

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, August 26, 2021

Join Zoom Meeting:

<https://us02web.zoom.us/j/89374713843?pwd=UDBqbGtGUk14d081eDRUSCtBdGltZ09>

Meeting ID: 893 7471 3843

Passcode: 339238

Or, use your telephone and dial in: 346 248 7799

AGENDA

* = to be sent at a later date

- I. Call to Order Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs
- A. Moment of Reflection
 - B. Adoption of the Agenda
 - C. Approval of the Minutes
 - May 27, 2021
 - June 16, 2021
 - June 24, 2021

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.)

- III. Updates & Reports from Ryan White Grant Administration Carin Martin
- IV. Updates & Reports from The Resource Group Yvette Garvin
- V. Requests for Allocation Increases
- A. Available Part A funds: \$90,051. See requests A1 – A3 (GREEN)
 - B. Available Part A funds: \$ 1,718,510 - See requests 1 – 6 (BLUE)
 - C. Available MAI* funds: \$ 905,361 – See request M1 (PINK)
- VI. New Business
- A. Quarterly Committee Report
 - B. Probably no committee meeting in September
- VII. Announcements
- VIII. Adjourn

*MAI = *Minority AIDS Initiative*

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12:00 p.m., Thursday, May 27, 2021

Meeting Location: Zoom Teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Ardry Skeet Boyle	<i>The Resource Group</i>
Peta-gay Ledbetter, Co-Chair		Yvette Garvin
Mauricia E. Chatman		
Kimberley Collins	OTHERS PRESENT	<i>Ryan White Grant Admin</i>
Roxane May	Santos Vera, Avenue360	Carin Martin
Josh Mica		Heather Keizman
Robert Sliepka		Rebecca Edwards
Bruce Turner		
		<i>Office of Support</i>
		Tori Williams
		Ricardo Mora
		Diane Beck

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

Call to Order: Bobby Cruz, Co-Chair, called the meeting to order at 12:06 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Turner, Ledbetter) to approve the April 22, 2021 minutes.* **Motion carried.** Abstentions: May, Sliepka

Public Comment and Announcements: None.

Training: Houston Council Priority Setting Process: Ledbetter presented the attached training slides.

Old Business

Report from the Administrative Agency - Part A/MAI

Updates on the FY 2020 and 2021 Grant Awards: See attached reports that were emailed separately from the meeting packet: FY2020 Procurement Report dated 05/26/21, FY2020 Service Utilization dated 03/16/21, and FY2021 Procurement Report reflecting the decrease funding scenario. Martin said that her office is still in the process of finalizing FY 2020 so the final

procurement report will be sent to the committee before the next meeting. As expected, the Houston EMA has significant underspending this year but all Ryan White Programs have received waivers so there will be no penalty for the underspending. The Houston EMA also has the option to send funds to the state ADAP program. For FY2021, Houston received a slight decrease overall for Part A/MAI funding, hence the decrease funding scenario has been implemented.

Report from the Administrative Agency – Part B/State Services: See attached reports included in the meeting packet. Garvin said they spent about 90% of the Part B grant which ended March 31, 2021. The final report will be sent to the committee before the next meeting. For the upcoming year the Houston area received level funding but, as a note, they may still need to implement a decrease.

Determine June Meeting Dates: The committee decided to hold the special meetings from 1:00-5:00 p.m. on June 16 and June 17. The June committee meeting will be at noon on June 24, 2021. The Committee Co-chairs will record the public hearing on June 21 and if there is significant public comment, the committee will meet on June 29, 2021.

Priority Setting Process

Determine FY 2022 Service Priorities: The committee reviewed the Policy for the FY 2022 Priorities Setting Process; there is no new needs assessment data to justify changes in the priorities.

Motion #3: *it was moved and seconded (Mica, Ledbetter) to keep the FY 2022 Ryan White Part A/Minority AIDS Initiative (MAI), Part B, and State Services funded service priorities the same as those in FY 2021 since there is no new data to justify changes.* **Motion carried unanimously.**

Public Comment: Santos Vera, Executive VP of Operations at Avenue360 said he would like the committee to consider raising the priority of oral health. His organization would like the committee to consider medical as the top priority followed by oral health, pharmacy and then medical case management because this is how his agency prioritizes care. Mica said he would like to see the Health Insurance Assistance Program moved up to priority #4 from priority #5.

Final vote on the FY 2022 service priorities: **Motion #4:** *it was moved and seconded (Mica, Chatman) to keep the FY 2022 Ryan White Part A/Minority AIDS Initiative (MAI), Part B, and State Services funded service priorities the same as those in FY 2021.* **Motion carried unanimously. (See page 4 of the minutes for the list of service priorities.)**

New Business

Proposed Idea Form: See attached. **Motion #5:** *it was moved and seconded (Turner, Mica) to approve page 2 of the Proposed Idea Form with no changes.* **Motion carried.**

Announcements: None.

Adjournment: **Motion:** *it was moved and seconded (Turner, Ledbetter) to adjourn the meeting at 1:00 p.m.* **Motion Carried.**

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: Beck

C = chaired the meeting; JA = just arrived; LM = left meeting

2021 Priority & Allocations Committee Voting Record for 05/27/21

	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Keep the same priorities for FY22 Carried				Motion #4 Keep the same priorities for FY22 Carried				Motion #5 2021 New Idea form Carried			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair				C				C				C				C				C
Peta-gay Ledbetter, Co-Chair		X				X				X				X				X		
Ardry Skeet Boyle	X				X				X				X				X			
Mauricia E. Chatman ja 12:26pm	X				X					X				X				X		
Kimberley Collins		X				X				X				X				X		
Roxane May		X						X		X				X				X		
Josh Mica		X			X				X					X				X		
Robert Sliepka		X						X		X				X				X		
Bruce Turner		X			X				X					X				X		

Worksheet for Determining FY 2022 Service Priorities

Core Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1	1	No new needs assessment or other data.
Medical Case Management	HHH	2	2	2	2	
Local Pharmacy Assistance Program	HHH	2	3	3	3	
Oral Health Services	HLL	3	4	4	4	
Health Insurance	HLL	3	5	5	5	
Mental Health Services	HLH	4	6	6	6	
Early Intervention Services (jail)	LLL	8	7	7	7	
Medical Nutritional Therapy	LLH	7	10	8	8	
Day Treatment	LLH	7	8	9	9	
Substance Abuse Treatment	LLH	7	9	10	10	
Hospice*	-	-	11	11	11	

Support Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Referral for Health Care & Support Services	HHH	2	14	12	12	
Non-medical case management	HHH	2	15	13	13	
Medical Transportation	HLL	3	16	14	14	
Emergency Financial Assistance	HLH	4	13	15	15	
Linguistics Services	LLL	8	17	16	16	
Outreach	LLL	8	12	17	17	

*Hospice does not have HL Score or HL Rank.

DRAFT

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

MINUTES

12:00 p.m., Wednesday, June 16, 2021
Meeting Location: Zoom Teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Mauricia E. Chatman	<i>Ryan White Grant Admin</i>
Peta-gay Ledbetter, Co-Chair	Kimberley Collins	Carin Martin
Roxane May		Heather Keizman
Josh Mica		
Robert Sliepka		<i>The Resource Group</i>
Bruce Turner	OTHERS PRESENT	Yvette Garvin
	Allen Murray, RWPC Chair	Sha'Terra Johnson-Fairley
		<i>Office of Support</i>
		Tori Williams
		Ricardo Mora
		Diane Beck

See the attached chart for individual voting information.

Call to Order: Bobby Cruz, Co-Chair, called the meeting to order at 1:13 p.m. and asked for a moment of reflection

Approval of Agenda: **Motion #1:** *it was moved and seconded (Turner, Ledbetter) to approve the agenda. Motion carried.*

Review Meeting Goals: Williams explained that the goal for the meeting was to make recommendations regarding the FY 2022 Level, Increase and Decrease Allocation Scenarios. Recommendations are to be presented at the Public Hearing on June 28, 2021. If no comments are received, the recommendations will move forward to the July Steering Committee and then the July Council meeting for final approval.

Public Comment: None.

Changes Recommended for the FY 2022 Service Definitions: Williams presented the summary of the FY 2022 How to Best Meet the Need recommendations from the Quality Improvement Committee. See attached.

Updates from the Administrative Agents: No updates.

ADAP Updates and Possible Responses: Charles Henley, a consultant with the Texas Department of State Health Services (TDSHS), said that there hasn't been an update from the Texas HIV Medication Program (THMP) since the memo that was sent a few months ago saying they were delaying implementation of the spend down until at least June 30th. He asked Part B staff a few days ago if there were any updates he could share with the Council during this critical time and they did not have anything. No news is good news since the spend down continues and no one is being dis-enrolled from the program as of now. If there are any updates, he will rush them to the committee. Turner asked how the additional funds recently allocated to the program by the State legislature changes things. Henley said if the State puts additional money into TDSHS that is earmarked for ADAP, perhaps THMP will not have to dis-enroll clients or implement changes.

Draft Allocations for FY 2022 Part A/MAI, Part B & State Services Funding

Staff Recommendations: Martin said due to COVID, spending was much different last year so the committee should be careful about basing decisions on FY2020 expenditures as they normally do. Garvin agreed. Martin also noted that the committee made significant changes to the allocations for medical case management and LPAP last year and should wait for a year of normal activity before making adjustments to those service categories again. Pediatric medical case management had a staff shortage they were unable to address due to COVID and returned approximately \$90,000. This year, they should be able to fill the position so they are likely to spend the funds in FY 2021.

FY 2022 Level Funding Scenario - Part A/MAI, Part B and State Services:

Motion #2: *it was moved and seconded (Turner, Sliepka) to use the FY 2021 level funding Part A and MAI allocations for the FY 2022 level funding Part A and MAI allocations because of inadequate data to support changes.* **Motion carried.** Abstention: May.

Motion #3: *it was moved and seconded (Turner, Sliepka) to use the FY 2021 level funding Part B and State Services allocations for the FY 2022 level funding Part A and MAI allocations because of inadequate data to support changes.* **Motion carried.** Abstention: May.

FY 2022 Increase/Decrease Funding Scenarios for Part A/MAI, Part B & State Services:

Motion #4: *it was moved and seconded (Turner, Ledbetter) to approve the attached FY 2022 increase and decrease funding scenarios for Minority AIDS Initiative (MAI).* **Motion carried.** Abstention: May.

Motion #5: *it was moved and seconded (Ledbetter, Turner) to approve the attached FY 2022 decrease funding scenario for Part A.* **Motion carried.** Abstention: May.

Motion #6: *it was moved and seconded (Ledbetter, Turner) to approve the attached FY 2022 increase funding scenario for Part A.* **Motion carried.** Abstention: May.

Motion #7: *it was moved and seconded (Ledbetter, Mica) to approve the attached FY 2022 increase and decrease funding scenarios for Part B and State Services.* **Motion carried.** Abstention: May.

Announcements: Williams reminded committee members of the following important meetings:

- 12 noon, Thursday, June 24, 2021 - Committee votes on FY 2022 Allocations
- Tentative: 2 pm, Tuesday, June 29, 2021 – Review public comment

Adjournment: **Motion:** *it was moved and seconded (Ledbetter, Turner) to adjourn the meeting at 2:23 p.m.* **Motion carried unanimously.**

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

Scribe: D. Beck

C = Chaired the meeting

JA = Just arrived

LM = Left the meeting

2021 Priority & Allocations Committee Voting Record for 06/16/21

MEMBERS	Motion #1 Agenda Carried				Motion #2 FY22 Level Funding Scenario for Part A/MAI Carried				Motion #3 FY22 Level Funding Scenario for Part B/SS/SS-R Carried				Motion #4 FY22 Increase and Decrease Funding Scenarios for MAI Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair				C				C				C				C
Peta-gay Ledbetter, Co-Chair		X				X				X				X		
Ardry Skeet Boyle	X				X				X				X			
Mauricia E. Chatman	X				X				X				X			
Kimberley Collins	X				X				X				X			
Roxane May		X						X				X				X
Josh Mica		X				X				X				X		
Robert Sliepka		X				X				X				X		

MEMBERS	Motion #5 FY22 Decrease Funding Scenario for Part A Carried				Motion #6 FY22 Increase Funding Scenario for Part A Carried				Motion #7 FY22 Increase and Decrease Funding Scenarios for Part B/State Services Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair				C				C				C
Peta-gay Ledbetter, Co-Chair		X				X				X		
Ardry Skeet Boyle	X				X				X			
Mauricia E. Chatman	X				X				X			
Kimberley Collins	X				X				X			
Roxane May				X				X				X
Josh Mica		X				X				X		
Robert Sliepka		X				X				X		

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12:00 p.m., Thursday, June 24, 2021

Meeting Location: Zoom teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Ardry Skeet Boyle	<i>The Resource Group</i>
Mauricia E. Chatman	Peta-gay Ledbetter, Excused	Yvette Garvin
Kimberley Collins		
Roxane May		<i>Ryan White Grant Admin</i>
Josh Mica	OTHERS PRESENT	Carin Martin
Robert Sliepka	Allen Murray, RWPC Chair	
Bruce Turner	Tony Crawford, RWPC	<i>Office of Support</i>
	Charles Henley	Tori Williams
		Diane Beck

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

Call to Order: Bobby Cruz, Co-Chair, called the meeting to order at 12:06 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Mica, Sliepka) to approve the May 27, 2021 minutes. Motion carried.*

Review Meeting Goals: Williams said that the purpose of the meeting is to walk through the level, increase and decrease funding scenarios that were created at the special meeting to look for anything that might be a problem or an error and needs to be changed.

Public Comment: None.

Updates

ADAP: Henley said there was no new information to report on the status of the ADAP deficit.

Ryan White Part A/MAI Administrative Agent: Martin said there was no new information to report.

Ryan White Part B/State Services Administrative Agent: Garvin said there was no new information to report.

FY 2022 Part A/MAI, Part B & State Services Allocations

The committee reviewed the proposed FY 2022 Level, Increase, and Decrease Funding Scenarios for all funding streams, see attached.

Motion #3: *it was moved and seconded (Sliepka, Turner) to approve the 2022 Level, Increase, and Decrease Funding Scenarios for Ryan White Part A, MAI, Part B, State Services and State Rebate Funding.* **Motion carried.**

Announcements: Williams said that the committee will tentatively meet at 2:00 p.m. on June 29, 2021 to review any public comment that is received regarding the allocations. The committee will meet on Thursday, July 22, 2021 to reallocate funds. The public hearing is available to view on our website <http://rwpcHouston.org>.

Adjournment: **Motion:** *it was moved and seconded (Turner, Murray) to adjourn the meeting at 12:25 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

2021 Priority & Allocations Committee Voting Record for 06/24/21

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Approve FY22 Level, Increase, and Decrease Funding Scenarios Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair				C				C				C
Peta-gay Ledbetter, Co-Chair	X				X				X			
Ardry Skeet Boyle	X				X				X			
Mauricia E. Chatman ja 12:13pm	X				X					X		
Kimberley Collins		X				X				X		
Roxane May		X				X				X		
Josh Mica		X				X				X		
Robert Sliepka		X				X				X		
Bruce Turner		X				X				X		

Part A Reflects "Decrease" Funding Scenario
MAI Reflects "Decrease" Funding Scenario

FY 2021 Ryan White Part A and 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)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	-75,776	0	0	0	10,890,012	49.12%	10,691,396	198,616		2,243,947	21%	33%
1.a	Primary Care - Public Clinic (a)	3,927,300	-27,177				3,900,123	17.59%	3,900,123	0	3/1/2021	\$661,141	17%	33%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	-7,367				1,057,209	4.77%	1,057,209	0	3/1/2021	\$300,201	28%	33%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	-6,301				904,250	4.08%	904,250	0	3/1/2021	\$341,760	38%	33%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	-7,944				1,139,980	5.14%	1,139,980	0	3/1/2021	\$183,632	16%	33%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	-7,612				1,092,388	4.93%	1,092,388	0	3/1/2021	\$351,750	32%	33%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	-14,532				2,085,468	9.41%	2,085,468	0	3/1/2021	\$240,809	12%	33%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.07%	15,437	0	3/1/2021	\$2,100	14%	33%
1.h	Vision	500,000	-3,460				496,540	2.24%	496,540	0	3/1/2021	\$162,555	33%	33%
1.x	Primary Care Health Outcome Pilot	200,000	-1,384				198,616	0.90%	0	198,616		\$0	#DIV/0!	33%
2	Medical Case Management	1,730,000	-10,477	0	0	0	1,719,523	7.76%	1,719,523	0		463,270	27%	33%
2.a	Clinical Case Management	488,656	-3,381				485,275	2.19%	485,275	0	3/1/2021	\$134,978	28%	33%
2.b	Med CM - Public Clinic (a)	277,103	-1,918				275,185	1.24%	275,185	0	3/1/2021	\$59,857	22%	33%
2.c	Med CM - Targeted to AA (a) (e)	169,009	-1,170				167,839	0.76%	167,839	0	3/1/2021	\$62,105	37%	33%
2.d	Med CM - Targeted to H/L (a) (e)	169,011	-1,170				167,841	0.76%	167,841	0	3/1/2021	\$61,047	36%	33%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186	-423				60,763	0.27%	60,763	0	3/1/2021	\$29,966	49%	33%
2.f	Med CM - Targeted to Rural (a)	273,760	-1,894				271,866	1.23%	271,866	0	3/1/2021	\$55,364	20%	33%
2.g	Med CM - Women at Public Clinic (a)	75,311	-521				74,790	0.34%	74,790	0	3/1/2021	\$25,138	34%	33%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	0				90,051	0.41%	90,051	0	3/1/2021	\$0	0%	33%
2.i	Med CM - Targeted to Veterans	80,025	0				80,025	0.36%	80,025	0	3/1/2021	\$23,413	29%	33%
2.j	Med CM - Targeted to Youth	45,888	0				45,888	0.21%	45,888	0	3/1/2021	\$11,401	25%	33%
3	Local Pharmacy Assistance Program	1,810,360	-12,528	0	0	0	1,797,832	8.11%	1,797,832	0	3/1/2021	\$321,639	18%	33%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148				308,212	1.39%	308,212	0	3/1/2021	\$77,575	25%	33%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	-10,380				1,489,620	6.72%	1,489,620	0	3/1/2021	\$244,064	16%	33%
4	Oral Health	166,404	-1,152	0	0	0	165,252	0.75%	165,252	0	3/1/2021	\$4,300	33%	33%
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	-1,152		0		165,252	0.75%	165,252	0	3/1/2021	\$54,300	33%	33%
5	Health Insurance (c)	1,383,137	-9,571	0	0	0	1,373,566	6.20%	1,373,566	0	3/1/2021	\$244,045	18%	33%
6	Mental Health Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
7	Early Intervention Services (c)	0					0	0.00%	0	0	NA	\$0	0%	0%
8	Medical Nutritional Therapy (supplements)	341,395	-2,362				339,033	1.53%	339,033	0	3/1/2021	\$83,377	25%	33%
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
9.a	In-Home	0									N/A	\$0	0%	0%
9.b	Facility Based	0									N/A	\$0	0%	0%
10	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.21%	45,677	0	3/1/2021	\$13,063	29%	33%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Referral for Health Care and Support Services (c)	0	0				0	0.00%	0	0	NA	\$0	0%	0%
13	Non-Medical Case Management	1,267,002	-8,768	0	0	0	1,258,234	5.67%	1,258,234	0	3/1/2021	\$272,531	22%	33%
13.a	Service Linkage targeted to Youth	110,793	-767				110,026	0.50%	110,026	0	3/1/2021	\$17,645	16%	33%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	-692				99,308	0.45%	99,308	0	3/1/2021	\$11,510	12%	33%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560				367,440	1.66%	367,440	0	3/1/2021	\$84,825	23%	33%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	-4,749				681,460	3.07%	681,460	0	3/1/2021	\$158,551	23%	33%
13.e	SLW-Substance Use	0	0				0	0.00%	0	0	NA	\$0	0%	0%
14	Medical Transportation	424,911	-2,940	0	0	0	421,971	1.90%	421,971	0		114,684	27%	33%
14.a	Medical Transportation services targeted to Urban	252,680	-1,749				250,931	1.13%	250,931	0	3/1/2021	\$88,752	35%	33%
14.b	Medical Transportation services targeted to Rural	97,185	-673				96,512	0.44%	96,512	0	3/1/2021	\$25,932	27%	33%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	-519				74,527	0.34%	74,527	0	3/1/2021	\$0	0%	33%
15	Emergency Financial Assistance	1,545,439	-10,694	0	0	0	1,534,745	6.92%	1,534,745	0		246,521	16%	33%
16.a	EFA - Pharmacy Assistance	1,305,439	-9,034				1,296,405	5.85%	1,296,405	0	3/1/2021	\$246,521	19%	33%

As of: 8/16/2021

Part A Reflects "Decrease" Funding Scenario
MAI Reflects "Decrease" Funding Scenario

FY 2021 Ryan White Part A and 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)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule reallocations													

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 1st Quarter (3/1-5/31)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	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	13,986	72%	26%	2%	45%	15%	3%	38%	0%	0%	4%	25%	26%	13%	29%	2%
1.a	Primary Care - Public Clinic (a)	2,350	17,02	71%	28%	1%	45%	9%	2%	44%	0%	0%	3%	16%	25%	14%	38%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	361	67%	31%	3%	99%	0%	1%	0%	0%	1%	5%	36%	27%	11%	18%	1%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	650	78%	19%	4%	0%	0%	0%	100%	0%	0%	6%	29%	29%	15%	20%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	399	87%	11%	2%	0%	84%	16%	0%	0%	0%	3%	25%	26%	14%	29%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	400	427	69%	30%	1%	43%	26%	2%	29%	0%	0%	4%	30%	27%	10%	27%	2%
1.f	Primary Care - Women at Public Clinic (a)	1,000	482	0%	100%	0%	53%	5%	2%	40%	0%	0%	1%	10%	27%	16%	40%	5%
1.g	Primary Care - Pediatric (a)	7	5	80%	20%	0%	40%	0%	0%	60%	20%	60%	20%	0%	0%	0%	0%	0%
1.h	Vision	1,600	830	75%	24%	1%	47%	13%	2%	37%	0%	0%	5%	26%	23%	14%	30%	3%
2	Medical Case Management (f)	3,075	2,058															
2.a	Clinical Case Management	600	458	71%	25%	3%	57%	10%	1%	32%	0%	0%	5%	22%	24%	13%	31%	4%
2.b	Med CM - Targeted to Public Clinic (a)	280	205	91%	7%	2%	52%	12%	0%	35%	0%	1%	0%	28%	22%	12%	32%	4%
2.c	Med CM - Targeted to AA (a)	550	499	71%	27%	2%	98%	0%	2%	0%	0%	1%	6%	33%	24%	10%	23%	3%
2.d	Med CM - Targeted to H/L (a)	550	314	78%	19%	3%	0%	0%	0%	100%	0%	1%	5%	27%	30%	11%	24%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	170	81%	16%	2%	0%	90%	10%	0%	0%	1%	2%	25%	24%	8%	31%	9%
2.f	Med CM - Targeted to Rural (a)	150	189	67%	33%	1%	52%	30%	1%	18%	0%	0%	4%	24%	23%	9%	35%	5%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	138	0%	100%	0%	71%	9%	0%	21%	0%	0%	1%	21%	32%	14%	30%	1%
2.h	Med CM - Targeted to PEDI (a)	125	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.i	Med CM - Targeted to Veterans	200	84	94%	6%	0%	70%	21%	1%	7%	0%	0%	0%	0%	2%	5%	55%	38%
2.j	Med CM - Targeted to Youth	120	3	67%	33%	0%	67%	0%	0%	33%	0%	67%	33%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	2,358	72%	23%	4%	44%	14%	2%	39%	0%	0%	3%	24%	28%	13%	31%	1%
4	Oral Health	200	154	65%	35%	0%	47%	25%	1%	27%	0%	0%	2%	23%	23%	15%	34%	3%
4.a	Oral Health - Untargeted (d)	NA																
4.b	Oral Health - Rural Target	200	154	65%	35%	0%	47%	25%	1%	27%	0%	0%	2%	23%	23%	15%	34%	3%
5	Mental Health Services (d)	NA																
6	Health Insurance	1,700	868	79%	19%	2%	42%	27%	2%	29%	0%	0%	1%	11%	15%	11%	47%	14%
7	Home and Community Based Services (d)	NA																
8	Substance Abuse Treatment - Outpatient	40	15	93%	0%	7%	33%	40%	0%	27%	0%	0%	0%	27%	40%	13%	20%	0%
9	Early Medical Intervention Services (d)	NA																
10	Medical Nutritional Therapy/Nutritional Supplements	650	316	73%	26%	1%	42%	20%	4%	34%	0%	0%	1%	11%	15%	9%	49%	14%
11	Hospice Services (d)	NA																
12	Outreach	700	335	74%	22%	4%	55%	13%	1%	31%	0%	0%	6%	31%	27%	11%	22%	3%
13	Non-Medical Case Management	7,045	2,401															
13.a	Service Linkage Targeted to Youth	320	70	67%	31%	1%	54%	3%	1%	41%	0%	11%	89%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	53	73%	27%	0%	55%	6%	0%	39%	0%	0%	0%	64%	27%	0%	9%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	1,066	68%	31%	1%	53%	10%	2%	36%	0%	0%	0%	19%	25%	12%	39%	5%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	1,232	73%	24%	3%	54%	13%	2%	31%	3%	2%	4%	27%	23%	10%	28%	3%
14	Transportation	2,850	733															
14.a	Transportation Services - Urban	170	290	67%	33%	0%	57%	11%	2%	31%	0%	0%	3%	26%	24%	11%	30%	6%
14.b	Transportation Services - Rural	130	105	67%	33%	0%	34%	38%	3%	25%	0%	0%	2%	18%	25%	13%	36%	6%
14.c	Transportation vouchers	2,550	338															
15	Linguistic Services (d)	NA																
16	Emergency Financial Assistance (e)	NA	273	70%	27%	3%	55%	10%	0%	34%	0%	0%	3%	21%	28%	14%	32%	1%
17	Referral for Health Care - Non Core Service (d)	NA																
Net unduplicated clients served - all categories*		12,941	8,237	73%	25%	2%	48%	15%	2%	35%	0%	1%	4%	23%	24%	12%	31%	5%
Living AIDS cases + estimated Living HIV non-AIDS (from FY18 App) (b)		NA	29,078	75%	25%	0%	48%	18%	5%	29%	0%	4%		21%	23%	45%		7%

FY 2021 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 1st Quarter (03/01 -05/31)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	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
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,060	705	69%	29%	2%	99%	0%	1%	0%	0%	1%	5%	38%	25%	12%	19%	1%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	722	81%	15%	4%	0%	0%	0%	100%	0%	0%	5%	30%	32%	13%	19%	1%
2	Medical Case Management (f)																	
2.c	Med CM - Targeted to AA (a)	1,060	353	76%	21%	3%	58%	12%	4%	26%	0%	1%	5%	38%	25%	14%	17%	1%
2.d	Med CM - Targeted to H/L(a)	960	261	71%	29%	0%	74%	9%	3%	15%	0%	3%	6%	32%	26%	21%	12%	0%
RW Part A New Client Service Utilization Report - 1st Quarter (03/01-05/31)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/20 - 2/28/21)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	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	438	76%	22%	3%	52%	14%	3%	32%	0%	1%	9%	38%	24%	9%	2%	18%
2	LPAP	1,200	103	76%	21%	3%	58%	12%	4%	26%	0%	1%	5%	38%	25%	14%	1%	17%
3.a	Clinical Case Management	400	34	71%	29%	0%	74%	9%	3%	15%	0%	3%	6%	32%	26%	21%	0%	12%
3.b-3.h	Medical Case Management	1,600	231	80%	17%	3%	48%	19%	2%	30%	0%	3%	6%	41%	22%	7%	2%	19%
3.i	Medical Case Management - Targeted to Veterans	60	14	100%	0%	0%	93%	7%	0%	0%	0%	0%	0%	0%	0%	0%	29%	71%
4	Oral Health	40	10	80%	20%	0%	60%	20%	0%	20%	0%	0%	0%	30%	20%	0%	10%	40%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	421	74%	25%	1%	59%	15%	3%	24%	2%	2%	5%	30%	22%	10%	24%	4%
12.b	Service Linkage at Testing Sites	260	16	88%	13%	0%	69%	0%	0%	31%	0%	6%	19%	56%	13%	0%	6%	0%
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)	Total MCM served does not include Clinical Case Management																	
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

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



Reflects spending through May 2021

Spending Target: 17%

Revised 8/4/21

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	\$2,218,878	58%	\$0	\$2,218,878	\$0	\$2,218,878	4/1/2021	\$347,126	16%
	Oral Health Care -Prosthodontics	\$460,000	12%	\$0	\$460,000	\$0	\$460,000	4/1/2021	\$118,002	26%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	27%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2021	\$0	0%
8	Home and Community Based Health Services	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2021	\$8,160	7%
	Increased RWB Award added to OHS per Increase Scenario*	\$0	0%	\$0	\$0					
Total Houston HSDA		3,820,626	100%	0	3,820,626	\$0	\$3,360,626		473,288	14%

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

(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

2021-2022 Ryan White Part B Service Utilization Report
4/1/2021 - 6/30/2021 Houston HSDA (4816)
1st Quarter

Funded Service	UDC		Gender				Race				Age Group								Revised	R/17/2021
	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	1,000	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Home & Community Based Health Services	30	14	0.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Oral Health Care	2,500	1,496	72.00%	26.74%	0.00%	1.24%	50.45%	14.24%	34.40%	1.82%	0.00%	0.00%	1.70%	15.64%	20.33%	27.40%	24.36%	21.44%		
Unduplicated Clients Served By RW Part B Funds:	NA	1,510	61.00%	38.37%	0.00%	0.62%	71.65%	7.12%	20.31%	0.91%	0.00%	0.00%	4.63%	7.82%	10.97%	20.84%	41.00%	15.49%		

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2021 DSHS State Services
Procurement Report
September 1, 2020 - August 31, 2021



Chart reflects spending through May 2021

Spending Target: 75%

Revised 8/4/2021

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	43%	\$0	\$864,506	\$200,000	\$1,064,506	9/1/2020	\$465,724	44%
6	Mental Health Services (2)	\$300,000	15%	\$0	\$300,000	-\$163,000	\$137,000	9/1/2020	\$87,578	64%
7	EIS - Incarcerated	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$128,896	74%
11	Hospice	\$259,832	13%	\$0	\$259,832	-\$20,000	\$239,832	9/1/2020	\$167,860	70%
	Non Medical Case Management (2)	\$350,000	17%	\$0	\$350,000	-\$80,000	\$270,000	9/1/2020	\$194,638	72%
15	Linguistic Services (2)	\$68,000	3%	\$0	\$68,000	-\$18,000	\$50,000	9/1/2020	\$36,525	73%
	Increased award amount -Approved by RWPC for Health Insurance (a)	\$0	0%	\$0						
Total HoustonHSDA		2,017,338	100%	\$0	\$2,017,338	-\$81,000	\$1,936,338		1,081,221	56%

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) Service utilization has decreased due to the interruption of COVID-19.

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported:

09/01/2020-6/30/2021

Revised: 7/26/2021



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	1291	\$162,417.05	519			0
Medical Deductible	0	\$0.00	0			0
Medical Premium	6381	\$2,074,048.99	902			0
Pharmacy Co-Payment	14503	\$483,206.17	1284			0
APTC Tax Liability	1	\$500.00	1			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	13	\$12,797.00	0	NA	NA	NA
Totals:	22189	\$2,707,375.21	2706	0	\$0.00	

Comments: This report represents services provided under all grants.

FY 2021 RW PART A REQUESTS FOR ALLOCATION INCREASE (April 2021)

REVISED: 4/14/2021

Request Control Number	FY 21 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	FY 2020 Final Contract Amount	Expended 2020	Percent Expended	FY 2021 Contract Amount	FY 2021 Expended YTD	FY 2021 Percent YTD	FY 2021 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
A 1	5	Health Insurance Assistance	Health Insurance Assistance	\$90,051	\$1,383,137	n/a		\$3,227,236	n/a			Yes	
A 2	1.b-1.d 2.c-2.e 16.a	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; Emergency Financial Assistance - Pharmacy	\$68,100	\$558,293	n/a		\$341,395	n/a			Yes	
A 3	1.b-1.d	Outpatient/Ambulatory Health Services	Community-based Primary Medical Care targeted to African American, Hispanic and White	\$95,700	\$1,077,656	n/a		\$226,000	n/a			Yes	
				\$253,851	\$3,019,086	\$0		\$3,794,631	\$0				
Confirmed Funds Avail. for Reallocation				\$90,051	Part A								
Source of Funds Available for Reallocation:				Explanation: De-obligated MCM-Pedi									

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)						
D.	Request for Increase under (check one): Part A: <input checked="" type="checkbox"/> or MAI: <input type="checkbox"/>				Control No. A		
	Request Period (check one): April: <input checked="" type="checkbox"/> August: <input type="checkbox"/> Oct: <input type="checkbox"/> Final Qtr: <input type="checkbox"/>						
E.	Amount of additional funding Requested: \$90,051.00						
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$304,294.00	N/A	\$90,051.00	\$90,051.00		
	9. Total additional funding (must match E. above):				\$90,051.00		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	1976	44%	25%	31%	81%	19%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2021. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21						

**Request for Service Category Increase
Ryan White Part A and MAI**

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. DSHS State Services		8/31/21	\$864,506	
	2. Ryan White Part B		3/31/22	\$1,028,433	
	3. Ryan White Part B - Rebate		3/31/22	\$136,918	
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

SERVICE UTILIZATION REPORT

[Agency]: All [Service]: ALL [Service Performer]: 0
 Services performed between 3/1/20 and 2/28/21

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE
 [Contract 1]: Sub Cats 1: All [Contract 2]: All [Contract 3]: n/a [Sub Cats 3]: All [Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All
 [MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER							
		MALE			FEMALE			BOTH GENDERS	
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0
	13-19	2	0	2	0	0	0	2	0
	20-24	21	1	20	1	0	1	22	1
	25-34	142	4	138	26	1	25	168	5
	35-44	131	7	124	65	2	63	196	9
	45-54	131	5	126	107	0	107	238	5
	55-64	140	2	138	73	1	72	213	3
	65+	37	1	36	25	0	25	62	1
	SubTotals:	604	20	584	297	4	293	901	24
ASIAN	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0
	25-34	8	0	8	0	0	0	8	0
	35-44	9	1	8	2	0	2	11	1
	45-54	9	0	9	2	0	2	11	0
	55-64	7	0	7	0	0	0	7	0
	65+	3	0	3	0	0	0	3	0
	SubTotals:	37	1	36	4	0	4	41	1
MULTI-RACE	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	2	0	2	0	0	0	2	0
	25-34	5	2	3	0	0	0	5	2
	35-44	1	0	1	0	0	0	1	0
	45-54	2	0	2	1	0	1	3	0
	55-64	3	0	3	0	0	0	3	0
	65+	2	0	2	0	0	0	2	0
	SubTotals:	15	2	13	1	0	1	16	2
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0
	35-44	0	0	0	2	1	1	2	1
	45-54	1	0	1	1	1	0	2	1
	55-64	1	0	1	0	0	0	1	0
	65+	0	0	0	0	0	0	0	0
	SubTotals:	2	0	2	3	2	1	5	2
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER							
		MALE		FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp	Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0
	35-44	1	0	1	0	0	1	0	1
	45-54	1	0	1	0	0	1	0	1
	55-64	1	1	0	0	0	1	1	0
	65+	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	0	0	3	1	2
WHITE	0-12	0	0	0	0	0	0	0	0
	13-19	2	1	1	1	1	3	2	1
	20-24	10	9	1	0	0	10	9	1
	25-34	145	97	48	7	6	152	103	49
	35-44	151	93	58	15	10	166	103	63
	45-54	253	145	108	17	11	270	156	114
	55-64	272	104	168	24	8	296	112	184
	65+	99	31	68	14	8	113	39	74
	SubTotals:	932	480	452	78	44	1,010	524	486
ALL RACES	0-12	0	0	0	0	0	0	0	0
	13-19	4	1	3	1	1	5	2	3
	20-24	34	10	24	1	0	35	10	25
	25-34	300	103	197	33	7	333	110	223
	35-44	293	101	192	84	13	377	114	263
	45-54	397	150	247	128	12	525	162	363
	55-64	424	107	317	97	9	521	116	405
	65+	141	32	109	39	8	180	40	140
	SubTotals:	1,593	504	1,089	383	50	1,976	554	1,422

Clients Served This Period

Unduplicated clients: 1976

Client visits: ³ 9562

Spanish speaking (primary language at home) clients served: 189

Deaf/hard of hearing clients served: 6

Blind/sight impaired clients served: 3

Homeless clients served: 134

Transgender M to F clients served: 27

Transgender F to M clients served: 1

Clients served this period who live w/in Harris County: 1781

Clients served this period who live outside Harris County: 195

Active substance abuse clients served: 1

Active psychiatric illness clients served: 10

Methods of Exposure (not mutually exclusive)

Perinatal Transmission 12

Hemophilia Coagulation 3

Transfusion 11

Heterosexual Contact 434

MSM (not IDU) 896

IV Drug Use (not MSM) 27

MSM/IDU 4

Multiple Exposure Categories 45

Other risk 544

Multi-Race Breakdown

ASN,HWN 1

ASN,WHT 1

BLK,NTV 3

BLK,NTV,WHT 1

BLK,WHT 9

NTV,WHT 1

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)						
D.	Request for Increase under (check one):						
	Request Period (check one):						
E.	Amount of additional funding Requested:						
F.	Unit of Service: (list only those units and disbursements where an increase is requested)						
	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)			
	1. Medical Case Management	457.33	\$25.00	400	\$10,000.00		
	2. Emergency Financial Assistance	198	\$30.00	20	\$600.00		
	3. Primary Care MD/PE	155	\$275.00	100	\$27,500.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.) EFA	\$17,810.00	N/A	\$30,000.00	\$30,000.00		
	9. Total additional funding (must match E. above):				\$68,100.00		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.						
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	708 650	56% 54%	13% 12%	29% 29%	68% 68%	32% 32%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2021. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	NA					

**Request for Service Category Increase
Ryan White Part A and MAI**

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	1	1		
	2. Length of waiting time (in weeks) for an appointment for a current client:	1	1		
	3. Number of clients on a "waiting list" for services (per Part A SOC):	35		3 Requested funding is essential to provide the much-needed services to PLWHA.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	10		3 Requested funding is essential to provide the much-needed services to PLWHA. The number of clients that need services will continue to grow throughout the remaining period	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. None				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount). This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA SERVICE UTILIZATION REPORT

[Agency: RWI [Contract]: RWI [Service]: ALL [Service Performer]: 0

Services performed between 3/1/20 and 2/28/21

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract 1]:

All [Contract 2]:

SubCats 2]: All

[Contract 3]: 20GEN0375NP [Sub Cats 3]: All

[Contract 4]:

4]: All [Contract 5]:

SubCats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	3	0	3	2	1	1	5	1	4
	20-24	20	0	20	5	0	5	25	0	25
	25-34	129	3	126	45	0	45	174	3	171
	35-44	46	1	45	65	0	65	111	1	110
	45-54	19	0	19	23	0	23	42	0	42
	55-64	3	0	3	8	0	8	11	0	11
	65+	0	0	0	2	0	2	2	0	2
	SubTotals:	220	4	216	150	1	149	370	5	365
ASIAN	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	2	0	2	0	0	0	2	0	2
	35-44	3	0	3	0	0	0	3	0	3
	45-54	0	0	0	0	0	0	0	0	0
	55-64	1	0	1	0	0	0	1	0	1
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	7	0	7	0	0	0	7	0	7
MULTI-RACE	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	1	0	1	0	0	0	1	0	1
	25-34	4	1	3	0	0	0	4	1	3
	35-44	3	1	2	1	0	1	4	1	3
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	8	2	6	1	0	1	9	2	7
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0	0
	25-34	1	0	1	0	0	0	1	0	1
	35-44	0	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	0	0	0	1	0	1
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	4	4	0	1	1	0	5	5	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
WHITE	20-24	22	18	4	5	4	1	27	22	5
	25-34	70	53	17	17	12	5	87	65	22
	35-44	52	38	14	19	13	6	71	51	20
	45-54	32	21	11	8	4	4	40	25	15
	55-64	25	9	16	7	5	2	32	14	18
	65+	1	1	0	0	0	0	1	1	0
	SubTotals:	206	144	62	57	39	18	263	183	80
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	7	4	3	3	2	1	10	6	4
	20-24	44	18	26	10	4	6	54	22	32
	25-34	206	57	149	62	12	50	268	69	199
	35-44	104	40	64	85	13	72	189	53	136
	45-54	51	21	30	31	4	27	82	25	57
	55-64	29	9	20	15	5	10	44	14	30
	65+	1	1	0	2	0	2	3	1	2
	SubTotals:	442	150	292	208	40	168	650	190	460

Clients Served This Period

Unduplicated clients: 650
 Client visits: ³ 2408
 Spanish speaking (primary language at home) clients served: 86
 Deaf/hard of hearing clients served: 3
 Blind/sight impaired clients served: 1
 Homeless clients served: 57
 Transgender M to F clients served: 15
 Transgender F to M clients served: 2
 Clients served this period who live w/in Harris County: 614
 Clients served this period who live outside Harris County: 36
 Active substance abuse clients served: 15
 Active psychiatric illness clients served: 20

Methods of Exposure (not mutually exclusive)

Perinatal Transmission 11
 Hemophilia Coagulation 0
 Transfusion 5
 Heterosexual Contact 239
 MSM (not IDU) 341
 IV Drug Use (not MSM) 7
 MSM/IDU 1
 Multiple Exposure Categories 8
 Other risk 52
Multi-Race Breakdown
 BLK,NTV 3
 BLK,NTV,WHT 1
 BLK,WHT 5

FOOTNOTES

¹ Visit = time spent per client per agency per service per day

² Age as of client max service date

³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2020; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/19.

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)		Outpatient/Ambulatory Primary Care				
D.	Request for Increase under (check one):	Part A: X	or	MAI:	Control No. A-3		
	Request Period (check one):	April: X	August:	Oct:	Final Qtr:		
E.	Amount of additional funding Requested:	\$95,700.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	INFEC/PHEXT						
	2.	472	\$275.00	348	\$0.00		
	3.				\$95,700.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):				\$95,700.00		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	937 870	47% 46%	44% 42%	41%	75% 74%	25% 26%

Request for Service Category Increase
Ryan White Part A and MAI

<p>2. Number of clients that have received this service <u>under Part A</u> (or MAI) in FY 2021.</p> <p>a. April Request Period = Not Applicable</p> <p>b. August Request Period = 03/01/21 - 06/30/21</p> <p>c. October Request Period = 03/01/21 - 09/30/21</p> <p>d. 4th Qtr. Request Period = 03/01/21 - 11/30/21</p>						
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Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	9.8		This data is as of November 2020	
	2. Length of waiting time (in weeks) for an appointment for a current client:	9		This data is as of November 2020	
	3. Number of clients on a "waiting list" for services (per Part A SOC):				
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):				
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1.				
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

SERVICE UTILIZATION REPORT

[Age ... Grant]: RW1 [Service]: ALL [Service Performer]: 0

Services performed between 3/1/20 and 2/28/21

[Age Group]: AgeGrp1 (expanded) [Include/Exclude SubCats]: INCLUDE

[Contract Sub Cats 1]: All [Contract Sub Cats 2]: All

[Contract Sub Cats 3]: All

[Contract 4]: n/a [Sub Cats 4]: All [Contract 5]: n/a [Sub Cats 5]: All

[MAI]: ALL [ShowDetail]: False [Registration Type]: ALL [NewClientsOnly]: No

RACE	AGE ²	BIRTH GENDER							
		MALE			FEMALE			BOTH GENDERS	
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	7	0	7	1	0	1	8	0
	25-34	107	5	102	29	0	29	136	5
	35-44	70	3	67	43	2	41	113	5
	45-54	59	3	56	39	2	37	98	5
	55-64	33	1	32	21	4	17	54	5
	65+	5	0	5	6	1	5	11	1
	SubTotals:	281	12	269	139	9	130	420	21
ASIAN	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0
	25-34	2	0	2	0	0	0	2	0
	35-44	0	0	0	0	0	0	0	0
	45-54	1	0	1	0	0	0	1	0
	55-64	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0
	SubTotals:	3	0	3	0	0	0	3	0
MULTI-RACE	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0
	25-34	2	0	2	0	0	0	2	0
	35-44	1	1	0	0	0	0	1	1
	45-54	0	0	0	1	0	1	1	0
	55-64	0	0	0	1	1	0	1	1
	65+	0	0	0	0	0	0	0	0
	SubTotals:	3	1	2	2	1	1	5	2
NATIVE AMERICAN	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0
	45-54	0	0	0	1	1	0	1	1
	55-64	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0
	SubTotals:	0	0	0	1	1	0	1	1
PAC.ISLND/HAWAII	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	0	0	0	0	0

RACE	AGE ²	BIRTH GENDER								
		MALE			FEMALE			BOTH GENDERS		
		Hispanic	Non-Hisp		Hispanic	Non-Hisp		Hispanic	Non-Hisp	
PAC.ISLND/HAWAII	20-24	0	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0	0
	35-44	1	0	1	0	0	0	1	0	1
	45-54	0	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0
	SubTotals:	1	0	1	0	0	0	1	0	1
WHITE	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	1	0	0	0	0	1	1	0
	20-24	5	3	2	2	2	0	7	5	2
	25-34	77	62	15	9	7	2	86	69	17
	35-44	101	86	15	25	20	5	126	106	20
	45-54	106	78	28	28	23	5	134	101	33
	55-64	53	35	18	15	11	4	68	46	22
	65+	16	4	12	2	2	0	18	6	12
	SubTotals:	359	269	90	81	65	16	440	334	106
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	1	0	0	0	0	1	1	0
	20-24	12	3	9	3	2	1	15	5	10
	25-34	188	67	121	38	7	31	226	74	152
	35-44	173	90	83	68	22	46	241	112	129
	45-54	166	81	85	69	26	43	235	107	128
	55-64	86	36	50	37	16	21	123	52	71
	65+	21	4	17	8	3	5	29	7	22
	SubTotals:	647	282	365	223	76	147	870	358	512

Clients Served This Period

Unduplicated clients: 870
 Client visits: ³ 3986
 Spanish speaking (primary language at home) clients served: 231
 Deaf/hard of hearing clients served: 0
 Blind/sight impaired clients served: 1
 Homeless clients served: 197
 Transgender M to F clients served: 48
 Transgender F to M clients served: 0
 Clients served this period who live w/in Harris County: 831
 Clients served this period who live outside Harris County: 39
 Active substance abuse clients served: 2
 Active psychiatric illness clients served: 3

Methods of Exposure (not mutually exclusive)

Perinatal Transmission 16
 Hemophilia Coagulation 1
 Transfusion 6
 Heterosexual Contact 293
 MSM (not IDU) 395
 IV Drug Use (not MSM) 13
 MSM/IDU 2
 Multiple Exposure Categories 26
 Other risk 164
Multi-Race Breakdown
 BLK,HWN 1
 BLK,NTV 1
 BLK,WHT 3

FOOTNOTES¹ Visit = time spent per client per agency per service per day² Age as of client max service date³ If New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 3/1/2020; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 03/01/19.

FY 2021 RW PART A REQUESTS FOR ALLOCATION INCREASE (JULY {august} 2021)

REVISED: 8/18/2021

Request Control Number	FY 21 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	FY 2020 Final Contract Amount	Expended 2020	Percent Expended	FY 2021 Contract Amount	FY 2021 Expended YTD	FY 2021 Percent YTD	FY 2021 Percent Expected YTD	Is agency currently in compliance with contract conditions and therefore eligible for increase?	Notes Amount approved detail:
1	1.b-1.d 2.c-2.e 3.b 13.d 16.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$515,420	\$558,293	\$558,288	100%	\$588,388	\$110,679	19%	33%	Yes	
2	1.h	Outpatient/Ambulatory Health Services	Vision	\$90,000	\$363,000	\$363,000	100%	\$248,270	\$103,600	42%	33%	Yes	
3	5	Health Insurance Assistance	Health Insurance Assistance	\$300,000	\$1,383,137	\$1,382,419	100%	\$1,373,566	\$244,045	18%	33%	Yes	
4	1.b-1.d 2.c-2.e 3.b 13.d 16.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$446,310	\$3,475,661	\$2,704,532	78%	\$2,720,655	\$696,270	26%	33%	Yes	
5	2.a	Medical Case Management	Clinical Case Management	\$30,000	\$244,328	\$244,320	100%	\$242,638	\$51,900	21%	33%	Yes	
6	1.b-1.d 2.c-2.e 3.b 13.d 16.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$495,000	\$2,698,492	\$2,698,482	100%	\$1,960,119	\$571,995	29%	33%	Yes	
				\$1,876,730	\$8,722,911	\$7,951,041		\$7,133,636	\$1,778,489				
Confirmed Funds Available for Reallocation				\$1,718,510									
Source of Funds Available for Reallocation:				Part A									
FY2020 Anticipated Unspent Funds				Explanation:									
				Unspent Admin, QM, and HIV Services (primarily LPAP, Outreach, Non-Medical and Medical Case Management)									

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)					
B.	Contract Number (not provided to RWPC)					
C.	Service Category Title (per RFP)					
D.	Request for Increase under (check one): Request Period (check one):					Control No.
E.	Amount of additional funding Requested:					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)	
	1. MD/PE	813	\$275.00	700	\$192,500.00	
	2. LPAP	468	\$30.00	764	\$22,920.00	
	3.				\$0.00	
	4.				\$0.00	
	5.				\$0.00	
	6.				\$0.00	
	7.				\$0.00	
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$72,760.00	N/A	\$300,000.00	\$300,000.00	
	9. Total additional funding (must match E. above):				\$515,420.00	
G.	Number of new/additional clients to be served with requested increase.					
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	708	56%	13.28%	28.53%	67.94%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2020. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	619	58.16%	27.30%	28.76%	69.63%
						32.06%
						30.37%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	1	1	None	
	2. Length of waiting time (in weeks) for an appointment for a current client:	1	1	None	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	140	1	Requested funding is essential to provide the much-needed services to PLWHA	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	28	1	Requested funding is essential to provide the much-needed services to PLWHA. The number clients that need services will continue to grow throughout the remaining period	
J.	List all other sources and amounts of funding for similar services currently in place with agency: (As per email J is to list any NP units)	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Outpatient		2/28/22	\$192,500	Currently we have 701 units in NP contract
	2. DRUG		2/28/22	\$22,920	We have 764 units in NP with a value of 5,658.58
	3. EFA		2/28/22	\$5,010	We have 167 units in NP with a value of 312,639.68
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

Request for Service Category Increase Ryan White Part A and MAI

- A. Name of Agency (not provided to RWPC)
 B. Contract Number (not provided to RWPC)
 C. Service Category Title (per RFP)
 D. Request for Increase under (check one):
 Request Period (check one):
 E. Amount of additional funding Requested:
 F. Unit of Service:
 (list only those units and disbursements where an increase is requested)

VISION

Part A: X

April:

\$90,000.00

a. Number of units in current contract:

2482.7

or
August: X

MAI:

Oct:

Final Qtr:

b. Cost/unit

\$100.00

c. Number of additional units requested:

900

d. Total: (b x c)

\$90,000.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$90,000.00

N/A

450

- G. Number of new/additional clients to be served with requested increase.
 H. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served.

De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.

1. Number of clients that received this service under Part A (or MAI) in FY 2020.*

(March 1, 2020 - February 28, 2021)

*If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"

1998

55%
raw# 109310%
raw# 20333%
raw# 65671%
raw# 142729%
raw# 571

2. Number of clients that have received this service under Part A (or MAI) in FY 2020.

a. April Request Period = Not Applicable

b. August Request Period = 03/01/21 - 06/30/21

c. October Request Period = 03/01/21 - 09/30/21

d. 4th Qtr. Request Period = 03/01/21 - 11/30/21

662

55%
raw# 3648%
raw# 5334%
raw# 22674%
raw# 48726%
raw# 175

Control No.

2

Request for Service Category Increase Ryan White Part A and MAI

I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):
1. Length of waiting time (in weeks) for an appointment for a new client:	2 weeks	0-1 week	We would like to be able to provide new patients services within same week - 1 week of scheduling an appointment. With the steady increase in new patient appointments the appointment times could easily be expanded to greater than two weeks without increased funding. Currently we have \$54,500 in no pay.
2. Length of waiting time (in weeks) for an appointment for a current client:	1 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase, we would see patients five days a week.
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	No clients unable to access services monthly

J. List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
1.				
2.				
3.				
4.				

K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):
 Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).
 This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	Health Insurance Premium & Cost Sharing Assistance				Control No.	
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>			
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$300,000.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1.				\$0.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)	\$1,208,746.00	N/A	\$300,000.00	\$300,000.00		
	9. Total additional funding (must match E. above):				\$300,000.00		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	1976	44%	25%	31%	81%	19%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2021. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	1005	42%	26%	32%	81%	19%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. DSHS State Services		8/31/21	\$864,506	
	2. Ryan White Part B		3/31/22	\$1,028,433	
	3. Ryan White Part B - Rebate		3/31/22	\$136,918	
	4. HINS Disbursements	RWA	2/28/22	\$102,234	Back bill @ 06/30/21
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)	OAMC/MCM/LPAP/SLW/EFA/OUTREACH					
D.	Request for Increase under (check one):	Part A: <input checked="" type="checkbox"/>	or	MAI: <input type="checkbox"/>	Control No. 4		
	Request Period (check one):	April: <input type="checkbox"/>	August: <input checked="" type="checkbox"/>	Oct: <input type="checkbox"/>	Final Qtr: <input type="checkbox"/>		
E.	Amount of additional funding Requested:	\$446,310.00					
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. Medical Case Management	6800	\$25.00	3600	\$90,000.00		
	2. Service Linkage Worker	12250	\$20.00	3750	\$75,000.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Diagnostics (list current amount in column a. and requested amount in column c.)	\$114,730.00	N/A	\$281,310.00	\$281,310.00		
	9. Total additional funding (must match E. above):	\$446,310.00					
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	2616	49%	17%	34%	83%	17%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2020. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	901	47%	18%	35%	82%	18%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	4	3	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for new Ryan White patients.	
	2. Length of waiting time (in weeks) for an appointment for a current client:	3	2	The agency has a large number of Ryan White patients seeking services referenced in this Request for Service Category Increase Form. The agency is requesting funding in order to sufficiently meet the continued demands for existing Ryan White patients.	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	The agency does not maintain a waiting list. The agency offers a limited number of same day appointment slots for patients.	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	The agency offers a limited number of same day appointment slots for patients.	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Diagnostics	RWA	2/28/22	\$135,217	Back bill @ 06/30/21
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net				

Request for Service Category Increase
Ryan White Part A and MAI

A.	Name of Agency (not provided to RWPC)						
B.	Contract Number (not provided to RWPC)						
C.	Service Category Title (per RFP)						
D.	Request for Increase under (check one): Request Period (check one): Part A: X or MAI: April: August: X Oct: Final Qtr:					Control No. 5	
E.	Amount of additional funding Requested:						
F.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)		
	1. CMLIC	8087.93	\$30.00	1000	\$30,000.00		
	2.				\$0.00		
	3.				\$0.00		
	4.				\$0.00		
	5.				\$0.00		
	6.				\$0.00		
	7.				\$0.00		
	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00		
	9. Total additional funding (must match E. above):				\$30,000.00		
G.	Number of new/additional clients to be served with requested increase.						
H.	Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female
	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	462	55%	26%	18%	83%	17%
	2. Number of clients that have received this service under Part A (or MAI) in FY 2021. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	146	66%	20%	14%	75%	25%

Request for Service Category Increase
Ryan White Part A and MAI

I.	Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
	1. Length of waiting time (in weeks) for an appointment for a new client:	0	0	There is currently no wait time	
	2. Length of waiting time (in weeks) for an appointment for a current client:	0	0	There is currently no wait time	
	3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	None, but we do have 671 units in no pay from 3/1/21-6/30/21 and we will have to start a wait list if no additional funds are provided	
	3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	None	
J.	List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
	1. Service Linkage (non-medical case management)	the Resource Group - State	8/31/21	\$275,000	specializing in substance users and the recently released
	2.				
	3.				
	4.				
K.	Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax):				
	Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				
	This form must be submitted electronically via email by published deadline to Carin Martin: carin.martin@phs.hctx.net Form updated 2/12/18				

Request for Service Category Increase Ryan White Part A and MAI

1.	Name of Agency (not provided to RWPC)							
2.	Contract Number (not provided to RWPC)							
3.	Service Category Title (per RFP)	ADULT COMPREHENSIVE PRIMARY CARE TARGETING URBAN					Control No.	60
4.	Request for Increase under (check one):	Part A: X	or	MAI:				
5.	Request Period (check one):	April:	August: X	Oct:	Final Qtr.			
6.	Amount of additional funding Requested:	\$495,000.00						
7.	Unit of Service: (list only those units and disbursements where an increase is requested)	a. Number of units in current contract:	b. Cost/unit	c. Number of additional units requested:	d. Total: (b x c)			
8.	1.MD/Phys Extenders	3323	\$275.00	1000	\$275,000.00			
9.	2. PSYCH	889	\$130.00	750	\$97,500.00			
10.	3. SLW	10750	\$20.00	2000	\$40,000.00			
11.	4. NUTRITION	140	\$150.00	550	\$82,500.00			
12.	5.				\$0.00			
13.	6.				\$0.00			
14.	7.				\$0.00			
15.	8. Disbursements (list current amount in column a. and requested amount in column c.)		N/A		\$0.00			
16.	9. Total additional funding (must match E. above):	\$495,000.00						
17.	10. Number of new/additional clients to be served with requested increase.	300						
18.	11. Number of clients served under current contract - Agencies must use the CPCDMS to document numbers served. De-identified CPCDMS-generated reports will be provided to the RWPC by RWGA.	a. Number of clients served per CPCDMS	b. Percent AA (non-Hispanic)	c. Percent White (non-Hispanic)	d. Percent Hispanic (all races)	e. Percent Male	f. Percent Female	
19.	1. Number of clients that received this service under Part A (or MAI) in FY 2020.* (March 1, 2020 - February 28, 2021) *If agency was funded for service under Part A (or MAI) in FY 2020 - if not, mark these cells as "NA"	2570	61% raw# 1562	9% raw# 226	28% raw# 718	74% raw# 1911	26% raw# 659	
20.	2. Number of clients that have received this service under Part A (or MAI) in FY 2020. a. April Request Period = Not Applicable b. August Request Period = 03/01/21 - 06/30/21 c. October Request Period = 03/01/21 - 09/30/21 d. 4th Qtr. Request Period = 03/01/21 - 11/30/21	1459	57% raw# 835	9% raw# 127	31% raw# 453	75% raw# 1087	25% raw# 372	

Request for Service Category Increase Ryan White Part A and MAI

Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.	a. Enter Number of Weeks in this column	b. How many Weeks will this be if full amount of request is received?	c. Comments (do not include agency name or identifying information):	
1. Length of waiting time (in weeks) for an appointment for a new client:	2 weeks	0-1 week	The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing a average of 20-25 new patients each month. New patient appt timeframes is currently 2 weeks, but with the steady increase of new patients the timeframe could reach 3 weeks without the increase in funding. Currently we have \$409,240 in no pay status.	
2. Length of waiting time (in weeks) for an appointment for a current client:	1 - 1.5 weeks	0 weeks	We would be able to see existing patients within the same week with funding increase.	
3. Number of clients on a "waiting list" for services (per Part A SOC):	0	0	No waiting list at this time as we have been able to continue scheduling all patients for appointments.	
3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):	0	0	No clients unable to access services monthly	
List all other sources and amounts of funding for similar services currently in place with agency:	a. Funding Source:	b. End Date of Contract:	c. Amount	d. Comment (50 words or less):
1.				
2.				
3.				
4.				
Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).				

REVISÉD: 8/18/2021

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Request for Service Category Increase Ryan White Part A and MAI

<p>I. Additional Information Provided by Requesting Agency (subject to audit by RWGA). Answer all questions that are applicable to agency's current situation.</p>	<p>a. Enter Number of Weeks in this column</p>	<p>b. How many Weeks will this be if full amount of request is received?</p>	<p>c. Comments (do not include agency name or identifying information):</p>
<p>1. Length of waiting time (in weeks) for an appointment for a new client:</p>	<p>2 weeks</p>	<p>0-1 week</p>	<p>The need for same day appointments for new patients is consistently increasing. Linkage to care for newly diagnosed is being completed daily, but we still have a limited number of new patient slots for same day appointments. We are seeing an average of 25 new patients each month. New patient appt timeframes is currently 2 weeks, but with the steady increase of new patients the timeframe could reach 3-4 weeks without the increase in funding. Currently we have \$27,775 in no pay status.</p>
<p>2. Length of waiting time (in weeks) for an appointment for a current client:</p>	<p>1 - 1.5 weeks</p>	<p>0 weeks</p>	<p>Will be able to see patients same week with funding increase</p>
<p>3. Number of clients on a "waiting list" for services (per Part A SOC):</p>	<p>0</p>	<p>0</p>	<p>No waiting list at this time as we have been able to continue scheduling all patients for appointments.</p>
<p>3. Number of clients unable to access services monthly (number unable to make an appointment) (per Part A SOC):</p>	<p>0</p>	<p>0</p>	<p>No clients unable to access services monthly</p>
<p>J. List all other sources and amounts of funding for similar services currently in place with agency:</p>	<p>a. Funding Source:</p>	<p>b. End Date of Contract:</p>	<p>c. Amount d. Comment (50 words or less):</p>
<p>1.</p>			
<p>2.</p>			
<p>3.</p>			
<p>4.</p>			
<p>K. Submit the following documentation at the same time as the request (budget narrative and fee-for-service budgets may be hard copy or fax): Revised Budget Narrative (Table I.A.) corresponding to the revised contract total (amount in Item F.9.d. plus current contract amount).</p>			