April 18 - 26

The following workgroups will be scheduled to meet. Call 832 927-7926 for confirmation and to receive meeting packets.

10:30 am. ***Date to be announced***. **How To Best Meet the Need Workgroup #1** at which the following services for FY 2024 will be reviewed:

- 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

1:30 pm. ***Date to be announced***. **How To Best Meet the Need Workgroup #2** at which the following services for FY 2024 will be reviewed:

- 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

3:00 pm – 5:00 pm. ***Date to be announced***. **How To Best Meet the Need Workgroup #3** at which the following services for FY 2024 will be reviewed:

- Early Intervention Services
- Emergency Financial Assistance - Other
- Home & Community-based Health Services (Adult Day Treatment)
- Hospice
- Linguistic Services
- Transportation (van-based - Untargeted & Rural)

Thurs. April 27 — 12 noon. Priority & Allocations Committee meets to allocate **Part A unspent funds.**

Mon. May 1	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 16 — **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book.** The Operations Committee reviews the FY 2024 Council Support Budget.

Tues. May 16 — Quality Improvement Committee meets to approve the **FY 2024 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 2023 Council Activities

(Revised 01-30-23)

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Tues. May 23	7:00 pm., Public Hearing on the **FY 2024 How To Best Meet the Need results.**
Wed. May 24	Time TBD. Special Quality Improvement Committee meeting to review public comments regarding **FY 2024 How To Best Meet the Need results.**
Thurs. May 25	12 noon. Priority & Allocations Committee meets to recommend the **FY 2024 service priorities** for Ryan White Parts A and B and *State Services* funding.
Thurs. June 1	12 noon. Steering Committee meets to approve the **FY 2024 How to Best Meet the Need results.**
Thurs. June 8	12 noon. Council approves the **FY 2024 How to Best Meet the Need results.**
Week of June 12-15	Dates and times TBD. Special Priority & Allocations Committee meetings to draft the **FY 2024 allocations for RW Part A and B, MAI and *State Services* funding.**
June or August	Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
Thurs. June 22	12 noon. Priority & Allocations Committee meets to approve the **FY 2024 allocations for RW Part A and B, MAI and *State Services* funding.**
Mon. June 26	7 pm. Public Hearing on the **FY 2024 service priorities and allocations.**
Tues. June 27	Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2024 service priorities and allocations.**
July/Aug.	Workgroup meets to complete the proposed **FY 2024 EIIHA Plan.**
Thurs. July 6	12 noon. Steering Committee approves the **FY 2024 service priorities and allocations.**
Thurs. July 13	12 noon. Council approves the **FY 2024 service priorities and allocations.**
Fri. July 14	5 pm. Deadline for submitting a Project LEAP application form. See July 26 for description of Project LEAP. Call 832 927-7926 for an application form.
Thurs. July 27	12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2024 priority & allocations.** They also allocate **FY 2022 carryover funds.** (**Allocate even though dollar amount will not be avail. until Aug.**)
Wed. July 26	**Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals living with or 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)

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

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Thurs. Aug. 3	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 2024 GRANT**. (Mail out date for the August Steering Committee meeting is July 27, 2023.)
Mon. Aug. 21	**Consumer Training** on Standards of Care and Performance Measures.
Fri. Sept. 1	5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 14 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. 19	Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
Mon. Sept. 25	**Consumer-Only Workgroup** meeting to review FY 2024 Standards of Care.
Tues. Oct. 17	Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & Letter of Agreement between Part B stakeholders.
October or November	Date & time TBD. Community Workgroup meeting to review **FY 2024 Standards of Care** for all service categories.
Thurs. Oct. 26	12 noon. Priority & Allocations Committee meets to allocate FY 2023 unspent funds.
Nov. 1	10:00 am. Commissioners Court to receive the World AIDS Day Resolution.
Thurs. Nov. 9	12 noon. Council recognizes all Affiliate Committee Members.
Fri. Dec. 1	**World AIDS Day**.
Thurs. Dec. 14	12 noon. Election of Officers for the 2024 Ryan White Planning Council.

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Houston Ryan White Planning Council
Operations Committee Member
Statement of Confidentiality

I, the undersigned, am a member of the Operations Committee or an ex-officio member of the Committee as current Chair of the Houston Ryan White Planning Council.

I understand that in the course of my service as a member of the Operations Committee, or Chair of the Ryan White Planning Council (RWPC), I may learn certain facts about individuals in the application/nomination and membership selection process that are of a highly personal and confidential nature (i.e. information such as, but not limited to: HIV status, medical conditions, sexual orientation, or other personal matters).

I agree to the best of my ability to protect the information of a personal and confidential nature of a Council applicant. I further agree to the best of my ability to protect any information of a personal and confidential nature learned while on the Operations Committee, or during my tenure as Chair, after my membership on the Operations Committee and my relationship with the Houston Ryan White Planning Council has ceased.

I also understand that a violation of this confidentiality agreement may result in my removal from the Houston Ryan White Planning Council.

Printed Name: _____

Signature: _____

Date: _____

Training Topics for 2023 Ryan White Planning Council Meetings (updated: 04/01/22)

DRAFT

Shading = may be room on agenda for a second speaker

Month 2023	Topic	Speaker
January 26	Council Orientation	See Orientation agenda
February 9	History of Minority AIDS Initiative Funding	Charles Henley, Consultant
March 9		
April 13	How to Best Meet the Need Training 1:30 - 4 pm HTBMN Document Training	Tana Pradia and Pete Rodriguez, Co-Chairs, Quality Improvement Committee Multiple trainers
May 11	TENTATIVE: Health Equity	TBD (Mauricia has a recommendation)
June 8		
July 13	Priority Setting and Allocations Processes 2023 Houston HIV Prevention & Care Integrated Plan	Bobby Cruz & Peta-gay Ledbetter, Co-Chairs, Priority & Allocations Committee
August 10	Intimate Partner Violence and HIV	
September 14	TENTATIVE: Proyecto VIDA Special Presentations	
October 12	Trauma Informed Care The Opioid Epidemic	TBD Representative, The National Opioid Network
November 9	We Appreciate Our Affiliate Committee Members Election Policy Project LEAP Special Presentations	Crystal Starr, Chair, Ryan White Planning Council Ronnie Galley and Cecilia Ligons, Co-Chairs, Operations Committee 2022 Project LEAP Students
December 14	Elections for the 2024 Officers	Ronnie Galley and Cecilia Ligons, Co-Chairs, Operations Committee

Required: Opioid and Other Drug Use, Prevention of Domestic & Sexual Violence and Trauma Informed Care

Requests: Transgender Health Issues by Dr. Lake – recommended by Dr. Patel

Updates from the Texas Department of State Health Services (TDSHS) - 2 x per year

Survey of 2022 Ryan White Planning Council Members Preferences for In-person Vs. Virtual Meetings

Prepared by Mackenzie Hudson, January 9, 2023

Summary Of Results

In December 2022, a survey was conducted to analyze Ryan White Planning Council member preferences for in-person vs. virtual meetings and barriers to meeting attendance. All in all, 30 out of 34 Council members completed the survey, making for an 88% completion rate. Importantly, when it came to meeting format, 60% (the majority) of members prefer a hybrid format. A minority of participants, 36%, indicate that they prefer in-person only Council meetings. One Council member indicates a preference for virtual only meetings.

In regard to other obligations, 73% report that they have no obligations to inhibit in-person attendance, but 26% of respondents report that they have work or other obligations. Council members report several reasons for difficulty with in-person attendance, the two most common being travel time to the meeting and travel for work or personal reasons. In regards to how many 2022 Council meetings the respondent could have attended in-person, 33% of participants report that they could attend less than all of the meetings, with some reporting as few as 4 meetings they could have attended. The most common reason for not being able to attend all Council meetings is work obligations.

When asked how to make reaching quorum easier, the most common response is to provide incentives, including lunch, gift cards, and monetary incentives. Out of 15 respondents to this question, 6 (40%) say that providing incentives is important, with 4 of 6 (66%) of these participants referring to lunch specifically as the provided incentive. Again, out of 15 respondents to this question, 3 (20%) state that continuing hybrid meetings is important for reaching quorum. In regards to making important decisions, 59% of participants respond that they feel it did not matter whether important decisions are made in-person or virtually. However, 41%, a minority of participants, feel that in-person is better for making important decisions. As regards attentiveness in meetings, the majority, 60%, of participants feel that they were more attentive in-person than virtually. However, 40% of participants feel it did not matter whether in-person or virtual for their level of attentiveness.

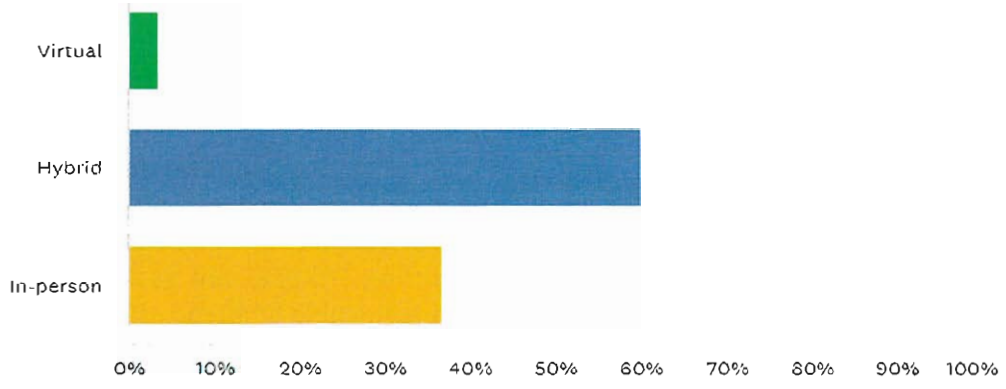
(Continued on next page)

Introduction

In December 2022, a survey was conducted to analyze Council member's preferences for in-person vs. virtual meetings and barriers to meeting attendance. In all, out of 34 Council members, 30 members responded to the survey, making for an 88% completion rate of the survey. The survey was completed virtually by all, even though a pen and paper option was provided. Only members of the 2022 Ryan White Planning Council were asked to complete the survey, given their knowledge of meeting conduct and experience of in-person and virtual meetings.

Q1. In-person vs. Virtual vs. Hybrid

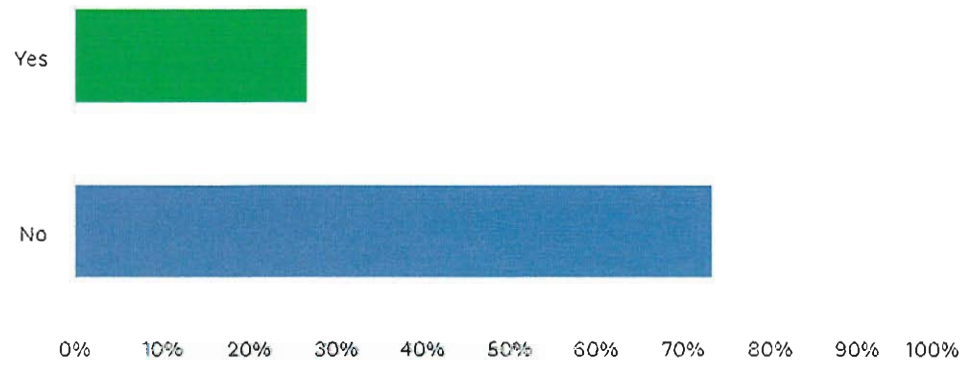
The question 'Do meetings work best for you only in virtual, hybrid, or in-person format'? was asked of Council members.



The majority, 18 of 30 or 60%, of members prefer a hybrid format. The second most popular choice is in-person only, with 11 of 30 respondents or 36%. Only 1 of 30 or 3% of respondents prefer a virtual only meeting format.

Q2. Other Obligations

The question 'Do you have work or other obligations that inhibit you from attending in-person?' was asked of Council members.



The most common response is 'No', with 22 of 30 or 73% of respondents reporting that they have no other obligations to inhibit in-person attendance. However, a minority of participants, 8 of 30 or 26%, report that they have other obligations that would inhibit in-person attendance.

Q3. Reasons for Difficulty with In-Person Attendance

'What are the reasons your work or other obligations will not let you attend in-person?' was asked of Council members. The most common obligation that hinders attendance is travel time to the meetings. For example, one member said, "Sometimes time to travel is a challenge – some meetings I can attend in-person – the virtual option gives flexibility." Another member said, "I travel from different sites almost daily. Participating virtually allows me to join meetings while 'on the go' instead of having to be absent. I also travel often for work outside of Houston--- same issue as above."

Another barrier to attendance at meetings is travel for work or personal reasons. One member said, "I travel for business and personal reasons and several times I was out of town and only could participate by attending on Zoom. One of those times I was attending a funeral, so it is very important for the council to have hybrid meetings."

Q4. Maximum Number of Meetings Possible to Attend in 2022

'What is the maximum number of meetings you could have attended in-person in 2022?' was asked of Council members. The most common (modal) answer, with 8 of 30 or 23%* of participants, is that the respondent could have attended all 2022 Council meetings. However, 10 of 30 or 33%* of participants reported that they could attend less than all of the meetings, with some reporting as few as 4 meetings they could have attended. Possible number of meetings that could have been attended ranged from 4 to 11 Council meetings. The average number of meetings that could have been attended, if it was less than all meetings, is 8 meetings. The most common reason for not being able to attend all Council meetings is work obligations.

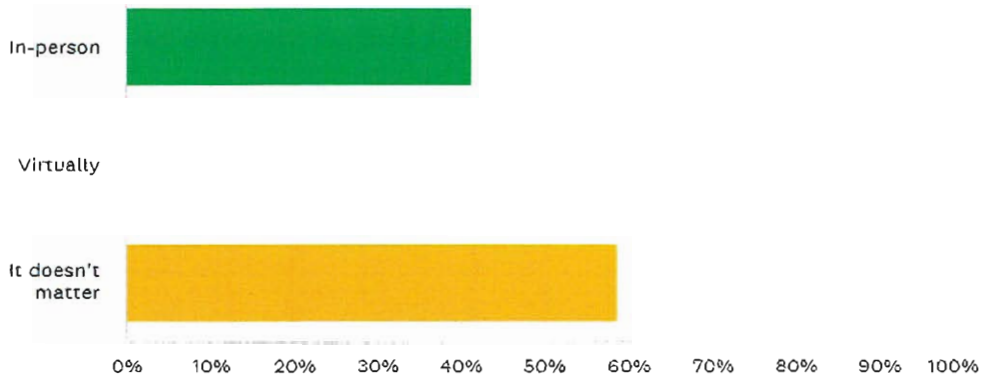
*Percentages do not sum to 100% because not all Council members completed this question.

Q5. Making Quorum Easier

Council members were asked 'What are some suggestions you have to make reaching quorum easier?'. Out of 15 respondents to this question, 6 (40%) said that providing incentives was important, with 4 of 6 (66%) of these participants referring to lunch specifically as the provided incentive. For example, one member says, "The suggestion I would have is to provide lunch (including a cookie or desert) as a permanent policy for in-person meetings." Again, out of 15 respondents to this question, 3 (20%) state that continuing hybrid meetings is important for reaching quorum. One member said, "hybrid – covid is still around" and another said "have the option for both in-person and virtual" as their opinion for making reaching quorum easier.

Q6. Making Important Decisions

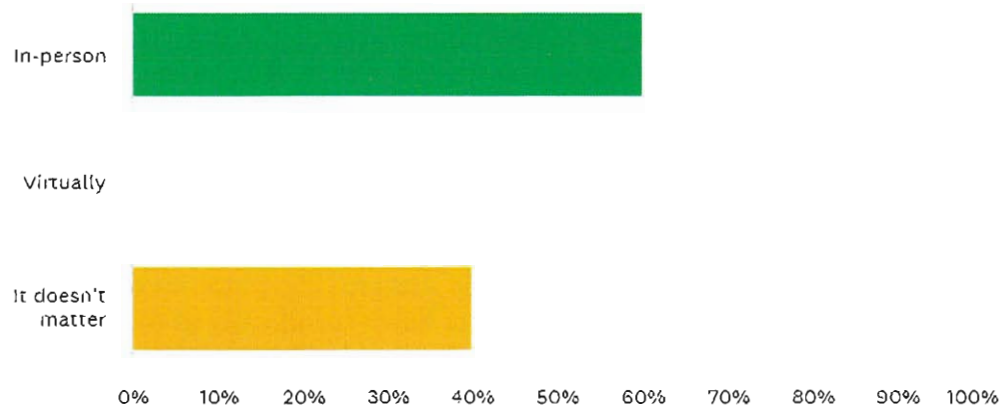
Members were asked 'In your opinion, is it better to make important decisions in-person, virtually, or it doesn't matter?".



The majority of participants, 17 of 30 or 59%, respond that they thought it did not matter whether in-person of virtual for making important decisions. However, a minority, 12 of 30 or 41% of participants, feel that in-person is better for making important decisions.

Q7. Format Where Members are Most Attentive

Council members were asked, 'Are you more attentive in-person, virtually, or it doesn't matter?'



The majority of participants, 18 of 30 or 60%, are more attentive in-person than virtually. A minority, 12 of 30 or 40%, feel that they are equally attentive in-person and virtually.

PUBLIC COMMENT

For the Ryan White Operations Committee
Received via email on Wednesday, December 28, 2022
From Bobby Cruz, 2022 Ryan White Planning Council Member

I would like to offer for consideration that it will be difficult to get the greatest number of people participating in our meetings if we eliminate hybrid Zoom meetings.

I was only able to attend all 9 council meetings and all P & A meetings last year because I was able to attend some of them virtually. I attended a funeral out of town on one of those council meeting dates and suggest that this may also be a possibility for other council members in the future. Thus, we would lose out on a council member's participation completely if the possibility of hybrid meetings were eliminated.

Some of the department heads of the Health departments and agencies, and other health professionals, including medical doctors, may not be able to be present in person because of their schedules. If we eliminate the possibility of virtual meeting attendance, we may alienate some important members of our council.

I plan on attending all our meetings in person. I also agree that it is best to encourage in-person attendance as a matter of council policy. However, every other volunteer board I serve on has allowed attendance by virtual/hybrid meetings, if the need arises.

PUBLIC COMMENT – 01-25-23

To: Ryan White Planning Council
Re: Public Comment-- Virtual Attendance
From: Oscar Perez, RWPC Member, CBO Representative- Avenue 360 Health & Wellness

Good afternoon council,

On December 6, 2022, I reached out to Ryan White Planning Council's Office of Support to share my concern about the possible change of moving all future Ryan White meetings in person, as I expect my absences to increase due to my inability to attend in person and as a result, may affect my membership/participation. On December 16, 2022, a survey was sent by Ryan White Planning Council's Office of Support to obtain feedback on meeting preferences (whether virtual vs in person) for 2023. The survey was completed according to my preference of having hybrid meetings, where council members have the option to join virtually. While I do not know the results of the survey, I would like to urge the council to allow members to participate virtually when in-person attendance is not feasible. My current role is very community driven, often having to visit community partners, our health centers throughout the city, and out-of-town business travel. The option to join virtually has allowed me to attend scheduled meetings while off-site, out of the city, or even out the state, and moving to a mandatory face-to-face format may affect my attendance thus membership. Thank you for considering this option.

-Oscar Perez

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857
HIV/AIDS Bureau

December 6, 2022

Dear Ryan White HIV/AIDS Program Part A Colleagues:

The community input process is a requirement in the Ryan White HIV/AIDS Program legislation and is implemented in the Ryan White HIV/AIDS Program (RWHAP) Part A as Planning Councils (PC) or Planning Bodies (PB). The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) recognizes and understands the value of clients who receive RWHAP Part A services actively participating and being involved in the planning process for HIV service delivery, as this drives services that are tailored to the needs of clients in the jurisdiction.

Nonetheless, the RWHAP statute prohibits RWHAP Part A recipients from making cash payments to intended recipients (i.e., clients) of RWHAP Part A services. See Public Health Service Act (PHS Act) § 2604(i); see also HAB Policy Clarification Notice (PCN) 16-02. This prohibition is not limited to service-related costs, and thus applies to administrative costs like PC and PB expenses as well. Therefore, RWHAP Part A recipients may not reimburse PC or PB members who are clients via a cash payment with RWHAP funds.

However, per HAB PCN 16-02, RWHAP Part A recipients can support the participation and meaningful engagement of people with lived experience in PC or PB meetings by providing gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity. RWHAP recipients are advised to administer voucher and store gift card programs in a manner that assures vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Alternatively, RWHAP Part A PCs or PBs may provide clients with meals during in-person meetings scheduled around meal times (only if needed for health reasons), transportation to and from meetings, and/or child care services for the children of clients who participate in meetings.

Additional considerations can include adjusting PC or PB meeting times to occur after business hours or on weekends to reduce conflict with client work schedules. Lastly, non-RWHAP funding sources (e.g., general revenue funds) are not similarly restricted, and thus can be utilized for a variety of purposes, including to compensate clients for attending PC or PB meetings.

Thank you for your commitment to ensuring that clients are meaningfully involved in the planning process for service delivery in RWHAP Part A jurisdictions.

Sincerely,
/s/ Chrissy Abrahms Woodland, MBA

Chrissy Abrahms Woodland, MBA
Director
Division of Metropolitan HIV/AIDS Programs

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see 45 CFR §§ 75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[1] At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:
HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.
[3] General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*
Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services.*

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.[5] HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:
HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:
AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

[5] https://aidsinfo.nih.gov/guidelines

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients <u>in the absence of any other resources</u>.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:
For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

Early Intervention Services (EIS)

Description:
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
    - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
        - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
        - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
    - Referral services to improve HIV care and treatment services at key points of entry
    - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
    - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- HRSA RWHAP Part C EIS services must include the following four components:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
        - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:
The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:
Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy
Description:
Medical Nutrition Therapy includes:
- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:
All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services
Description:
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

Oral Health Care
Description:
Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:
None at this time.

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

See also Early Intervention Services

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific

guidance.

See also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services
Description:
The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals
Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction
Description:
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

Housing
Description:
Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,[6] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services
See Other Professional Services

Linguistic Services
Description:
Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:
Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services
Description:
Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:
Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See also Respite Care Services

Rehabilitation Services
Description:
Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services
Description:
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Respite Care
Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:
Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

Substance Abuse Services (residential)
Description:
Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:
Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

HOUSTON AREA HIV HEALTH SERVICES
RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998 **REV NOVEMBER 14, 2019** **POLICY No. 500.01**

ELECTION OF OFFICERS, ELECTION OF COMMITTEE CHAIRS, DUTIES OF OFFICERS & CHAIRS

PURPOSE

This policy establishes the guidelines by which the officers of the Houston Area HIV Health Services Ryan White Planning Council will be elected. In addition, this outlines and defines the duties of RWPC Officers and duties of the Chairs of each of the Standing Committees. (See RWPC Policy No.400.01)

AUTHORITY

Bylaws (01/18) Article V, Sec5.01 - Sec5.06 ensures that the nomination and selection of officers and committee chairs will be in accordance with those principles.

DEFINITIONS

Ryan White Planning Council Officers refers to the positions of Chair, Vice Chair, and Secretary.

PROCESS

Nominations for officers may be submitted to the Planning Council Support Staff up until the end of the November Steering Committee meeting. After this time, nominations are added from the floor the day of the election. Nominations for officers will be announced at least one month prior to the December Houston Area HIV Health Ryan White Planning Council meeting. Any member may submit a nomination for himself/herself or another member for a specific office. Before the December Steering Committee meeting, each candidate must submit to the Office of Support a brief written description of their qualifications for the office they are seeking and prepare a short presentation describing their qualifications.

The annual election will be held at the December RWPC meeting. Before the election takes place, members will be reminded that any member can ask for a call vote if that is their preference. If paper ballots are used, voters must print their name on their ballot before submitting. If voter does not print their name on the ballot, the ballot will be disqualified and not included in the election results. Paper ballots are to be stored in a fire proof safe in the Office of Support for twelve months after the election so that they can be accessed by anyone who wishes to review them. During the election, the Operations Committee will announce the slate of nominees, which will include but not be limited to, each candidate verbally expressing his or her interest in and qualifications for the office they are seeking. Typically, election to office will be by written ballot unless there is only one candidate running for a specific office. A simple majority vote will be required for election. (Per letter from Judge Eckels dated 12-13-00: "As in any political election, the number

of candidates is not regulated. Following the first vote in the race, if one candidate has not received the majority, a run-off election is held between the two candidates receiving the most votes. The Council may accept nominations for the slate of officers that exceeds two candidates and may receive nominations from the floor regardless of the number of candidates already nominated.") Each member of the Council shall be entitled to one vote on any regular business matter coming before the Council. A simple majority of members present and voting is required to pass any matter coming before the Council except for that of proposed Bylaw changes, which shall be submitted (in written form) for review to the full Council at least fifteen (15) days prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council shall not vote except in the event of a tie. The election of the officers will be done one at a time in the following order: Chair, Vice-Chair, and Secretary.

QUALIFICATIONS FOR RWPC OFFICERS:

Ryan White Part A or B or State Services funded providers/employees/subcontractors/Board Members and or employees/subcontractors of the Grantee(s) shall not be eligible to run for office of Chair of the Ryan White Planning Council. Except as otherwise required by the Ryan White Program, staff representing the Office of Support and Part A and B administrative agencies cannot serve as members of the Ryan White Planning Council. Staff representing these entities is requested to attend Council, committee and other meetings when work products are being developed and approved.

Candidates will have served as an appointed member of the RWPC for the preceding twelve (12) months and, if needed, have been reappointed by the CEO. If subsequent to the election the Chair of the RWPC becomes a provider/employee of a subcontractor/Board member of a subcontractor/of the Grantee he/she shall be immediately removed from office. A new election will be held to fill any open positions. In the event of a mid-year election, once an officer has vacated a position, a call to accept nominations will be announced at the Steering Committee meeting immediately following the resignation. Nominations for the vacated position may be submitted to the Planning Council Support Staff up until the end of the following Steering Committee meeting (approximately 30 days after the call for nominations). At this time, Office of Support staff will distribute the slate of nominees to all members of the Planning Council. After the close of the Steering Committee meeting, nominations can only be added from the floor the day of the election, which will take place at the Council meeting approximately seven days after the slate of nominees is closed at the Steering Committee meeting. At all times, any one of the three officers must be a self-identified person living with HIV.

ATTENDANCE REQUIREMENTS FOR RWPC OFFICERS:

If an officer of the Ryan White Planning Council misses three, unexcused consecutive meetings of the Steering Committee and Planning Council, they must step down as an officer and an election will be held to fill the position. (Example: an officer must step down if he/she does not contact the Office of Support and request an excused absence and if they miss the October Steering Committee, October Planning Council and the November Steering Committee meetings.) Staff is asked to remind nominees for officer positions of this new requirement. And, when presenting their qualifications to the Council before an election, nominees must state that, to the best of their knowledge, they will not have difficulty meeting 3this additional attendance requirement.

DUTIES OF OFFICERS:

The officers of the RWPC will be responsible for the following:

Chair: Chief Executive Officer of the Council; preside at all meetings of the Council; appoint Standing Committee Chairs; represent (or designate a representative to serve) on behalf of the Council at meetings, conferences, etc. where "Council representation" is requested. Chair assigns committee participation of Council members, and performs such other duties as are normally performed by a chair of an organization or such other duties as the Council may prescribe from time to time. The Chair will be responsible for correspondence to members regarding attendance and participation issues. The Chair will also sign and date the final version of the minutes as indication of PC approval. The Chair of the Council is an ex-offico member of all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to vote. In the absence of the Chair of the Council, the next officer will assume the ex-offico role with committees.

Vice Chair: Preside at meetings of the Council in the absence of the Chair. Perform such other duties as the Chair may designate or the Council shall prescribe from time to time. Performs the above duties in the absence of the Chair.

Secretary: The position of Secretary will oversee the following tasks:

1. The Secretary will ensure that minutes are taken, approved, and filed as mandated by the Ryan White Program.
2. Keep an up-to-date roll of PC members. The PC Operations Committee (RWPC Policy 400.01) will file membership management reports with the Secretary for presentation to the PC.
3. Call the roll call vote, noting voting and will announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts of interest (COI), the Secretary will process inquiries into votes made in COI.
4. Keep a copy of the RWPC Bylaws and other relevant Policies and Procedures at the PC meetings, and will provide the Council with clarification from the Bylaws and Policies & Procedures, as requested.
5. Keep a record of all committees of the PC. When (if) new committees are established, the Secretary will assure or cause to be assured the actual formation and implementation of the new committees.
6. Be responsible for notification of specially called PC meeting, corresponding to the members as required by the Bylaws.

COMMITTEE CHAIRS:

Committee Chairs will be appointed by the Planning Council Chair. Committee Chairs must be members of the PC for at least one year. If committee leadership is not available from among PC members with at least one year's service, the Chair may seek leadership among remaining PC members. The Standing Committee Chairs will preside at all meetings of their respective committees. The Committee Vice Chair shall preside at all committee meetings in the absence of

the Chair. If neither are present, committee members shall use consensus to select another committee member to chair that particular meeting. The Committee Chairs are responsible for the execution of the duties prescribed herein (see RWPC Policy 400.01) for the Committees and for such other duties as may be prescribed by the Chair of the Council or the Council from time to time. The Committee Chairs are responsible for the recording of or cause to be recorded all deliberations undertaken by each respective Committee. Copies of all approved minutes are available from the Office of Support (832-927-7926). Minutes from full Council meetings are available on the PC website (www.rwpcHouston.org) once the draft copy has been approved by the Chair of the Council.