

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
www.rwpchouston.org

Memorandum

To: Members, Priority and Allocations Committee:
Bobby Cruz, Co-Chair Allen Murray
Peta-gay Ledbetter, Co-Chair
Allison Hesterman
J. Hoxi Jones
Mel Joseph
Niquita Moret

Copy: Carin Martin Ann Robison
Heather Keizman Johnetta Evans-Thomas
Samantha Bowen Katy Caldwell
Yvette Garvin Nancy Miertschin
Amber Harbolt Joe Fuentes
Diane Beck Bruce Turner
Rodney Goodie

From: Tori Williams

Date: Wednesday, May 29, 2019

Re: Meeting Announcement

This memo is a reminder that there will be a number of Priority and Allocations Committee meetings in June 2019. Enclosed you will find agendas and other materials which you will need to bring to the meetings. Do not hesitate to call our office if you have questions. Otherwise, we look forward to seeing you at:

Special Priority & Allocations Committee Meetings (see enclosed agendas)

To develop the FY 2020 allocations for Part A, B & State Services

- 12 – 4 pm, Monday, June 10, 2019
- 12 – 4 pm, Tuesday, June 11, 2019
- IF NECESSARY: 3 - 6 pm, Wednesday, June 12, 2019

Regularly Scheduled Committee Meeting (agenda will be sent at a later date)

The whole Committee will vote on the FY 2020 allocations developed at the special meetings.

- 12 noon, Thursday, June 27, 2019

Final Special Meeting (see enclosed agenda):

To review public comment and possibly amend the recommended FY 2020 priorities and allocations before they receive final approval at the July Steering Committee and Council meetings.

- 12 noon, Tuesday, July 2, 2019

We appreciate your valuable time and look forward to seeing a lot of you in June!

**Houston Area HIV Services Ryan White Planning Council
Priority & Allocations Committee Meeting**

DRAFT

12 noon, Monday, June 10, 2019

Meeting Location: 2223 West Loop South, Room 240
Houston, TX 77027

AGENDA

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- I. Call to Order Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs
- A. Moment of Reflection
- B. Approval of Agenda
- C. Review Meeting Goals Tori Williams, Director, OoS
- II. Public Comment - (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. **When signing in, guests are not required to provide their correct or complete names.** All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Review Other Ryan White Planning Committee Recommendations Tori Williams
- A. FY 2020 Service Definitions
- B. Pay for Performance – Quality Improvement reviewing 06/18/19
Workgroup recommendation: Approve the Pay for Performance model & ask the AA to provide agencies with a list of ways they can use the incentives based upon providers suggestions.
- IV. Updates from the Administrative Agents
- A. Ryan White Part A/MAI Carin Martin, RWGA
- B. Ryan White Part B and State Services Funding Yvette Garvin, TRG
- V. Draft Allocations for FY 2020 Part A/MAI, Part B & State Services Funding
- A. Optional: Determine the philosophy for allocating FY 2020 funds
- B. Any New Information Regarding MAI or SS-R Funds? Carin or Yvette
- C. Create the FY 2020 Level Funding Scenario
- 1) Part A and MAI
- 2) Part B, State Services and State Services-R
- D. Create the FY 2020 Increase Funding Scenario
- E. Create the FY 2020 Decrease Funding Scenario
- VI. Announcements
- A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:
- 12 – 4 pm, Tuesday, June 11, 2019 – Finish drafting FY 2020 allocations
 - IF NECESSARY: 3 - 6 pm, Wednesday, June 12, 2019
 - 12 noon, Thursday, June 27, 2019 - Committee votes on FY19 Allocations
 - 7 pm, Mon., July 1, 2019 – Public Hearing for the FY 2020 Priorities & Allocations
 - 12 noon, Tues., July 2, 2019 – Review comments from Public Hearing
- VII. Adjourn

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**FY 2020 How to Best Meet the Need Quality Improvement Committee
Service Category Recommendations Summary** (as of 05/15/19)

Those services for which no change is recommended include:

Ambulatory Outpatient Medical Care (including Medical Case Management and Service Linkage)
Case Management (Clinical, Non-Medical Service Linkage, and Non-Medical Targeting Substance Use Disorders)
Early Intervention Services (targeting the Incarcerated)
Emergency Financial Assistance - Pharmacy Assistance
Health Insurance Premium and Cost Sharing Assistance
Hospice Services
Linguistic Services
Medical Nutritional Therapy/Supplements
Oral Health (Untargeted and Targeting the Northern Rural Area)
Outreach Services - Primary Care Re-Engagement
Referral for Health Care and Support Services
Substance Abuse Treatment
Vision Care

Services with recommended changes include the following:

Home and Community Based Health Services (Adult Day Treatment)

-  Accept the service definition as presented and keep the financial eligibility the same at 300%.
Ask the Office of Support to work with the grant recipients to promote this service.

Local Pharmacy Assistance

-  Accept the service definition with the understanding that the financial eligibility for non-HIV medications may increase to 400% pending additional information from the grant recipient.

Mental Health Services

-  Accept the service definition with one change: allow 90 minutes for family/couples session with the understanding that the financial eligibility may increase to 400% pending additional information from the grant recipient.

Transportation

-  Accept the service definition as presented and keep the financial eligibility the same at 400%.
Ask the Office of Support to check into the availability of alternative bus providers.

Priority and Allocations

FY 2020 Guiding Principles and Decision Making Criteria

(Priority and Allocations Committee approved 02-28-19)

Priority setting and allocations must be based on clearly stated and consistently applied principles and criteria. These principles are the basic ideals for action and are based on Health Resources and Services Administration (HRSA) and Department of State Health Services (DSHS) directives. All committee decisions will be made with the understanding that **the Ryan White Program is unable to completely meet all identified needs** and following legislative mandate **the Ryan White Program will be considered funding of last resort**. Priorities are just one of many factors which help determine allocations. All Part A and Part B service categories are considered to be important in the care of people living with HIV/AIDS. Decisions will address at least one or more of the following principles **and** criteria.

*Principles are the standards **guiding the discussion** of all service categories to be prioritized and to which resources are to be allocated. Documentation of these guiding principles in the form of printed materials such as needs assessments, focus group results, surveys, public reports, journals, legal documents, etc. will be used in highlighting and describing service categories (individual agencies are not to be considered). Therefore decisions will be based on service categories that address the following principles, in no particular order:*

Principles

- A. Ensure ongoing client access to a comprehensive system of core services as defined by HRSA
- B. Eliminate barriers to core services among affected sub-populations (racial, ethnic and behavioral) and low income, unserved, underserved and severe need populations (rural and urban)
- C. Meet the needs of diverse populations as addressed by the epidemiology of HIV
- D. Identify individuals newly aware of their status and link them to care. Address the needs of those that are aware of their status and not in care.

Allocations only

- E. Document or demonstrate cost-effectiveness of services and minimization of duplication
- F. Consider the availability of other government and non-governmental resources, including Medicaid, Medicare, CHIP, private insurance and Affordable Care Act related insurance options, local foundations and non-governmental social service agencies
- G. Reduce the time period between diagnosis and entry into HIV medical care to facilitate timely linkage.

Criteria are the standards on which the committee's decisions will be based. Positive decisions will only be made on service categories that satisfy at least one of the criteria in Step 1 and all criteria in Step 2. Satisfaction will be measured by printed information that address service categories such as needs assessments, focus group results, surveys, reports, public reports, journals, legal documents, etc.

(Continued)

DECISION MAKING CRITERIA STEP 1:

- A. Documented service need with consumer perspectives as a primary consideration
- B. Documented effectiveness of services with a high level of benefit to people and families living with HIV, including quality, cost, and outcome measures when applicable
- C. Documented response to the epidemiology of HIV in the EMA and HSDA
- D. Documented response to emerging needs reflecting the changing local epidemiology of HIV while maintaining services to those who have relied upon Ryan White funded services.
- E. When allocating unspent and carryover funds, services are of documented sustainability across fiscal years in order to avoid a disruption/discontinuation of services
- F. Documented consistency with the current Houston Area Comprehensive HIV Prevention and Care Services Plan, the Continuum of Care, the National HIV/AIDS Strategy, the Texas HIV Plan and their underlying principles to the extent allowable under the Ryan White Program to:
 - build public support for HIV services;
 - inform people of their serostatus and, if they test positive, get them into care;
 - help people living with HIV improve their health status and quality of life and prevent the progression of HIV;
 - help reduce the risk of transmission; and
 - help people with advanced HIV improve their health status and quality of life and, if necessary, support the conditions that will allow for death with dignity

DECISION MAKING CRITERIA STEP 2:

- A. Services have a high level of benefit to people and families living with HIV, including cost and outcome measures when applicable
- B. Services are accessible to all people living with or affected by HIV, allowing for differences in need between urban, suburban, and rural consumers as applicable under Part A and B guidelines
- C. The Council will minimize duplication of both service provision and administration and services will be coordinated with other systems, including but not limited to HIV prevention, substance use, mental health, and Sexually Transmitted Infections (STIs).
- D. Services emphasize access to and use of primary medical and other essential HRSA defined core services
- E. Services are appropriate for different cultural and socioeconomic populations, as well as care needs
- F. Services are available to meet the needs of all people living with HIV and families, as applicable under Part A and B guidelines
- G. Services meet or exceed standards of care
- H. Services reflect latest medical advances, when appropriate
- I. Services meet a documented need that is not fully supported through other funding streams

PRIORITY SETTING AND ALLOCATIONS ARE SEPARATE DECISIONS.
All decisions are expected to address needs of the overall community affected by the epidemic.

DRAFT

Houston Ryan White Planning Council Priority and Allocations Committee

Proposed Ryan White Part A, MAI, Part B and State Services Funding FY 2019 Allocations

(Priority and Allocations Committee approved 06-27-18)

MOTION A: All Funding Streams – Level Funding Scenario

Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.

Approve the attached Ryan White Part A, MAI, Part B, and State Services Funding FY 2019 Level Funding Scenario.

MOTION B: MAI Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be increased by the same percent. This applies to the total amount of service dollars available.

MOTION C: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

All service categories except subcategories 1.g, 2.h, 2.i, 2.j, and 9 will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Allocate first \$500,000 to Local Pharmacy Assistance Program (category 3).

Step 2: Allocate next \$300,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council.

MOTION D: Part B and State Services Increase/Decrease Scenario

Decrease Funding Scenario for Ryan White Part B and State Services Funding.

A decrease in funds of any amount will be allocated by the Ryan White Planning Council after the notice of grant award is received.

Increase Funding Scenario for Ryan White Part B and State Services Funding.

Step 1: Allocate first \$200,000 to Oral Health Untargeted (category 4a).

Step 2: Allocate next \$200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council after the notice of grant award is received.

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$9,783,470	\$1,846,844	\$0	\$0	\$0	\$11,630,314	
1.a	PC-Public Clinic	\$3,591,064					\$3,591,064	
1.b	PC-AA	\$940,447	\$934,693				\$1,875,140	
1.c	PC-Hisp - see 1.b above	\$786,424	\$912,152				\$1,698,576	
1.d	PC-White - see 1.b above	\$1,023,797					\$1,023,797	
1.e	PC-Rural	\$1,149,761					\$1,149,761	
1.f	PC-Women	\$1,874,540					\$1,874,540	
1.g	PC-Pedi	\$15,437					\$15,437	
1.h	Vision Care	\$402,000					\$402,000	
2	Medical Case Management	\$2,535,802	\$320,100	\$0	\$0	\$0	\$2,855,902	
2.a	CCM-Mental/Substance	\$488,656					\$488,656	
2.b	MCM-Public Clinic	\$482,722					\$482,722	
2.c	MCM-AA	\$321,070	\$160,050				\$481,120	
2.d	MCM-Hisp	\$321,072	\$160,050				\$481,122	
2.e	MCM-White	\$107,247					\$107,247	
2.f	MCM-Rural	\$348,760					\$348,760	
2.g	MCM-Women	\$180,311					\$180,311	
2.h	MCM-Pedi	\$160,051					\$160,051	
2.i	MCM-Veterans	\$80,025					\$80,025	
2.j	MCM-Youth	\$45,888					\$45,888	
3	Local Pharmacy Assistance Program	\$2,657,166	\$0	\$0	\$0	\$0	\$2,657,166	FY19: Increase \$465,696 in Part A due to increased expenditures in FY17.
4	Oral Health	\$166,404	\$0	\$2,186,905	\$0	\$0	\$2,353,309	
4.a	Untargeted			\$2,186,905			\$2,186,905	FY19: Increase \$101,340 in Part B to reflect FY17 expenditures.
4.b	Rural Dental	\$166,404					\$166,404	
5	Health Insurance Co-Pays & Co-Ins	\$1,173,070	\$0	\$1,040,351	\$996,979	\$0	\$3,210,400	FY19: Part A - Decrease \$100,000 in Part A, move to LPAP. SS - Decrease \$82,715 in SS to balance funding five SLW targeted to substance use (sub-category 15e). Increase \$100,000 in SS to make \$100,000 available under Part A to move to LPAP. Part B - Increase \$313,466 in Part B (\$82,715 to offset funding SLW-Substance Use + \$230,751 to reflect FY17 expenditures).
6	Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
7	Early Intervention Services	\$0	\$0	\$0	\$166,211	\$0	\$166,211	
8	Home & Community Based Health Services	\$0	\$0	\$113,315	\$0	\$0	\$113,315	
8.a	In-Home (skilled nursing & health aide)						\$0	
8.b	Facility-based (adult day care)			\$113,315			\$113,315	FY19: Decrease \$90,000 in Part B to reflect FY17 expenditures.
9	Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$0	\$45,677	
10	Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
11	Hospice	\$0	\$0	\$0	\$259,832	\$0	\$259,832	FY19: Decrease \$100,000 in SS due to underspending and to move to LPAP through toggling between SS and Part A under Health Insurance Assistance.
12	Outreach Services	\$420,000	\$0	\$0	\$0		\$420,000	FY19: Decrease \$39,927 in Part A to restore to original FY18 allocation amount (prior to application of the FY18 Increase Scenario).
13	Emergency Financial Assistance	\$450,000	\$0	\$0	\$0	\$0	\$450,000	
14	Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$375,000	\$375,000	
15	Non-Medical Case Management	\$1,231,002	\$0	\$0	\$225,000	\$0	\$1,456,002	
15.a	SLW-Youth	\$110,793					\$110,793	
15.b	SLW-Testing	\$100,000					\$100,000	
15.c	SLW-Public	\$427,000					\$427,000	
15.d	SLW-CBO, includes some Rural	\$593,209					\$593,209	
15.e	SLW-Substance Use	\$0			\$225,000		\$225,000	FY19: Fund \$225,000 under SS to support five SLWs targeted to substance use.
16	Transportation	\$424,911	\$0	\$0	\$0	\$0	\$424,911	
16.a	Van Based - Urban	\$252,680					\$252,680	
16.b	Van Based - Rural	\$97,185		\$0			\$97,185	
16.c	Bus Passes & Gas Vouchers	\$75,046					\$75,046	FY19: Decrease \$83,000 in Part A as current inventory can support the reduction in funding for one year.
17	Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
Total Service Allocation		\$19,228,897	\$2,166,944	\$3,340,571	\$2,016,022	\$375,000	\$27,127,434	
NA	Quality Management	\$495,000					\$495,000	
NA	Administration	\$1,675,047					\$1,675,047	

		Part A	MAI	Part B	State Services	SS-R	Total	FY 2019 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
NA	Compassionate Care Program					\$600,000	\$600,000	
Total Non-Service Allocation		\$2,170,047	\$0	\$0	\$0	\$600,000	\$2,770,047	
Total Grant Funds		\$21,398,944	\$2,166,944	\$3,340,571	\$2,016,022	\$975,000	\$29,897,481	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0	\$0
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Tips:

* Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet will become "broken" and the totals will be incorrect.

* It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from \$42,000 to \$40,000, don't just delete the cell contents and type in a new number. Instead, type in "=-42000-2000". This shows that you

[For Staff Only]						
If needed, use this space to enter base amounts to be used for calculations						
	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	SS-R estimated	
Total Grant Funds	\$21,398,944	\$2,166,944	\$3,340,571	\$2,016,022	\$975,000	\$29,897,481

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	9,634,415	391,824	703,670	30,517	-120,000	10,640,426	48.14%	10,640,426	0		9,816,210	92%	92%
1.a	Primary Care - Public Clinic (a)	3,520,995	70,069	378,670	0		3,969,734	17.96%	3,969,734	0	3/1/2018	\$3,815,916	96%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	80,923	100,000	1,839	-40,000	1,083,209	4.90%	1,083,209	0	3/1/2018	\$1,195,563	110%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	80,923	100,000	1,839	-40,000	929,186	4.20%	929,186	0	3/1/2018	\$889,226	96%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,003,821	100,899	100,000	1,839	-40,000	1,166,559	5.28%	1,166,559	0	3/1/2018	\$672,568	58%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,127,327	22,434	0	0		1,149,761	5.20%	1,149,761	0	3/1/2018	\$1,031,422	90%	92%
1.f	Primary Care - Women at Public Clinic (a)	1,837,964	36,576	0			1,874,540	8.48%	1,874,540	0	3/1/2018	\$1,767,966	94%	75%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2018	\$9,900	64%	92%
1.h	Vision	402,000	0	25,000	25,000		452,000	2.05%	452,000	0	3/1/2018	\$433,650	96%	92%
2	Medical Case Management	2,535,802	0	0	-200,714	-30,000	2,305,088	10.43%	2,305,088	0		1,969,573	85%	92%
2.a	Clinical Case Management	488,656	0	0	-30,000		458,656	2.08%	458,656	0	3/1/2018	\$456,310	99%	92%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.18%	482,722	0	3/1/2018	\$246,992	51%	75%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	-50,038		271,032	1.23%	271,032	0	3/1/2018	\$328,437	121%	92%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	-50,038		271,034	1.23%	271,034	0	3/1/2018	\$178,850	66%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	-50,038		57,209	0.26%	57,209	0	3/1/2018	\$140,857	246%	92%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.58%	348,760	0	3/1/2018	\$271,090	78%	92%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.82%	180,311	0	3/1/2018	\$120,163	67%	75%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	-20,600	-30,000	109,451	0.50%	109,451	0	3/1/2018	\$112,745	103%	92%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.36%	80,025	0	3/1/2018	\$67,084	84%	92%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2018	\$47,046	103%	75%
3	Local Pharmacy Assistance Program (a) (e)	1,934,796	256,674	0	69,363	0	2,260,833	10.23%	2,260,833	0	3/1/2018	\$2,563,420	113%	92%
4	Oral Health	166,404	0	0	0	0	166,404	0.75%	166,404	0	3/1/2018	166,400	100%	92%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.75%	166,404	0	3/1/2018	\$166,400	100%	92%
5	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
6	Health Insurance (c)	1,244,551	28,519	0	0	150,000	1,423,070	6.44%	1,423,070	0	3/1/2018	\$1,442,569	101%	92%
7	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0	3/1/2018	\$32,306	71%	92%
9	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
10	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	341,395	1.54%	341,395	0	3/1/2018	\$327,976	96%	92%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Outreach Services	420,000	39,927				459,927	2.08%	459,927	0	3/1/2018	\$294,500	64%	92%
13	Non-Medical Case Management	1,231,002	0	0	-49,400	0	1,181,602	5.35%	1,181,602	0		1,375,441	116%	92%
13.a	Service Linkage targeted to Youth	110,793		0			110,793	0.50%	110,793	0	3/1/2018	\$99,700	90%	92%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			-29,400		70,600	0.32%	70,600	0	3/1/2018	\$81,269	115%	92%
13.c	Service Linkage at Public Clinic (a)	427,000		0	0		427,000	1.93%	427,000	0	3/1/2018	\$446,037	104%	75%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	-20,000		573,209	2.59%	573,209	0	3/1/2018	\$748,434	131%	92%
14	Medical Transportation	482,087	25,824	0	0	0	507,911	2.30%	507,911	0		349,864	69%	92%
14.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.14%	252,680	0	3/1/2018	\$265,776	105%	92%
14.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.44%	97,185	0	3/1/2018	\$84,088	87%	92%
14.c	Transportation vouchersing (bus passes & gas cards)	132,222	25,824	0	0		158,046	0.72%	158,046	0	3/1/2018	\$0	0%	0%
15	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
16	Emergency Financial Assistance	450,000		0	150,000	0	600,000	2.71%	600,000	0	3/1/2018	\$654,904	109%	92%
17	Referral for Health Care and Support Services (c)	0	0	0			0	0.00%	0	0	NA	\$0	0%	0%
BES27516	Total Service Dollars	18,486,129	742,768	703,670	-234	0	19,932,333	88.10%	19,932,333	0		18,043,759	91%	92%
	Grant Administration	1,675,047	0	0	0	0	1,675,047	7.58%	1,675,047	0	N/A	0	0%	92%
BES27517	HCPHES/RWGA Section	1,146,388	0	0		0	1,146,388	5.19%	1,146,388	0	N/A	\$0	0%	92%
PC	RWPC Support*	528,659			0	0	528,659	2.39%	528,659	0	N/A	0	0%	92%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BES27521	Quality Management	495,000	0	0	0	0	495,000	2.24%	495,000	0	N/A	\$0	0%	92%
		20,656,176	742,768	703,670	-234	0	22,102,380	97.92%	22,102,380	0		18,043,759	82%	92%
								Unallocated	Unobligated					75%
	Part A Grant Award:	21,398,944	Carry Over:	703,670		Total Part A:	22,102,614	234	0					92%
		Original Allocation	Award Reconciliation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	15,903,040	677,017	703,670	-100,834	0	17,182,893	86.38%	17,182,893	85.94%				
	Non-Core (may not exceed 25% of total service dollars)	2,583,089	25,824	0	100,600	0	2,709,513	13.62%	2,810,113	14.06%				
	Total Service Dollars (does not include Admin and QM)	18,486,129	702,841	703,670	-234	0	19,892,406		19,993,006					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	0	0	0	0	1,675,047	7.58%						
	Total QM (must be ≤ 5% of total Part A + MAI)	495,000	0	0	0	0	495,000	2.24%						
MAI Procurement Report														
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	1,797,785	49,060	90,830	86,270	0	2,023,945	88.08%	2,023,945	0		1,980,550	98%	92%
1.b (MAI)	Primary Care - CBO Targeted to African American	910,163	24,530	45,415	43,135	0	1,023,243	44.53%	1,023,243	0	3/1/2018	\$1,153,900	113%	92%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	887,622	24,530	45,415	43,135	0	1,000,702	43.55%	1,000,702	0	3/1/2018	\$826,650	83%	92%
2	Medical Case Management	320,100	0	40,000	-86,270	0	273,830	11.92%	320,100	-46,270		\$298,363	93%	92%
2.c (MAI)	MCM - Targeted to African American	160,050		20,000	-43,135		136,915	5.96%	136,915	0	3/1/2018	\$193,786	142%	92%
2.d (MAI)	MCM - Targeted to Hispanic	160,050		20,000	-43,135		136,915	5.96%	136,915	0	3/1/2018	\$104,577	76%	92%
	Total MAI Service Funds	2,117,885	49,060	130,830	0	0	2,297,775	100.00%	2,023,945	273,830		1,980,550	98%	92%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27516	Total MAI Funds	2,117,885	49,060	130,830	0	0	2,297,775	100.00%	2,023,945	273,830		1,980,550	98%	92%
	MAI Grant Award	2,166,944	Carry Over:	0		Total MAI:	2,166,944							92%
	Combined Part A and MAI Orginial Allocation Total	22,774,061												
Footnotes:														
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.													
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.													
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.													
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.													
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule reallocations													

FY 2018 Ryan White Part A and MAI Service Utilization Report

SUR - 4th Quarter Cumulative (3/1-2/28)																	
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467	7,785	74%	26%	48%	14%	2%	35%	0%	0%	4%	27%	27%	13%	26%	2%
1.a	Primary Care - Public Clinic (a)	2,350	3,498	69%	31%	51%	10%	2%	37%	0%	0%	2%	19%	26%	15%	34%	4%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	1,793	69%	31%	99%	0%	1%	0%	0%	0%	8%	39%	27%	10%	15%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,337	85%	15%	0%	0%	0%	100%	0%	1%	6%	29%	30%	14%	19%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	721	88%	12%	0%	88%	12%	0%	0%	0%	3%	27%	21%	15%	31%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	633	71%	29%	47%	24%	2%	27%	0%	0%	7%	32%	27%	11%	21%	1%
1.f	Primary Care - Women at Public Clinic (a)	1,000	1,078	0%	100%	61%	8%	2%	29%	0%	0%	1%	14%	29%	18%	33%	5%
1.g	Primary Care - Pediatric (a)	7	11	73%	27%	36%	9%	0%	55%	9%	45%	45%	0%	0%	0%	0%	0%
1.h	Vision	1,600	2,716	75%	25%	48%	16%	2%	34%	0%	0%	5%	24%	22%	14%	32%	3%
2	Medical Case Management (f)	3,075	5,318														
2.a	Clinical Case Management	600	1,096	73%	27%	64%	18%	2%	17%	0%	0%	5%	28%	25%	11%	28%	3%
2.b	Med CM - Targeted to Public Clinic (a)	280	683	90%	10%	61%	9%	1%	29%	0%	1%	3%	27%	22%	13%	32%	3%
2.c	Med CM - Targeted to AA (a)	550	1,716	69%	31%	99%	0%	1%	0%	0%	0%	8%	35%	25%	10%	20%	2%
2.d	Med CM - Targeted to H/L (a)	550	959	85%	15%	0%	0%	0%	100%	0%	1%	6%	33%	30%	10%	18%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	639	87%	13%	0%	88%	11%	0%	0%	0%	3%	26%	19%	14%	34%	3%
2.f	Med CM - Targeted to Rural (a)	150	737	70%	30%	48%	26%	2%	23%	0%	0%	7%	27%	23%	11%	28%	4%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	272	0%	100%	66%	7%	3%	23%	0%	0%	1%	17%	30%	18%	30%	3%
2.h	Med CM - Targeted to Pedi (a)	125	104	63%	37%	73%	4%	0%	23%	64%	26%	10%	0%	0%	0%	0%	0%
2.i	Med CM - Targeted to Veterans	200	182	96%	4%	70%	20%	1%	9%	0%	0%	0%	2%	4%	7%	64%	23%
2.j	Med CM - Targeted to Youth	120	26	96%	4%	46%	8%	0%	46%	0%	19%	81%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	4,654	77%	23%	48%	15%	2%	35%	0%	0%	5%	30%	28%	13%	22%	1%
4	Oral Health	200	327	70%	30%	43%	31%	2%	25%	0%	0%	5%	20%	30%	10%	31%	4%
4.a	Oral Health - Untargeted (d)	NA	NA	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
4.b	Oral Health - Rural Target	200	327	70%	30%	43%	31%	2%	25%	0%	0%	5%	20%	30%	10%	31%	4%
5	Mental Health Services (d)	NA	NA														
6	Health Insurance	1,700	1,753	81%	19%	44%	27%	3%	26%	0%	0%	2%	16%	20%	14%	41%	8%
7	Home and Community Based Services (d)	NA	NA														
8	Substance Abuse Treatment - Outpatient	40	28	96%	4%	21%	50%	4%	25%	0%	0%	0%	43%	21%	18%	18%	0%
9	Early Medical Intervention Services (d)	NA	NA														
10	Medical Nutritional Therapy/Nutritional Supplements	650	474	78%	22%	42%	20%	3%	35%	0%	0%	2%	14%	14%	16%	46%	8%
11	Hospice Services (d)	NA	NA														
12	Outreach	NA	887	74%	26%	59%	13%	1%	27%	0%	0%	7%	31%	25%	13%	21%	2%
13	Non-Medical Case Management	7,045	8,037														
13.a	Service Linkage Targeted to Youth	320	180	82%	18%	59%	4%	4%	33%	0%	12%	88%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	129	67%	33%	64%	6%	3%	26%	0%	0%	0%	53%	23%	9%	13%	2%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	3,578	67%	33%	60%	10%	2%	28%	0%	0%	0%	18%	23%	14%	39%	6%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	4,150	78%	22%	52%	14%	2%	31%	0%	1%	6%	30%	23%	13%	24%	2%
14	Transportation	2,850	3,430														
14.a	Transportation Services - Urban	170	597	69%	31%	60%	12%	3%	24%	0%	0%	6%	30%	23%	14%	24%	3%
14.b	Transportation Services - Rural	130	171	70%	30%	40%	34%	2%	24%	0%	1%	4%	19%	26%	13%	33%	5%
14.c	Transportation vouchering	2,550	2,662														
15	Linguistic Services (d)	NA	NA														
16	Emergency Financial Assistance (e)	NA	NA														
17	Referral for Health Care - Non Core Service (d)	NA	NA														
Net unduplicated clients served - all categories*		12,941	13,728	74%	26%	53%	15%	2%	30%	0%	1%	4%	24%	23%	12%	30%	4%
Living AIDS cases + estimated Living HIV non-AIDS (from FY 17 App) (b)		NA	22,830	74%	26%	49%	23%	3%	25%	0%	6%		18%	27%	30%	18%	
*11,657 clients to be served is based on the number of unduplicated clients served in FY 2016 (update per CPCOMS)																	

FY 2018 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report																	
Priority	Service Category	Goal	Unduplicated MAI Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	MAI unduplicated served includes clients also served under Part A																
	Outpatient/Ambulatory Primary Care (excluding Vision)																
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	2,432	72%	28%	100%	0%	0%	0%	0%	1%	7%	36%	25%	11%	19%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,551	86%	14%	0%	0%	0%	100%	0%	1%	6%	31%	30%	13%	17%	2%
2	Medical Case Management (f)																
2.c	Med CM - Targeted to AA (a)	1,060	873	78%	22%	50%	16%	2%	32%	0%	2%	9%	34%	27%	11%	16%	1%
2.d	Med CM - Targeted to H/L(a)	960	167	81%	19%	57%	21%	4%	18%	0%	1%	11%	35%	23%	8%	18%	4%
RW Part A New Client Service Utilization Report																	
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/12 - 2/28/13)																	
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	2,100	1,858	76%	24%	54%	13%	2%	30%	0%	1%	9%	34%	25%	11%	18%	2%
2	LPAP	1,200	873	78%	22%	50%	16%	2%	32%	0%	2%	9%	34%	27%	11%	16%	1%
3.a	Clinical Case Management	400	167	81%	19%	57%	21%	4%	18%	0%	1%	11%	35%	23%	8%	18%	4%
3.b-3.h	Medical Case Management	1,600	1443	76%	24%	54%	14%	2%	29%	2%	2%	10%	34%	23%	10%	18%	2%
3.i	Medical Case Manangement - Targeted to Veterans	60	40	98%	3%	65%	20%	0%	15%	0%	0%	0%	3%	10%	15%	48%	25%
4	Oral Health	40	65	80%	20%	49%	28%	0%	23%	0%	2%	15%	28%	25%	9%	20%	2%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	2,271	74%	26%	58%	12%	2%	28%	0%	2%	8%	30%	23%	11%	23%	3%
12.b	Service Linkage at Testing Sites	260	148	74%	26%	63%	5%	3%	29%	0%	1%	24%	40%	17%	7%	9%	1%
Footnotes:																	
(a)	Bundled Category																
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																
(d)	Funded by Part B and/or State Services																
(e)	Not funded in FY 2017																
(f)	Total MCM served does not include Clinical Case Management																

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1819 Ryan White Part B

Procurement Report

April 1, 2018 - March 31, 2019



Reflects spending through February 2019

Spending Target: 100%

Revised 5/14/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Requirement	Expended YTD	Percent YTD
6	Oral Health Care	\$2,085,565	62%	(\$196,000)	\$1,889,565	57%	4/1/2018	\$1,931,486	93%
7	Health Insurance Premiums and Cost Sharing	\$726,885	22%	\$525,806	\$1,252,691	38%	4/1/2018	\$1,203,635	96%
9	Home and Community Based Health Services (1)	\$202,315	6%	(\$55,000)	\$147,315	4%	4/1/2018	\$146,480	72%
	Unallocated funds approved by RWPC for Health Insurance	\$325,806	10%	-\$325,806	\$0	0%	4/1/2018	\$0	0%
	Total Houston HSDA	3,340,571	100%	(\$51,000)	\$3,289,571	100%		3,281,601	98%

Note: Spending variances of 10% will be addressed:

- 1 HCHB- The provision of service changed plus other funding supports the program. Future allocations are lower.
- 2 DSHS has a required total grant spending threshold of 95%
- 3 Close out spending and reallocations happen very quickly because of short closing window of 45 days

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1819 DSHS State Services

Procurement Report

September 1, 2018- August 31, 2019



Chart reflects spending through February 2019

Spending Target: 58.33%

Revised

5/1/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$979,694	49%	\$142,285	\$1,121,979	56%	9/1/2018	\$493,033	44%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	15%	9/1/2018	\$84,106	28%
7	EIS - Incarcerated	\$166,211	8%	\$0	\$166,211	8%	9/1/2018	\$94,047	57%
11	Hospice (3)	\$359,832	18%		\$359,832	18%	9/1/2018	\$105,380	29%
15	Linguistic Services (4)	\$68,000	3%		\$68,000	3%	9/1/2018	\$20,325	30%
	Unallocated (RWPC Approved for Health Insurance - TRG will amend contract)	\$142,285	7%	-\$142,285	\$0	0%	9/1/2018	\$0	0%
Total Houston HSDA		2,016,022	100%	\$0	\$2,016,022	100%		796,892	0%

First month of expenditures. Submissions/services/data entry are slow during first few months of contract.

- 1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. Agency usually expends all funds.
- 2 Mental Health Services are under Utilized and under reported.
- 3 Hospice care has had lower than expected client turn out and agency has other grant funding
- 4 Linguistic is one month behind on reporting due to slow invoicing by provider, additionally there has been lower than expected client turn out.

2018-2019 Ryan White Part B Service Utilization Report
4/1/2018 - 3/31/2019 Houston HSDA (4816)
4th Quarter - 4/1/2018 to 3/31/2019

Revised 5/8/2019

Funded Service	UDC		Gender				Race				Age Group								
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+	
Health Insurance Premiums & Cost Sharing Assistance	1,250	5	100.00%	0.00%	0.00%	0.00%	60.00%	20.00%	20.00%	0.00%	0.00%	0.00%	20.00%	4.00%	16.00%	20.00%	20.00%	2.94%	
Home & Community Based Health Services	30	34	70.59%	26.47%	0.00%	2.94%	58.82%	8.82%	32.35%	0.00%	0.00%	0.00%	5.69%	16.08%	26.47%	33.33%	12.55%	5.88%	
Oral Health Care	3,100	856	72.62%	26.22%	0.00%	1.16%	50.23%	16.47%	31.50%	1.80%	0.00%	0.00%	2.02%	20.00%	15.66%	34.16%	21.00%	7.16%	
Unduplicated Clients Served By RW Part B Funds:	N/A	895	81.16%	17.47%	0.00%	1.37%	61.16%	16.96%	21.26%	0.62%	0.00%	0.00%	14.17%	13.08%	19.56%	29.49%	17.72%	5.98%	

COMMENT:

The delay in Data Upload from CPCDMS into ARIES is the reason for the discrepancy in the HIP/HIA YTD Total.

Please see HINS Report for review on HIP/HIA totals.

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2018-2/28/19

Revised: 3/29/2019

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1045	\$102,969.18	574			0
Medical Deductible	227	\$119,484.95	173			0
Medical Premium	3696	\$1,458,740.33	760			0
Pharmacy Co-Payment	2831	\$283,839.95	1223			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	9	\$1,042.00	8	NA	NA	NA
Totals:	7808	\$1,963,992.41	2738	0	\$0.00	

Comments: This report represents services provided under all grants.

**Houston Area HIV Services Ryan White Planning Council
Priority & Allocations Committee Meeting**

DRAFT

12 noon, Tuesday, June 11, 2019

Meeting Location: 2223 West Loop South, Room 240
Houston, TX 77027

AGENDA

- | | |
|-------------------------|---|
| I. Call to Order | |
| A. Moment of Reflection | |
| B. Approval of Agenda | |
| C. Review Meeting Goals | |
| | Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs |
| | Tori Williams, Manager
Office of Support |

II. Public Comment

(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. **When signing in, guests are not required to provide their correct or complete names.** All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)

III. Draft Allocations for FY 2020 Part A/MAI, Part B & State Services Funding

- A. Create the FY 2020 Level Funding Scenario
 - 1) Part A and MAI
 - 2) Part B, State Services and State Services-R
- B. Create the FY 2020 Increase Funding Scenario
- C. Create the FY 2020 Decrease Funding Scenario

IV. Announcements

- A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:
 - IF NECESSARY: 3 - 6 pm, Wednesday, June 12, 2019
 - 12 noon, Thursday, June 27, 2019 - Committee votes on FY19 Allocations
 - 7 pm, Mon., July 1, 2019 – Public Hearing for the FY 2020 Priorities & Allocations
 - 12 noon, Tues., July 2, 2019 – Review comments from Public Hearing

V. Adjourn

**Houston Area HIV Services Ryan White Planning Council
Priority & Allocations Committee Meeting**

DRAFT

3 p.m., Wednesday, June 12, 2019

Meeting Location: 2223 West Loop South, Room 240
Houston, TX 77027

AGENDA

- I. Call to Order
- A. Moment of Reflection
- B. Approval of Agenda
- C. Review Meeting Goals
- Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs
- Tori Williams, Manager
Office of Support
- II. Public Comment
- (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. **When signing in, guests are not required to provide their correct or complete names.** 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 with HIV”, before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)
- III. Draft Allocations for FY 2020 Part A/MAI, Part B & State Services Funding
- A. Create the FY 2020 Level Funding Scenario
- 1) Part A and MAI
- 2) Part B, State Services and State Services-R
- B. Create the FY 2020 Increase Funding Scenario
- C. Create the FY 2020 Decrease Funding Scenario
- IV. Announcements
- A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:
- 12 noon, Thursday, June 27, 2019 - Committee votes on FY19 Allocations
 - 7 pm, Mon., July 1, 2019 – Public Hearing for the FY 2020 Priorities & Allocations
 - 12 noon, Tues., July 2, 2019 – Review comments from Public Hearing
- V. Adjourn

**Houston Area HIV Services Ryan White Planning Council
Priority & Allocations Committee Meeting**

12 noon, Tuesday, July 2, 2019

Meeting Location: 2223 West Loop South, Room 240
Houston, TX 77027

AGENDA

- I. Call to Order
 - A. Moment of Reflection
 - B. Approval of Agenda
 - C. Review Meeting Goals

Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs

Tori Williams, Director
RW Office of Support

- II. Public Comment

(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. **When signing in, guests are not required to provide their correct or complete names.** 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 with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Committee members and staff are asked to refrain from asking questions of the person giving public comment.)

- III. Old Business
 - A. Review public comment
 - B. Review proposed FY 2020 service priorities
 - C. Review proposed FY 2020 allocations:
 - 1. MAI funding
 - 2. Level funding scenario
 - 3. Increase funding scenario
 - 4. Decrease funding scenario

- IV. New Business

- V. Announcements

- VI. Adjourn