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

12 noon, Tuesday, June 16, 2020

Click the following link to join the Zoom meeting:

https://us02web.zoom.us/j/87071684235?pwd=ZTJoVXpIcGthSWtEWFRiWGZuNWU1dz09

Meeting ID: 870 7168 4235 Password: 534099

Or, call the following telephone number: 3462487799

### **AGENDA**

I. Call to Order

Bobby Cruz and

A. Moment of Reflection

Allen Murray, Co-Chairs

B. Approval of Agenda

C. Approval of the May 28, 2020 Minutes

D. Review Meeting Goals

Tori Williams, Director 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. Updates from the Administrative Agents
  - A. Ryan White Part A/MAI
  - B. Ryan White Part B and State Services Funding

Carin Martin, RWGA Yvette Garvin, TRG

- IV. Allocations for FY 2021 Part A/MAI, Part B & State Services Funding
  - A. Review the Proposed FY 2021 Level Funding Scenario
  - B. Review the FY 2021 Increase Funding Scenario
  - C. Review the FY 2021 Decrease Funding Scenario
- V. Announcements
  - A. IMPORTANT: Priority and Allocation Committee Meeting Dates and Times:
    - Tentative: 2 pm, Wednesday, July 1, 2020 Review public comment
    - 12 noon, Thurs., July 23, 2020 Reallocate funds
- VI. Adjourn

### Houston Area HIV Services Ryan White Planning Council

### **Priority & Allocations Committee Meeting**

12:00 p.m., Thursday, May 28, 2020 Meeting Location: Zoom teleconference

### **MINUTES**

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Mel Joseph, Excused	The Resource Group
Allen Murray, Co-Chair		Yvette Garvin
Mauricia E. Chatman		Sha'Terra Johnson-Fairley
Josh Mica		
Niquita Moret		Ryan White Grant Admin
Rashel Richardson		Carin Martin
Carol Suazo		Heather Keizman
Bruce Turner		
Peta-gay Ledbetter		Office of Support
		Tori Williams
OTHERS PRESENT		Amber Harbolt
Tana Pradia, RWPC Chair		Diane Beck

See the attached chart at the end of the minutes for individual voting information.

Call to Order: Allen Murray, Co-Chair, called the meeting to order at 12:11 p.m. and asked for a moment of reflection.

Adoption of the Agenda: <u>Motion #1</u>: it was moved and seconded (Mica, Chatman) to adopt the agenda with one change: move the training to after Old Business. Motion carried.

**Approval of the Minutes**: <u>Motion #2:</u> it was moved and seconded (Mica, Chatman) to approve the February 27, 2020 minutes. **Motion carried.** Abstention: Ledbetter.

Public Comment: None.

### **Old Business**

### Reports from Administrative Agents

Ryan White Part A/MAI: Martin presented the following reports:

- FY 2019 Part A and MAI Procurement Report dated 04/30/20.
- FY 2019 Part A and MAI Service Utilization Report dated 03/02/20.

Ryan White Part B/State Services: Garvin presented the following reports:

- FY19/20 Part B Procurement, dated 05/01/20
- FY19/20 DSHS State Services Procurement, dated 05/01/20

- FY19/20 Part B Service Utilization, dated 05/01/20
- Health Insurance Assist. Service Utilization Report, dated 04/29/20

**Training: Houston Council Priority Setting Process:** Turner presented the attached PowerPoint slides.

**Determine FY 2021 Service Priorities:** The committee reviewed the Policy for the FY 2021 Priorities Setting Process and the new needs assessment data that will be used to justify changes in the priorities. See attached.

The Committee discussed the midpoints based upon the 2020 Houston Area HIV Needs Assessment and developed a list of priorities.

Public Comment: None.

Motion #3: it was moved and seconded (Ledbetter, Mica) to approve the attached FY 2021 Ryan White Part A/Minority AIDS Initiative (MAI), Part B, and State Services funded service priorities. Motion carried unanimously. (See page 4 of the minutes for priorities.)

### **New Business**

**Proposed Idea Form:** See attached. <u>Motion #4:</u> it was moved and seconded (Ledbetter, Mica) to approve page 2 of the Proposed Idea Form with no changes. **Motion carried.** 

Announcements: Important Priority & Allocations Committee meetings: Special Meetings: 2:00 – 6:00 pm on Monday, June 8 and Wednesday, June 10, 2020. The committee will vote on the FY 2021 Allocations at 12:00 noon on Tuesday, June 16, 2020.

Adjournment: <u>Motion</u>: it was moved and seconded (Mica, Chatman) to adjourn the meeting at 2:46 p.m. Motion carried.

Submitted by:		Approved by:	
Tori Williams, Director	Date	Committee Chair	Date

Scribe: Beck

C = chaired the meeting; VP = participated via telephone; JA = just arrived; LM = left meeting

2020 Priority & Allocations Committee Voting Record for 05/28/20

	r	Age	on # enda ried		-	Mir	on # tutes			App FY 2 Prio:	on # Frove 2021 rities ried	e l S	I	Prop dea	on # osec Forr ried	i n
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair		X				X				X				X		
Allen Murray, Co-Chair				C	Aleith Maiste			C				C				$\overline{\mathbf{C}}$
Mauricia E. Chatman		X				X				X				X		
Mel Joseph	X				X				X				X			
Josh Mica		X				X				X				X		$\neg$
Niquita Moret		X				X				X				X		
Rashel Richardson	X				X					X				X		
Carol Suazo		X				X				X				X		
Bruce Turner	X				X					X				X		
Peta-gay Ledbetter		X						X		X				X		

## Worksheet for Determining FY 2021 Service Priorities

Core Services	HIL	HL	Approved	Proposed	Justification
	Scores	ores Rank	FY 2020	FV 2021	
			rriorines	rriorines	
Ambulatory/Outpatient Medical Care	壬	7	1		
Medical Case Management	壬	2	2	2	
Local Pharmacy Assistance Program	HH	2	3	3	
Oral Health Services	H	က	4	4	
Health Insurance	HL	က	5		
Mental Health Services	HTH	4	9	9	
Early Intervention Services (jail)	LLL	80	7	1	TRG and SIRR have prioritized improving
					coordination system in Early Intervention
Medical Nutritional Therapy	ПТН	7	10	8	Higher utilization for Medical Nutrition
					Therapy compared to Adult Day Treatment
Day Treatment	HTIT	7	∞	6	and Substance rollse Treatment
Substance Abuse Treatment	LLH	2	6	0.1	
Hospice*	-	•	11	Ţ	
				The second secon	

Proposed Justification FY 2021 Priorities	The ADAP Eligibility Workers funded through Referral for Health Care & Support Services support access to life-sustaining HIV medications.			(15	91	
Approved Pro FY 2020 FY Priorities Prio	14	15	16	13	17	12
HIL Rank	2	2	3	4	8	~
HL HL Scores Rank	ннн	ннн	HLL	HTH	TTT	TIT
Support Services	Referral for Health Care & Support Services	Non-medical case management	Medical Transportation	<b>Emergency Financial Assistance</b>	Linguistics Services	Outreach

<sup>\*</sup>Hospice does not have HL Score or HL Rank.

		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2021 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2021 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$10,965,788	\$2,002,859	\$0	\$0	\$0	\$12,968,647	
1.a	PC-Public Clinic	\$3,927,300					\$3,927,300	FY21 Part A: Increase Part A \$336,236 to accommodate projected increase due to COVID-19 related unemployment.
1.b	PC-AA	\$1,064,576	\$1,012,700				\$2,077,276	Added \$57,788 per FY20 Part A Increase Scenario FY21 Part A: Increase Part A \$112,078 to accommodate projected increase due to COVID-19 related unemployment.
1.c	PC-Hisp - see 1.b above	\$910,551	\$990,160				\$1,900,711	Added \$57,788 per FY20 Part A Increase Scenario FY21 Part A: Increase Part A \$112,078 to accommodate projected increase due to COVID-19 related unemployment.
1.d	PC-White - see 1.b above	\$1,147,924					\$1,147,924	FY21 Part A: Increase Part A \$112,078 to accommodate projected increase due to COVID-19 related unemployment.
1.e	PC-Rural	\$1,100,000					\$1,100,000	FY21 Part A: Decrease \$49,761 due to underspending.
1.f	PC-Women	\$2,100,000					\$2,100,000	FY21 Part A: Increase \$225,460 due to FY19 expenditures.
1.g	PC-Pedi	\$15,437					\$15,437	experiultures.
1.h	Vision Care	\$500,000					\$500,000	FY21 Part A: Increase \$48,000 due to repeated requests for increase.
1.j	PC-Pay for Performance Pilot Project	\$200,000					\$200,000	Established at \$200,000 per FY20 Part A Increase Scenario
2	Medical Case Management	\$1,730,000	\$320,100	\$0	\$0	\$0	\$2,050,100	FY21 Part A: Decrease Part A by \$385,802 due to underspending in FY19. Subcategory to be determined by the AA, with consideration to MAI allocations under MCM.
2.a	CCM-Mental/Substance	\$488,656					\$488,656	
2.b	MCM-Public Clinic	\$427,722					\$427,722	
2.c	MCM-AA	\$266,070	\$160,050				\$426,120	
2.d	MCM-Hisp	\$266,072	\$160,050				\$426,122	
2.e	MCM-White	\$52,247			Day - William to A		\$52,247	
2.f	MCM-Rural	\$273,760					\$273,760	
2.g	MCM-Women	\$125,311					\$125,311	EVOA Deat A. Decreese Deat A built70 000 (4 ETF) which
2.h	MCM-Pedi	\$90,051					\$90,051	FY21 Part A: Decrease Part A by \$70,000 (1 FTE) which Part D will fund.
2.i	MCM-Veterans	\$80,025					\$80,025	
2.j	MCM-Youth	\$45,888					\$45,888	

	Part A	MAI	Part B	State Services	State Rebate	Total	FY 2021 Allocations & Justification
Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
3 Local Pharmacy Assistance Program	\$1,810,360	\$0	\$0	\$0	\$0	\$1,810,360	
3.a LPAP-Public Clinic	\$310,360					\$310,360	FY21 Part A: Decrease Part A by \$300,000 due to underspending in FY19
3.b LPAP-Untargeted	\$1,500,000					\$1,500,000	FY21 Part A: Decrease Part A by \$1,046,806 due to underspending in FY19
4 Oral Health	\$166,404	\$0	\$2,218,878	\$0		\$2,385,282	
4.a General Oral Health			\$1,658,878				FY21 Part B: Divided Oral Health Untargeted subcategory into General Oral Health (4.a) and Prosthodontics (4.b); decreased \$100,000 for prosthodonics.
4.b Prosthodontics			\$560,000	1000			FY21 Part B: Divided Oral Health Untargeted subcategory into General Oral Health (4.a) and Prosthodontics (4.b); increased \$100,000 for prosthodonics.
4.c Rural Dental	\$166,404			1 A		\$166,404	
5 Health Insurance Co-Pays & Co-Ins	\$1,383,137	\$0	\$1,028,433	\$853,137	\$136,918	\$3,401,625	Added \$43,898 per FY20 Part A Increase Scenario Note from TRG: Increased State Rebate by \$11,918 and decreased Part B by \$11,918 FY21 SS: Decrease \$11,369 in SS due to decrease in SS FY20 award amount.
6 Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	
7 Early Intervention Services	\$0	\$0	\$0	\$175,000	\$0	\$175,000	
8 Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
9 Home & Community Based Health Services	\$0	\$0	\$113,315	\$0	\$0	\$113,315	
9.a In-Home (skilled nursing & health aide)						\$0	
9.b Facility-based (adult day care)			\$113,315			\$113,315	
10 Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$0	\$45,677	
11 Hospice	\$0	\$0	\$0	\$259,832	\$0	\$259,832	
12 Referral for Health Care & Support Services	\$0	\$0	\$0	\$0	\$450,000	\$450,000	Note from TRG: Increase State Rebate by \$75,000
13 Non-Medical Case Management	\$1,267,002	\$0	\$0	\$350,000	\$0	\$1,617,002	
13.a SLW-Youth	\$110,793			CONTRACTOR AND COMME		\$110,793	
13.b SLW-Testing	\$100,000					\$100,000	
13.c SLW-Public	\$370,000					\$370,000	FY21 Part A: Decrease Part A by \$57,000 (1 FTE) due to budget shortfalls.
13.d SLW-CBO, includes some Rural	\$686,209					\$686,209	FY21 Part A: Decrease Part A by \$57,000 (1 FTE) due to budget shortfalls.
13.e SLW-Substance Use	\$0			\$350,000		\$350,000	
14 Transportation	\$424,911	\$0	\$0	\$0	\$0	\$424,911	

		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2021 Allocations & Justification
	Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
14.a	Van Based - Urban	\$252,680			CHARLES A. A.		\$252,680	
14.b	Van Based - Rural	\$97,185		\$0			\$97,185	
14.c	Bus Passes & Gas Vouchers	\$75,046					\$75,046	
15	Emergency Financial Assistance	\$1,545,439	\$0	\$0	\$0	\$0	\$1,545,439	
15.a	EFA - Pharmacy Assistance	\$1,305,439					\$1,305,439	FY21 Part A: Increase Part A by \$780,439 to fund at the amount expended in FY19, and in light of unemployment resulting from the COVID-19 pandemic.
15.b	EFA - Other	\$240,000					\$240,000	FY21 Part A: Fund at \$240,000.
16	Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
17	Outreach Services	\$420,000	\$0	\$0	\$0	\$0	\$420,000	
	Total Service Allocation	\$20,100,113	\$2,322,959	\$3,360,626	\$2,005,969	\$586,918	\$28,376,585	
NA	Quality Management	\$412,940			Maria ne alla s		\$412,940	
NA	Administration	\$1,795,958					\$1,795,958	
NA	Compassionate Care Program					\$388,082	\$388,082	Note from TRG: Decrease State Rebate by \$11,918
	Total Non-Service Allocation	\$2,208,898	\$0	\$0	\$0	\$388,082	\$2,596,980	
	Total Grant Funds	\$22,309,011	\$2,322,959	\$3,360,626	\$2,005,969	\$975,000	\$30,973,565	
	Remaining Funds to Allocate (exact same as	\$0	\$0	\$0	\$0	\$0	\$0	

Tips:

the yellow row on top)

82%

<sup>\*</sup> 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]			Fi.			
needed, use this space to enter base amoun	nts to be used for calculations					
	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	State Rebate est.	
Total Grant Funds	\$22,309,011	\$2,322,959	\$3,360,626	\$2,005,969	\$975,000	\$30,973,565

\$16,442,761

Core medical

<sup>\*</sup> 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.

**DRAFT** 

	Part A	MAI	Part B	State Services	State Rebate	Total	FY 2021 Allocations & Justification
Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	



### Houston Ryan White Planning Council Priority and Allocations Committee

### Proposed Ryan White Part A, MAI, Part B and State Services Funding FY 2021 Allocations

(Priority and Allocations Committee approved 06-10-20)

### **MOTION 1:** 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 2021 Level Funding Scenario.

### **MOTION 2:** 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 3:** 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 10 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 \$300,000 to Health Insurance Assistance Program (category 5).
- Step 2: Allocate the next \$100,000 to Local Pharmacy Assistance Program Untargeted (category 3.b).
- Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council, with prioritization given to new programs.

### MOTION 4: 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 be divided evenly between Oral Health General Oral Health (category 4.a.) and Oral Health Prosthodontics (category 4.b.).
- 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 Reflects "Increase" Funding Scenario MAI Reflects "Increase" Funding Scenario

### FY 2019 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original	Award	Lieba	October	Final Quarter	Total	Dozenatof	Amount	Procure-	Original Date	Expended	Percent	Percent
Fritority	Service Category	Allocation	Reconcilation	July Adjustments	Adjustments	Adjustments	Allocation	Percent of Grant Award	Procured	ment	Procured	YTD	YTD	Expected
]		RWPC Approved			Aujustments	Aujustinents	Allocation	Grant Award		Balance	Procured	110	ן פוי	YTD
1		Level Funding	(b)	(carryover)					(a)	Dalalice			. •	110
		Scenario												
1	Outpatient/Ambulatory Primary Care	9,783,470		100,096	55,000		10,942,175	48.76%	10,942,175	C		10,946,926	100%	100%
1.a	Primary Care - Public Clinic (a)	3,591,064		0	30,000	253,939	3,875,003		3,875,003			\$3,602,340	93%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447			25,000	827,488	1,817,967	8.10%	1,817,967		**	\$1,556,441	86%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424			0	I	811,456	3.62%	811,456		*****	\$1,474,133	182%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,023,797			0		1,048,829		1,048,829			\$757,590	72%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761	0			-77,818	1,071,943		1,071,943				98%	100%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540	0				1,874,540		1,874,540	<u>C</u>	41.11-4-4	\$2,087,591	111%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437		15,437	Ç	7	\$9,000	58%	100%
	Vision	402,000	. 0		0		427,000		427,000	<u> </u>		\$414,500	97%	100%
2	Medical Case Management	2,535,802	0		-120,000	/	1,882,521	8.39%	1,882,521		10.06250	1,608,774	85%	100%
	Clinical Case Management	488,656		0			488,656	2.18%	488,656		******	\$488,627	100%	100%
	Med CM - Public Clinic (a)	482,722	0	10,000	0		101,801	0.45%	101,801			\$193,192	190%	100% 100%
	Med CM - Targeted to AA (a) (e)	321,070	0	16,666	0		129,801	0.58%	129,801	<u> </u>	** ***	\$265,920	205%	
2.d 2.e	Med CM - Targeted to H/L (a) (e)	321,072	0	16,666	0		337,738	1.51%	337,738	0		\$111,665	33%	100% 100%
2.e 2.f	Med CM - Targeted to W/MSM (a) (e) Med CM - Targeted to Rural (a)	107,247		16,668 0	. 0		123,915		123,915	0	-1 ., -2 . 2	\$99,192 \$226,844	80% 70%	100%
2.g	Med CM - Targeted to Rural (a)  Med CM - Women at Public Clinic (a)	348,760 180,311	0			37,575	326,335 180,311		326,335 180,311	0		\$220,644	54%	100%
	Med CM - Targeted to Pedi (a.1)	160,311	0	0		-32,000	68.051	0.30%	68,051	0		\$20,562	30%	100%
	Med CM - Targeted to Veterans	80,025	0	<u> </u>	-80,000		80,025	0.36%	80,025	0	41 .1 =	\$67,977	85%	100%
	Med CM - Targeted to Veterans  Med CM - Targeted to Youth	45,888	0	•	U	-	45,888		45.888	0		\$36,798	80%	100%
	Local Pharmacy Assistance Program (a) (e)	2,657,166	500,000	125,126	0	-1.443.535	1.838.757	8.19%	1,838,757	0		\$1,736,234	94%	100%
	Oral Health	166,404	300,000	123,120	0	-,	166,404	0.74%	166,404	0		166,400	100%	100%
	Oral Health - Untargeted (c)	100,404					100,404	0.00%	0			\$0	0%	0%
	Oral Health - Targeted to Rural	166.404	0				166.404	0.74%	166,404	0		\$166,400	100%	100%
	Mental Health Services (c)	100,404	<u> </u>	<del>-</del>		n	100,404		0	0	*******	\$0	0%	0%
	Health Insurance (c)	1.173.070	166,000	<u> </u>	100.000	- 0	1,439,070	6.41%	1,439,239	-169		\$1,439,239	100%	100%
	Home and Community-Based Services (c)	1,110,010	0	. 0	00,000	<u> </u>	1,400,010	0.00%	1,400,200	-100		\$0	0%	0%
	Substance Abuse Services - Outpatient	45,677	<u>o</u>		-10,000	-	35,677	0.16%	35,677	ŏ		\$35,344	99%	100%
	Early Intervention Services (c)	10,011			-10,000	0	00,011	0.00%	00,0,1	Ö	** **	\$0	0%	0%
	Medical Nutritional Therapy (supplements)	341,395	0		0	0	341,395	1.52%	341,395	ŏ		\$307,128	90%	100%
	Hospice Services	0-71,000	0		0	0	041,000	0.00%	041,000	0		\$0	0%	0%
	Outreach Services	420.000	0	<u>_</u>		-131.351	288.649	1.29%	288.649	Ö		\$288.185	100%	100%
	Emergency Financial Assistance	450,000	<u>0</u>		<u>-</u>	858,980	1,308,980	5.83%	1,308,980	Ŏ		\$1,305,439	100%	100%
	Referral for Health Care and Support Services (c)	0 0,000	0		···	000,000	1,000,000	0.00%	0	Ö	0	\$0	0%	0%
	Non-Medical Case Management	1,231,002	Ö		-25,000	295.578	1,601,580	7.14%	1,601,580	Ö		1,544,450	96%	100%
	Service Linkage targeted to Youth	110,793	<u>_</u>		-10.000	200,010	100.793	0.45%	100,793	0	Angeroscommunication and annual state of	\$117,714	117%	100%
	Service Linkage targeted to Youth Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	. 0		-15,000		85.000	0.45%	85,000	- 0		\$97,796	115%	100%
	Service Linkage targeted to Newly-Blaghosed/Not-in-Care Service Linkage at Public Clinic (a)	427,000		0	-10,000	125,664	552,664	2.46%	552,664	0		\$522,850	95%	100%
	Service Linkage embedded in CBO Pcare (a) (e)	593,209	ŏ	100,000	0		863,123	3.85%	863,123	ő	******	\$806,091	93%	100%
	Medical Transportation	424,911	0	0	0		424,911	1.89%	424,911			424,910	100%	100%
	Medical Transportation services targeted to Urban	252.680	0	0	ol		252,680	1.13%	252,680	0	Service College And AFTER AN ARCHITECTURE	\$281,980	112%	100%
	Medical Transportation services targeted to Rural	97,185	0		ŏ		97,185	0.43%	97,185	0		\$67,884	70%	100%
	Transportation vouchering (bus passes & gas cards)	75,046	ő	ől	ől		75,046	0.33%	75,046	0		\$75,046	100%	0%
	Linguistic Services (c)	0	Ö	ő	0		0 0	0.00%	0	<u>ŏ</u>		\$0	0%	0%
	Total Service Dollars	19,228,897	666,000	375,222	0		20,270,119	89.04%	20,270,288	-169	a distribution of the second	19,803,028	98%	100%
	Grant Administration	1,675,047	119,600	n	n		1,794,647	8.00%	1,794,647	0		627,328	35%	100%
THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1	HCPHES/RWGA Section	1,675,047	119,600	0		0	1,794,647	5.81%	1,302,684	0		\$462,731	36%	100%
CONTROL PROPERTY AND ADDRESS OF THE PARTY OF	RWPC Support*	491,963	. 118,000	U	. 0	<u> </u>	491,963	2.19%	491,963	0		164,598	33%	100%
を は 日本	RYYEC Support	491,903			· U	U	491,903	∠. 19%	491,903	U U	IN/A	104,398	33%	100%

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

### FY 2019 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Original Date	Evpandad	Percent	Percent
	oc.vioc outegory	Allocation	Reconcilation	Adjustments	Adjustments	Adiustments	Allocation	Grant Award	Procured	ment	1 -	Expended YTD		
		RWPC Approved	(b)	(carryover)	Aujustilients	Aujustilients	Allocation	Grant Award			Procured	טוז	YTD	Expected
		Level Funding	(0)	(carryover)					(a)	Balance				YTD
		Scenario				į	,		l				]	
BE827621	Quality Management	495,000	-119,600	. 0	0	Ô	375,400	1.67%	375,400	O	N/A	\$84,702	23%	100%
		21,398,944	666,000	375,222	0	0	22,440,166	98.71%	22,440,335	-169		20,515,058		100%
								<u> </u>						
								Unallocated	Unobligated					
	Part A Grant Award:	22,439,871	Carry Over:	465	1-7	Total Part A:	22,440,336	170	-169				,	
	•							-		•	· ·			
	Here and the Harrist of Section 2011 of the Company of the Harrist of the Company	Original	Award	July	October	Final Quarter	Total	Percent	Total	Percent	-			
	o ferrita fical de California	Allocation	Reconcilation	Adjusments	Adjustments	Adjustments	Allocation		Expended on					
	пун ананулының оруушулунун корыпун месен қазақының жанай Мес		(b)	(carryover)				,	Services					
<u> </u>	Core (must not be less than 75% of total service dollars)	16,702,984	666,000	275,222	25,000	-1,023,207	17,669,206	87.17%	16.240.044	82.01%				
	Non-Core (may not exceed 25% of total service dollars)	2,525,913	000,000				2,600,913	12.83%	3.562.984	17.99%				
<u> </u>	Total Service Dollars (does not include Admin and QM)	19,228,897	666,000				20,270,119		-,,	17.99%				
<u>  </u>			000,000	313,222			20,210,119	felile (para)	19,003,020					
ļI														
Ī	Total Admin (must be ≤ 10% of total Part A + MAI)  Total QM (must be ≤ 5% of total Part A + MAI)	1,675,047 495,000	119,600		0	U	1,794,647	8.00%						
ļ	Total QW (Hust be \$ 5% of total Part A + WAI)	495,000	-119,600	U	U	0	375,400	1.67%			<u> </u>			
	TO THE COLUMN TO			,										
L					MAI Procure						· · · · · · · · · · · · · · · · · · ·			
Priority	Service Category	Öriginal	Award	July	October	Final Quarter	Total	Percent of	Amount	Procure-	Date of	Expended	Percent	Percent
	,	Allocation	Reconcilation	Adjustments	Adjustments	Adjustments	Allocation	Grant Award	Procured	ment	Procure-	YTD	YTD	Expected
	,	RWPC Approved	(b)	(carryover)					(a)	Balance	ment			YTD
I		Level Funding Scenario				1			,					
1	Outpatient/Ambulatory Primary Care	1,846,845	40,438	18,861	0	0	1,906,144	85.62%	1,906,144	- 0		1.898.600	100%	100%
	Primary Care - CBO Targeted to African American	934,693	20,219			_	964,342	43.32%		0		\$1,109,900	115%	100%
	Primary Care - CBO Targeted to Hispanic	912,152	20,219			0	941,802	42.30%	941,802	ő		\$788.700	84%	100%
2	Medical Case Management	320,100	0		0		320,100	14.38%	320,100		9 112010	\$210,675	66%	100%
	MCM - Targeted to African American	160,050					160,050	7.19%	160,050	0		\$142,705	89%	100%
	MCM - Targeted to Hispanic	160,050					160.050	7.19%	160,050	Ö		\$67,970	42%	100%
	Total MAI Service Funds	2,166,945	40,438	18,861	0	0		100.00%		Ŏ		2,109,275	95%	100%
	Grant Administration	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%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	Ö		0	0%	0%
BEO 27516	Total MAI Funds	2,166,945	40.438	18,861	0	o	2,226,244	100.00%		ň		2,109,275	95%	100%
4	•	-		·			_,,					2,100,210	0070	10070
ASSECTATION OF THE PROPERTY OF	MAI Grant Award	2,226,244	Carry Over:	0		Total MAI:	2,226,244				-	-		
	Combined Part A and MAI Orginial Allocation Total	23,565,889					_,,	·						
	·													
Footnote											1			
All	When reviewing bundled categories expenditures must be evaluated in	ooth by individual se	rvice category and by	combined categori	es. One category ma	ay exceed 100% of a	vailable funding so I	ong as other categ	ory offsets this o	verage.			**	
(a)	Single local service definition is four (4) HRSA service categories (Pca	are, LPAP, MCM, No	on Med CM). Expend	litures must be evalu	uated both by individ	ual service category	and by combined se	ervice categories.		·				
(a.1)	Single local service definition is three (3) HRSA service categories (do	es not include LPA	P). Expenditures mus	st be evaluated both	by individual service	e category and by co	mbined service cate	gories.			7.			
	Adjustments to reflect actual award based on Increase or Decrease fu									•				
	Funded under Part B and/or SS													
(c)											1			-
	Not used at this time											l		
(d)	Not used at this time 10% rule reallocations				·									

### FY 2019 Ryan White Part A and MAI Service Utilization Report

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				<b>Bar</b> RVII	ALTA	SURFA		945 A 8 0 1 1	THE CONTRACTOR						1183			200
1. A. A. C.	Fig. 1. The state of the state		<u>বিলয়েন্দ্রন্তে</u>		\$ 1000	T.	7.7		T TOTAL TOTA			-		7		Y wy		
			- Toron (1997)					المراجع والأراوعي والأ									\$1. £1.5	
1	Outpatient/Ambulatory Primary Care (excluding Vision)	6,467		701/	L		the market property of			· .	<u> </u>		<u> </u>					
1.	Primary Care - Public Clinic (a)	2,350	erskier (k <u>41</u>	73% 68%		1%		14%	2%	37%	0%			26%	27%	13%	26%	2%
1.1		1,060	نيور الرااح والمسالح	66%	31%	1%		9%	2%	39%	0%	0%	2%	16%	26%	. 16%	36%	4%
1.0	Primary Care - CBO Targeted to Hispanic (a)	960	aran makala keper	83%	31%	3%		. 0%	1%	0%	0%	1%	6%	39%	27%	11%	17%	1%
1.0	Primary Care - CBO Targeted to White and/or MSM (a)	690	- က က ရည်း <sub>ကြ</sub> င့	88%	15% 11%	2% 1%	0%	0%	0%	100%	0%	1%	7%	30%	31%	12%	17%	1%
1.e	Primary Care - CBO Targeted to Rural (a)	400	المناه -	70%	29%	1%	0%	87%	13%	0%	0%	0%	4%	30%	24%	13%	28%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000		0%	100%		45%	24%	2%	29%	0%	0%]	7%	33%	26%	12%	21%	2%
1.g	Primary Care - Pediatric (a)	7	پافتور ۴ فیلته	100%	0%	0%	60%	8%	2%	31%	0%	0%	1%	10%	30%	18%	34%	5%
1.h	Vision	1,600	وبوء م	74%	25%	0%	38%	13%	0%	50%	13%	50%	38%	0%	0%	. 0%	0% ·	0%
2	Medical Case Management (f)	3,075		1470	25%	1%	47%	14%	3%	36%	0%	0%	4%	22%	24%	14%	32%	4%
2.a	Clinical Case Management	600		77%	21%	20/	500/	4.404	201									
2.b	Med CM - Targeted to Public Clinic (a)	280	يجيب بحيب	92%	7%	2%	52%	14%	2%	32%	0%	0%	3%	29%	26%	- 9%	28%	4%
2.c	Med CM - Targeted to AA (a)	550	. ~ - 4 1	65%	32%	1% 3%	63%	11%	2%	24%	0%	0%	2%	30%	22%	11%	32%	3%
2.d	Med CM - Targeted to H/L(a)	550		80%	16%	4%	99%	0%	1%	0%	0%	0%	6%	35%	26%	12%	18%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	هيا سعد عساد	85%	14%	1%	0%	0%	0%	100%	0%	1%	7%	29%	34%	10%	18%	2%
2.f	Med CM - Targeted to Rural (a)	150		67%	32%	1%	48%	87%	13%	0%	0%	0%	2%	23%	21%	15%	34%	4%
2.g -		240		. 0%	100%	0%	75%	27% 7%	3%	22%	0%	0%	6%	23%	24%	13%	32%	4%
2.h	Med CM - Targeted to Pedi (a)	125		58%	42%	0%	68%		2%	16%	0%	0%	0%	11%	29%	15%	39%	5%
2.i	Med CM - Targeted to Veterans	200		96%	4%	0%	69%	8%	1%	22%	60%	31%	10%	0%	0%	0,%	0%	0%
2.j	Med CM - Targeted to Youth	120	A-	89%	11%	0%	44%	22%	1%	8%	0%	0%	. 0%	1%	6%	3%	61%	31%
3	Local Drug Reimbursement Program (a)	2.845		74%	24%	3%	47%	11%	0%	44%	0%	11%	89%	0%	0%	0%	0%	0%
4	Oral Health	200		65%	33%	. 1%	44%	32%	2%	36%	0%	0%	5%	29%	28%	14%	23%	1%
4.a	Oral Health - Untargeted (d)	NA		0378	30 /4	. 176	4476	32%	1%	22%	0%	0%	5%	21%	27%	11%	32%	4%
4.b	Oral Health - Rural Target	200		. 65%	33%	1%	44%	32%	~400	000/	52/	201					<u></u>	
5	Mental Health Services (d)	NA		. 0070	33 /0 /	-1 78	4476	3276	1%	22%	0%	0%	5%	21%	27%	11%	32%	4%
6	Health Insurance	1,700	7	80%	19%	1%	46%	25%	3%	0007	07/	00/	007		4004			
7	Home and Community Based Services (d)	NA		. 0070	1376	1 /0	40 /1	23%	376	26%	0%	0%	2%	16%	19%	13%	40%	9%
8	Substance Abuse Treatment - Outpatient	40		95%	5%	0%	21%	42%	5%	32%	0%	007	50/	2224	-4-4	0.004		
9	Early Medical Intervention Services (d)	NA		30,0	070	078	Z 1-78	<b>92</b> /	376	3 <u>4</u> 7s	0%	0%	5%	32%	21%	26%	16%	0%
10	Medical Nutritional Therapy/Nutritional Supplements	650		78%	22%	0%	41%	22%	3%	34%	08/	00/	49/	1000	4-44			
11	Hospice Services (d)	NA.		70	22/0	0 /6	7176	22/4	376	3470	0%	. 0%	. 1%	10%	17%	15%	46%	10%
12	Outreach	700	21000	77%	21%	1%	58%	13%	1%	29%	0%	1%	00/	0.004	2221			4
13	Non-Medical Case Management	7,045	- <del> </del>	4.0	, ,	170	0074	1078	1 /8	2370	V 76	176	9%	32%	23%	10%	24%	2%
13.a	Service Linkage Targeted to Youth	320		78%	20%	2%	55%	4%	4%	37%	0%	17%	83%	00/	00/	00/	0.00	204
13.b	Service Linkage at Testing Sites	260		74%	25%	1%	53%	11%	4%	32%	0%	0%	0%	0% 45%	0%	0%	0%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	-	66%	33%	1%	61%	9%	1%	29%	0%	0%	0%		29%	8%	14%	4%
	Service Linkage at CBO Primary Care Programs (a)	2,765		73%	24%	2%	53%	14%	2%	31%	1%	1%	7%	16% 29%	24% 25%	14%	40%	6%
	Transportation .	2,850			7	~,,,	0078	1770	270	3170]	70	170	770	29%	25%	11%	24%	3%
14.a	Transportation Services - Urban	170		65%	33%	2%	61%	10%	3%	26%	0%	0%1	5%	200/	000/	4407	0.00	007
14.b	Transportation Services - Rural	130		70%	29%	1%	33%	39%	3%	25%	0%	0%	3%	30% 20%	26%	11%	25%	3%
	Transportation vouchering	2,550						0070	3/4	-2/6	V /6	070	J-70	40%	2170	7%	40%	3%
	Linguistic Services (d)	NA NA		······································	77			الواد المعطال الما الهلاا								— → <sub>**: _</sub>		<del></del>
16	Emergency Financial Assistance (e)	NA	7777	74%	24%	2%	51%	12%	2%	35%	0%	1%	5%	278/	201/	430(	0.584	
17	Referral for Health Care - Non Core Service (d)	NA.					5 7 7 8	12/8	2./0	22.4	U 74	170	3%	27%	29%	12%	25%	1%
Net undu	olicated clients served - all categories*	12,941		73%	25%	1%	52%	15%	2%	31%	0%	1%	49/	228/	248/	4.08/	0.00/	- P. V.
Living AIDS	cases + estimated Living HIV non-AIDS (from FY 18 App) (b)	NA	28,225	60%	21%		39%	18%	3%	20%	0%	5%	4%			12%	30%	5%
							5570	1075	J /0	20 /8	V 76	376		15%	22%	25%	15%	
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### FY 2019 Ryan White Part A and MAI Service Utilization Report

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			कर्म विस्तृति		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Property T	minute minute and and			Tomas	ر را تر	7.77	7.7	e grander			January Berlin	
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and the same of th	Outpatient/Ambulatory Primary Care (excluding Vision)			العجبريد جونست معاسمتا	4	centumin anti-Jennyaconsi	NATIONAL PROPERTY OF LANSAULAND	مرد در المساور المساد المساد	مستهم به مسته	اس سسساسست	مستنسخة شيسا	العمدادا	منسخ گرمد جيمتم	and construction and the	استنسفسنسفتنس		+	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060		71%	26%	3%	100%	0%	0%	0%	0%	1%	7%	38%	26%	11%	17%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960		83%	14%	2%	0%	0%		100%	0%	0%	7%	30%	32%	13%	17%	1%
2	Medical Case Management (f)	ļ		33,5				,										
2.c	Med CM - Targeted to AA (a)	1,060		74%	23%	4%	46%	16%	3%	35%	0%	2%	7%.	35%	31%	9%	15%	2%
2.d	Med CM - Targeted to H/L(a)	960		81%	14%	5%	48%	. 17%	2%	33%	0%	2%	5%	31%	33%	5%	24%	1%
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(*			42 344			Tarican,	etty?"	(42)	6 16 1									
1	Primary Medical Care	2,100		76%	241/	28/		<u> </u>	2%	2.40/	0%	2%	10%	35%	27%	10%	1%	16%
<u> </u>		2,100		/ O7s	21%	2%	51%	13%	<b>∠</b> 70	34%	U76)	<b>∠</b> 70 [	1076	3376	21 70	10/0		
1 2	ILPAP	1 200		7.4%	228/	49/	ACW.	440/	29/	25%	nec.	2%	7%	35%	21%	Q%/	2%	45%
	LPAP   Clinical Case Management	1,200 400		7.4% 81%	23%	<b>4%</b>	46% 48%	16% 17%	3%	35% 33%	0% 0%	2%	7% 5%	35% 31%	.31%	9% 5%	2% 1%	15%
3.a	Clinical Case Management	400		81%	14%	5%	48%	17%	2%	33%	0%	2%	5%	31%	33%	5%	1%	24%
3.a		400 1,600		81% 74%	14% 23%	5% 3%	48% 58%	17% 13%	2% 2%	33% 28%	0% 1%	2% 2%	5% 8%	31% 34%		5% 9%		
3.a	Clinical Case Management Medical Case Management	400		81%	14% 23% 0%	5% 3% 0%	48%	17%	2% 2% 3%	33% 28% 0%	0%	2%	5%	31%	33% 26%	5%	1% 1%	24% 18%
3.a 3.b-3.h 3.i 4	Clinical Case Management Medical Case Management Medical Case Management - Targeted to Veterans	400 1,600 60		81% 74% 100%	14% 23%	5% 3%	48% 58% 59%	17% 13% 38%	2% 2%	33% 28%	0% 1% 0%	2% 2% 0%	5% 8% · 0%	31% 34% 3%	33% 26% 12%	5% 9% 0%	1% 1% 38%	24% 18% 47%
3.a 3.b-3.h 3.i 4 12.a. 12.c.	Clinical Case Management Medical Case Management Medical Case Management - Targeted to Veterans	400 1,600 60 <b>40</b>		81% 74% 100% <b>71%</b>	14% 23% 0% 23%	5% 3% 0% 6%	. 48% 58% 59% <b>49%</b>	17% 13% 38% 3 <b>7%</b>	2% 2% 3% 0%	33% 28% 0% 14%	0% 1% 0% <b>0%</b>	2% 2% 0% <b>0%</b>	5% 8% 0% 11%	31% 34% 3% 34%	33% 26% 12% 11%	5% 9% 0% 11%	1% 1% 38% <b>6%</b>	24% 18% 47% 26%
3,a 3,b-3,h 3,i 4 12,a, 12,c, 12,d,	Clinical Case Management Medical Case Management Medical Case Manangement - Targeted to Veterans Oral Health Non-Medical Case Management (Service Linkage)	400 1,600 60 <b>40</b>		81% 74% 100% <b>71%</b>	14% 23% 0% 23%	5% 3% 0% 6%	. 48% 58% 59% <b>49%</b>	17% 13% 38% 3 <b>7%</b>	2% 2% 3% 0%	33% 28% 0% 14%	0% 1% 0% <b>0%</b> 1%	2% 2% 0% <b>0%</b>	5% 8% 0% 11% 8%	31% 34% 3% 34% 28%	33% 26% 12% 11% 25%	5% 9% 0% 11%	1% 1% 38% <b>6%</b> 23%	24% 18% 47% 26%
3.a 3.b-3.h 3.i 4 12.a. 12.c. 12.d.	Clinical Case Management Medical Case Management Medical Case Manangement - Targeted to Veterans Oral Health Non-Medical Case Management (Service Linkage) Service Linkage at Testing Sites	400 1,600 60 <b>40</b>		81% 74% 100% <b>71%</b>	14% 23% 0% 23%	5% 3% 0% 6%	. 48% 58% 59% <b>49%</b>	17% 13% 38% 3 <b>7%</b>	2% 2% 3% 0%	33% 28% 0% 14%	0% 1% 0% <b>0%</b>	2% 2% 0% <b>0%</b>	5% 8% 0% 11%	31% 34% 3% 34%	33% 26% 12% 11%	5% 9% 0% 11%	1% 1% 38% <b>6%</b>	24% 18% 47% 26%
3.a 3.b-3.h 3.i 4 12.a. 12.c. 12.d. 12.b	Clinical Case Management Medical Case Management Medical Case Manangement - Targeted to Veterans Oral Health Non-Medical Case Management (Service Linkage) Service Linkage at Testing Sites	400 1,600 60 40 3,700		81% 74% 100% 71% 73%	14% 23% 0% 23% 25%	5% 3% 0% 6% <b>2%</b>	48% 58% 59% 49% 56%	17% 13% 38% 37% 14%	2% 2% 3% 0% 2%	33% 28% 0% 14% 29%	0% 1% 0% <b>0%</b> 1%	2% 2% 0% 0% 2%	5% 8% 0% 11% 8%	31% 34% 3% 34% 28%	33% 26% 12% 11% 25%	5% 9% 0% 11% 10%	1% 1% 38% <b>6%</b> 23%	24% 18% 47% 26% 4%
3.a 3.b-3.h 3.i 4 12.a. 12.c. 12.d. 12.b Footnote (a)	Clinical Case Management Medical Case Management Medical Case Management - Targeted to Veterans Oral Health Non-Medical Case Management (Service Linkage) Service Linkage at Testing Sites as: Bundled Category	400 1,600 60 40 3,700		81% 74% 100% 71% 73%	14% 23% 0% 23% 25%	5% 3% 0% 6% <b>2%</b>	48% 58% 59% 49% 56%	17% 13% 38% 37% 14%	2% 2% 3% 0% 2%	33% 28% 0% 14% 29%	0% 1% 0% <b>0%</b> 1%	2% 2% 0% 0% 2%	5% 8% 0% 11% 8%	31% 34% 3% 34% 28%	33% 26% 12% 11% 25%	5% 9% 0% 11% 10%	1% 1% 38% <b>6%</b> 23%	24% 18% 47% 26% 4%
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3.a 3.b-3.h 3.i 4 12.a. 12.c. 12.d. 12.b Footnote (a) (b) (d)	Clinical Case Management Medical Case Management Medical Case Management - Targeted to Veterans Oral Health Non-Medical Case Management (Service Linkage) Service Linkage at Testing Sites s: Bundled Category Age groups 13-19 and 20-24 combined together; Age groups Funded by Part B and/or State Services	400 1,600 60 40 3,700 260 55-64 and 65	- combined toge	81% 74% 100% 71% 73%	14% 23% 0% 23% 25%	5% 3% 0% 6% <b>2%</b>	48% 58% 59% 49% 56%	17% 13% 38% 37% 14%	2% 2% 3% 0% 2%	33% 28% 0% 14% 29%	0% 1% 0% <b>0%</b> 1%	2% 2% 0% 0% 2%	5% 8% 0% 11% 8%	31% 34% 3% 34% 28%	33% 26% 12% 11% 25%	5% 9% 0% 11% 10%	1% 1% 38% <b>6%</b> 23%	24% 18% 47% 26% 4%
3.a 3.b-3.h 3.i 4 12.a. 12.c. 12.d. 12.b Footnote (a) (b) (d) (e)	Clinical Case Management Medical Case Management Medical Case Management - Targeted to Veterans Oral Health Non-Medical Case Management (Service Linkage) Service Linkage at Testing Sites s: Bundled Category Age groups 13-19 and 20-24 combined together; Age groups	400 1,600 60 40 3,700 260 55-64 and 65-		81% 74% 100% 71% 73% 80%	14% 23% 0% 23% 25%	5% 3% 0% 6% <b>2%</b>	48% 58% 59% 49% 56%	17% 13% 38% 37% 14%	2% 2% 3% 0% 2%	33% 28% 0% 14% 29%	0% 1% 0% <b>0%</b> 1%	2% 2% 0% 0% 2%	5% 8% 0% 11% 8%	31% 34% 3% 34% 28%	33% 26% 12% 11% 25%	5% 9% 0% 11% 10%	1% 1% 38% <b>6%</b> 23%	24% 18% 47% 26% 4%

## The Houston Regional HTV/AIDS Resource Group, Inc. FY 1920 Ryan White Part B Procurement Report April 1, 2019 - March 31, 2020



Reflects spending through March 2020 Final

Spending Target: 100.0

Coral Health Care         Service Category         Allocation of Park Der RWPC         Award Award         Amendment Amount         Contractual Amendment         Contractual Amendment         Amount Amount         Contractual Amount         Amount Amount	1.4.		Original	XO	大学の大学を大工の名を合い。	The second live of the second				Revised	5/21/20
S2,186,905         65%         \$31,973         \$2,218,878         \$184,119         \$2,034,759         \$1,012019         \$1,913,401           \$1,040,351         \$1,040,351         \$0         \$1,040,351         \$22,218,878         \$184,119         \$2,034,759         \$4/1/2019         \$1,913,401           sease Scenario*         \$0         \$0         \$13,340,571         \$0         \$3,372,544         \$134,000         \$3,238,544         \$1,2019         \$138,960         \$13	riority	Service Category	Allocation	Grant	1,725	Contractual	Amendment	Contractual	Date of Original	Expended	Percent
\$2,186,905         \$5%         \$31,973         \$2,218,878         \$184,119         \$2,034,759         \$4/1/2019         \$1,913,401           \$1,040,351         \$1,040,351         \$24,474         \$1,064,825         4/1/2019         \$1,913,401           sase Scenario*         \$0         \$0         -\$31,973         \$0         \$133,960         4/1/2019         \$138,960         1           HOuston HSDA         3,340,571         100%         0         3,372,544         -\$134,000         \$3,238,544         317,186	4	Oral Health Care	per KWPC	Award				Amount	Procurement	Ϋ́	ATV.
## St. 040,351 31% \$0 \$1,040,351 \$24,474 \$1,064,825 \$4/1/2019 \$1,913,401 \$1,040,825 \$138,960 \$4/1/2019 \$1,064,825 \$138,960 \$1,040,825 \$138,960 \$4/1/2019 \$1,38,960 \$1,040,825 \$138,960 \$1,040,825 \$138,960 \$1,040,825 \$1,040	T		\$2,186,905	65%	\$31.973	\$2 218 878	-\$184 110	67 024 750	111111111111111111111111111111111111111	100 CONTROL OF THE PARTY OF THE	
\$1,040,351 31% \$0 \$1,040,351 \$24,474 \$1,064,825 4/1/2019 \$1,064,825 138,960 \$1,040,351 \$1,040,351 \$1,040,351 \$1,040,351 \$1,044,825 \$1,040,351 \$1,040,825 \$1,040,351 \$1,040,825 \$1,040,351 \$1,040,825 \$1,040,351 \$1,040,825 \$1,040,0571 \$1,00% \$0 \$1,040,351 \$1,040,05 \$1,040,05 \$	2	Health Insurance Premiums and Cost Charing				010,010,00	4104,119	\$2,034,739	4/1/2019	\$1,913,401	94%
ase Scenario* \$113,315 3% \$0 \$113,315 \$25,645 \$138,960 \$4/1/2019 \$1,064,825 1 1		Silling and Cost Oligining	\$1,040,351	31%	\$0	\$1 040 351	K74 474	\$1 064 OJE	412 10000		
\$113,315         \$0         \$113,315         \$0         \$113,315         \$25,645         \$138,960         \$1138,960         \$138,96	00	Home and Community Bornd Months Committee					+11.	279,400,14	4/1/2019	\$1,064,825	100%
* \$0 0% -\$31,973 \$0 \$0.	1	Treems with Community Dased realth Services	\$113,315	3%	03	\$112 215	CAS CAS	0000			2000
** \$0 0% -\$31,973 \$0 \$0 \$3,340,571 \$100% 0 3,372,544 -\$134,000 \$33,238,544 \$3117,186		Increased DWD American Strategies			29	0112,0110	27,043	\$138,960	4/1/2019	\$138 960	100%
3,340,571 100% 0 3,372,544 -\$134,000 \$3,238,544	100	Andreased to W.B. Award added to OHS per Increase Scenario*	\$0	%0	-\$31,973	03		-			2007
3,340,571 100% 0 3,372,544 -\$134,000 \$3,238,544	100	T. Golden T. C. T. L. C.									
98 / 1 S		LUIM COUSTON HSDA	3,340,571	100%	0	3,372,544	-\$134 000	\$3 238 5AA	SALTIMETERS AND	7 117 100	
							2226	47,00,000	MALE CALLS OF STREET	3.117.186	%96

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

\* Result of Increased Scenario for RWB award

\*\* TRG reallocated funds in final quarter to meet its required spending threshold of 95% and to avoid returning funds to DSHS. Thus, HCBHS was increased by \$ 25,645, HIP was increased by \$ 24,474 and \$134,000 was reallocated to another HSDA

### 4/1/2019- 03/31/2020 Houston HSDA (4816) 4th Quarter 2019-2020 Ryan White Part B Service Utilization Report

	TIM	LINC															Revised	5/1/2020
	OF	2		Gender	ler			Race	ce					Ago Cuo	400			
Funded Service	Goal	Goal YTD	Male Female FTM	Female	FTM	MTR	VV	White	Disan	Other	N. P.	42.40		dio o o o o	du di			
Uselth Lagrange D.	1000	1				1		AL THE	dent	Offiler	71-0	13-19	70-74	25-34	35-44	45-49	Lingh Ouner   0-12   13-19   20-24   25-34   35-44   45-49   50-64	759
ricalul Insurance Fremiums	1,600	1,362	81.00%	18.35%	0.07%	0 58%	41 480%	7678676	20.210/	70000	V0000	0 1 10/	1000				1000	- 60
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Health Services	28	74	75.00% 25.00%	25.00%	0.00%	0.00%		16 67%	16 65% 16 67% 16 67% 0 000	70000	15	70000	7000	,0000			September 1	
Troutin Doi vices					を見るが			10.01	10.01	0.00.0	20	0.00%	0.00%	.00% 0.00%	id	45.83%	100% 45.83% 41 66% 12 51%	12 51%
Oral Health Care	150	2512	1	1022 200	10000	,000,					AND DESCRIPTION OF THE PARTY OF				のなるないという		A STATE OF THE PARTY OF THE PAR	27.0.24
omo manar	100	2,713	1	1.13% 27.33%	0.07%	1.28%	1.28% 52.09% 13.66%	13 66%	32 250% 2 000%	2000	0	10000	1000 0 1000 1000 1000 1000 1000 1000 1	17 070/	1001.00	10000		
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	NA	1.839	77.36% 71.66%	21 66%	0.050	0 030	0 039/ 52 419/ 10 070/ 5/ 000/	10 070/	1000 70	1017	8				では、日本のでは、		1月の大学の世界	
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### The Houston Regional HIV/AIDS Resource Group, Inc. September 1, 2019- August 31, 2020 FY 1920 DSHS State Services Procurement Report



Chart reflects spending through March 2020

Spending Target: 58.33

Peiority		Original	Jo %					·	Kevised	5/21/2020
	Service Category	Allocation	Grant	Amendments   Contractual   per RWPC   Amount	Contractual	Amendment	Contractual	Date of	Expended	Percent
·	Hoold L	Der KWPC	Award				Amount	Procurement	ATT.	KTD
,	Arcella Alisardance rremiums and Cost Sharing (1)	\$864,506	43%	8	\$864,506	0\$	\$864.506	0/1/7010	0	
9	Mental Health Services (2)	6300 000	,25,				ODE LOSS	2/1/2019	0.5	%
,	rete t	3300,000	15%	20	\$300,000	<u>0</u>	\$300,000	9/1/2019	\$88 ADR	200,
	ELD - Incarcerated	\$175,000	%6	5	6175 000				900,400	07.67
=	Hosmine		2	8	000,071	2	\$175,000	9/1/2019	\$95.747	25%
:	and form	\$259,832	13%	25	\$259 832	S	000 0304	1 2 2 2		
	Non Medical Case Management (3)	0000000			2006	9	\$52,627	9/1/2019	\$132,880	51%
1	(c) Transferricht (c)	\$350,000	17%	<b>0\$</b>	\$350,000	8	\$350,000	0/1/2010	6100013	
۲)	Linguistic Services (4)	\$68.000	3%	G.	000 000			2/1/2017	\$125,013	37%
	Toyong Land		213	30	308,000	20	\$68,000	9/1/2019	\$28.050	41%
	Health Insurance (a)	0\$	%0	-\$142,285					2262	2/1
	· 東京日本の第二年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の									
	Cotal Houston HSDA	2,017,338	100%	-\$142,285	\$2,017,338	0\$	\$1 667 338		000 007	
							44,000,000	のおければいいないとうない	4/3.098	28%

### Note

(1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31

(2) Mental Health reporting services utilization is down and additional back billing has not been submitted.(3) N-Medical Case Management a new agency is behind 2 months of reporting spending.(4) Linguistic is behind with 1 month of reporting spending.

# Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported:

09/01/2019-3/31/20

Revised: 4/29/2020



		Assisted			NOT Assisted	
Request by Type	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	1180	\$102,206.12	578			0
Medical Deductible	139	\$20,904.36	111			0
Medical Premium	4044	\$1,481,440.99	757			0
Pharmacy Co-Payment	11210	\$395,329.57	1225			0
APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	17	\$1,614.02	6	NA	NA	NA
Totals:	16591	\$1,998,767.02	2681	0	\$0.00	

Comments: This report represents services provided under all grants.

### Houston Area HIV Services Ryan White Planning Council

2223 West Loop South, Suite 240, Houston, Texas 77027 832 927-7926 telephone; 713 572-3740 fax www.rwpchouston.org

### FY 2021 How to Best Meet the Need Quality Improvement Committee Service Category Recommendations Summary (as of 05/28/20)

### Those services for which <u>no change</u> is recommended include:

Case Management (Non-Medical Service Linkage)

Early Intervention Services (targeting the Incarcerated)

Home and Community Based Health Services (Adult Day Treatment)

**Hospice Services** 

**Linguistic Services** 

Oral Health (Untargeted and Targeting the Northern Rural Area)

Referral for Health Care and Support Services

Transportation

Vision Care

### Services with recommended changes include the following:

Ambulatory Outpatient Medical Care (includes Medical Case Management, Local Pharmacy Assistance, Emergency Financial Assistance - Pharmacy Assistance, Outreach Services - Primary Care Re-Engagement, and Service Linkage)

Add the allowability of telehealth and telemedicine to the service definition, update the justification chart, and keep the financial eligibility the same at PriCare=300%, MCM=none, LPAP=400%+500%, EFA=500%, Outreach=none SLW=none.

### Case Management (Clinical)

Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same at none.

### Case Management (Non-Medical Targeting Substance Use Disorders)

Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same at none.

### **Emergency Financial Assistance**

Accept the service category definition for Emergency Financial Assistance-Other which will provide a rapid response to personal emergencies, and set the financial eligibility at 400%. The committee recommends that the subcategory begin immediately using CARES Act (COVID-19) funds. After March 1, 2021, use Ryan White or State Services funding. SEE NEXT PAGE.

### **Health Insurance Premium and Cost Sharing Assistance**

Add text to the service definition that states clients should receive notification that payments have been made to and received by their insurance provider, update the justification chart, and

keep the financial eligibility the same at 0 - 400%, ACA plans must have a subsidy.

### Housing

🕺 SEE BELOW. Refer the discussion on Housing to a workgroup for further research.

### Medical Nutritional Therapy/Supplements

Accept the service definition as presented, update the justification chart, and increase the financial eligibility to 400%.

### **Mental Health Services**

Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same at 400%.

### **Substance Abuse Treatment**

Add the allowability of telehealth to the service definition, update the justification chart, and keep the financial eligibility the same at 300%.

On 05/27/20 the Housing Workgroup met and made the following recommendation which may or may not be approved by the Quality Improvement Committee on 06/02/20.

### **Emergency Financial Assistance**

Add housing to the FY 2021 Emergency Financial Assistance – Other service definition and limit it to people who are displaced from their home due to a temporary, acute housing need. Also, the Office of Support is to educate people living with HIV and appropriate staff to Houston EMA/HSDA housing resources. The financial eligibility is 400%, per the above motion.

time funds are used. Emergency essential living needs include food,	TT4	EMACIGDA B. Will Didd C. C. C.
(Revised April 2020)  HRSA Service Category Title:  Local Service Category Code (RWGA use only):  Amount Available (RWGA use only):  Budget Type (RWGA use only):  Budget Requirements or Restrictions:  Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA.  The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.  At least 75% of the total amount of the budget must be solely allocated to the actual cost of disbursements.  Maximum allowable unit cost for provision of food vouchers or and/or utility assistance to an eligible client = \$xx.00/unit  HRSA Service Category  Definition (do not change or alter):  Emergency Financial Assistance an occur as a direct payment to an agency or through a voucher program.  Emergency Financial Assistance is provided with limited frequency and duration of assistance. Emergent need must be documented each time funds are used. Emergency essential living needs include food, time funds are used. Emergency essential living needs include food.	Housto	
HRSA Service Category Title:  Local Service Category Code (RWGA use only):  Budget Type (RWGA use only):  Budget Requirements or Restrictions:  Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time.  Continuous provision of an allowable service to a client must not be funded through EFA.  The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.  At least 75% of the total amount of the budget must be solely allocated to the actual cost of disbursements.  Maximum allowable unit cost for provision of food vouchers or and/or utility assistance to an eligible client = \$xx.00/unit  HRSA Service Category Definition (do not change or alter):  Emergency Financial Assistance - Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication.  Emergency Financial Assistance is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented onch time funds are used. Emergency essential living needs include food, time funds are used. Emergency essential living needs include food.		
Title: Local Service Category Title: Service Category Code (RWGA use only): Amount Available (RWGA use only): Budget Type (RWGA use only): Budget Requirements or Restrictions:  Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client must not be funded through EFA. The agency must set priorities, delineate and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary. At least 75% of the total amount of the budget must be solely allocated to the actual cost of disbursements. Maximum allowable unit cost for provision of food vouchers or and/or utility assistance to an eligible client = \$xx.00/unit  HRSA Service Category Definition (do not change or alter):  Emergency Financial Assistance - Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial Assistance can occur as a direct payment to an agency or through a voucher program.  Emergency Financial Assistance is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented och time funds are used. Emergency essential living needs include food,		
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and duration of assistance. Emergent need must be documented each time funds are used. Emergency essential living needs include food,		! 1
time funds are used. Emergency essential living needs include food,		المرائب أوالم الأوالية المرائب
		time funds are used. Emergency essential living needs include food.
E CONTROLOGO ADDITIONES EL CICLOSCIA MANGE DAN ANDI DO CARDITARA	ĺ	telephone, and utilities (i.e. electricity, water, gas and all required
fees) for eligible PLWH.	· · · · · · · · · · · · · · · · · · ·	
	Farget Population (age	, , , , , , , , , , , , , , , , , , , ,
Target Population (age, PLWH living within the Houston Eligible Metropolitan Area		
gender, geographic, race, (EMA).		(EMA).
enancity, etc.).	summerty, etc.):	

housing, limited to people who are displaced from their home due to acute housing heeds,

•		
Services to be Provided:	Emergency Financial Assistance provides funding through:	•
	Short-term payments to agencies	
	Establishment of voucher programs	
	Service to be provided include:	
	Food Vouchers	
	Utilities (gas, water, basic telephone service and electricity)	
	The agency must adhere to the following guidelines in providing	
	these services:	
	Assistance must be in the form of vouchers made payable to	•
:	vendors, merchants, etc. No payments may be made directly	
	to individual clients or family members.	
	Limitations on the provision of emergency assistance to	
	eligible individuals/households should be delineated and	
•	consistently applied to all clients.	
	Allowable support services with an \$800/year/client cap.	
Compine I Init Definition(s):	A unit of sortion is defined as provision of food youghers or and/or	
Service Unit Definition(s): (HIV Services use only)	A unit of service is defined as provision of food vouchers or and/or utility assistance to an eligible client.	
Financial Eligibility:	Refer to the RWPC's approved Financial Eligibility for Houston	
1 manoiai Diigiomity.	EMA Services.	
Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for	
, , , , , , , , , , , , , , , , , , ,	non-EMA clients).	
	Agency must be dually awarded as HOWPA sub-recipient work	
Agency Requirements:	closely with other service providers to minimize duplication of	
	services and ensure that assistance is given only when no reasonable	
·	alternatives are available. It is expected that all other sources of	
	funding in the community for emergency assistance will be	
	effectively used and that any allocation of EFA funding for these	
	purposes will be the payer of last resort, and for limited amounts, limited use, and limited periods of time. Additionally, agency must	
	document ability to refer clients for food, transportation, and other	
	needs from other service providers when client need is justified.	
Staff Requirements:	None.	
Special Requirements:	Agency must:	
-	Comply with the Houston EMA/HSDA Standards of Care and	
	Emergency Financial Assistance service category program policies.	
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Houst	on EMARIODA Barro IIII in Bort A G. in D. C. in
nousi	on EMA/HSDA Ryan White Part A Service Definition
. 60	VID-19 Emergency Financial Assistance – Other
	(Revised April 2020)
HRSA Service Category	Emergency Financial Assistance
Title:	
Local Service Category	COVID-19 Emergency Financial Assistance - Other
Title:	
Service Category Code	
(RWGA use only):	
Amount Available	
(RWGA use only):	
Budget Type (RWGA use	Hybrid
only):	Tiybrid
	District Programme Control of the Co
Budget Requirements or Restrictions:	Direct cash payments to clients are not permitted. It is expected that
Restrictions:	all other sources of funding in the community for emergency
<b>i</b> :	financial assistance will be effectively used and that any allocation
	of RWHAP funds for these purposes will be as the payer of last
	resort, and for limited amounts, uses, and periods of time.
	Continuous provision of an allowable service to a client must not be
	funded through EFA.
1	The agency must set priorities, delineate and monitor what part of
1	the overall allocation for emergency assistance is obligated for each
Ĭ	subcategory. Careful monitoring of expenditures within a
	subcategory of "emergency assistance" is necessary to assure that
	planned amounts for specific services are being implemented, and to
	determine when reallocations may be necessary.
,	At least 75% of the total amount of the budget must be solely
	allocated to the actual cost of disbursements.
	Maximum allowable unit cost for provision of allowable COVID-19
·	EFA service to an eligible client = \$xx.00/unit
HRSA Service Category	Emergency Financial Assistance - Provides limited one-time or
Definition (do not change	short-term payments to assist the RWHAP client with an emergent
or alter):	need for paying for essential utilities, housing, food (including
of after).	need for paying for essential utilities, housing, food (including
	groceries, and food vouchers), transportation, and medication.
·	Emergency financial assistance can occur as a direct payment to an
	agency or through a voucher program.
<del>- 18 : 6 : 1</del>	G07777 40 7
Local Service Category	COVID-19 Emergency Financial Assistance is provided with
Definition:	limited frequency and for a limited period of time, with specified
	frequency and duration of assistance. Emergent need must be
W -	documented each time funds are used. Emergency essential living
	needs include Personal Protective Equipment (PPE), cleaning
i i	supplies, COVID-19 self-isolation 14 day short term housing, food,
	telephone, and utilities (i.e. electricity, water, gas and all required
	fees) for eligible PLWH.
	PLWH living within the Houston Eligible Metropolitan Area
	A A.

gender, geographic, race,	(EMA).
ethnicity, etc.): Services to be Provided:	<ul> <li>Emergency Financial Assistance provides funding through:</li> <li>Short-term payments to agencies</li> <li>Establishment of voucher programs</li> <li>Disbursement of allowable COVID-19 related PPE and cleaning supplies</li> <li>Service to be provided include:</li> <li>Food Vouchers</li> <li>Utilities (gas, water, basic telephone service and electricity)</li> <li>Personal Protective Equipment (PPE)</li> <li>Cleaning supplies</li> <li>COVID-19 self-isolation 14 day short term housing</li> <li>The agency must adhere to the following guidelines in providing these services:</li> <li>Assistance must be in the form of vouchers made payable to vendors, merchants, etc. No payments may be made directly to individual clients or family members.</li> <li>Limitations on the provision of emergency assistance to eligible individuals/households should be delineated and consistently applied to all clients.</li> <li>Allowable support services with an \$800/year/client cap.</li> </ul>
Service Unit Definition(s):	A unit of service is defined as provision of allowable COVID-19
(RWGA use only)	EFA service to an eligible client. No more than 400% of Federal Poverty Level
Financial Eligibility: Client Eligibility:	PLWHA residing in the Houston EMA (prior approval required for non-EMA clients).
Agency Requirements:	Agency must be dually awarded as HOWPA sub-recipient work closely with other service providers to minimize duplication of services and ensure that assistance is given only when no reasonable alternatives are available. It is expected that all other sources of
	funding in the community for emergency assistance will be effectively used and that any allocation of EFA funding for these purposes will be the payer of last resort, and for limited amounts, limited use, and limited periods of time. Additionally, agency must document ability to refer clients for food, transportation, and other needs from other service providers when client need is justified.
Staff Requirements:	None.
Special Requirements:	Agency must: Comply with the Houston EMA/HSDA Standards of Care and Emergency Financial Assistance service category program policies.

### 2020 HHS Federal Poverty Guidelines

Effective Date: 01/15/2020

				Size of Fa	mily Unit			
Poverty Level	1	2	3	4	5	6	7	8
100%	12,760	17,240	21,720	26,200	30,680	35,160	39,640	44,120
133%	16,971	22,929	28,888	34,846	40,804	46,763	52,721	58,680
150%	19,140	25,860	32,580	39,300	46,020	52,740	59,460	66,180
200%	25,520	34,480	43,440	52,400	61,360	70,320	79,280	88,240
250%	31,900	43,100	54,300	65,500	76,700	87,900	99,100	110,300
300%	38,280	51,720	65,160	78,600	92,040	105,480	118,920	132,360
350%	44,660	60,340	76,020	91,700	107,380	123,060	138,740	154,420
400%	51,040	68,960	86,880	104,800	122,720	140,640	158,560	176,480
450%	57,420	77,580	97,740	117,900	138,060	158,220	178,380	198,540
500%	63,800	86,200	108,600	131,000	153,400	175,800	198,200	220,600

For family units with more than 8 members, add \$4,480 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)