

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
832 927-7926 telephone; 713 572-3740 fax
<http://rwpchouston.org>

Memorandum

To: Members, Priority and Allocations Committee:
Bobby Cruz, Co-Chair Allen Murray
Peta-gay Ledbetter, Co-Chair Paul Richards
Ronnie Galley Megan Rowe
Roxane May Bruce Turner
Josh Mica

Copy: Crystal R. Starr Sha'Terra Johnson
Diane Beck Carin Martin
Mackenzie Hudson Rodney Goodie
Glenn Urbach Ann Robison
Mauricia Chatman Johnetta Evans-Thomas
Tiffany Shepherd

From: Tori Williams

Date: Thursday, February 16, 2023

Re: Meeting Announcements

The Priority and Allocations Committee will have its first meeting in the 2023 planning year. The meeting will be held on Zoom, but you are also welcome to join us in the office if that is comfortable for you. Please RSVP to Rod so she can get us a room large enough to adhere to social distancing guidelines and remember that the Council can no longer provide meals at our meetings.

Priority and Allocations Committee Meeting
12 noon, Thursday, February 23, 2023

Click the following link to join the Zoom meeting:
<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltdz09>

Meeting ID: 893 7471 3843 Passcode: 339238
Or call: 346 248 7799

In person option (must rsvp)
Office of Support Conference Room, 2223 W. Loop South, Suite 240, Houston, Texas 77027

We appreciate your valuable time and look forward to seeing you next week.

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, February 23, 2023

Please note that this is a virtual meeting. To join the Zoom meeting, click on the following link:

<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltdz09>

Meeting ID: 893 7471 3843

Passcode: 339238

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

AGENDA

-
- | | | |
|------|---|--|
| I. | Call to Order
A. Moment of Reflection
B. Adoption of the Agenda
C. Approval of the Minutes | Bobby Cruz and
Peta-gay Ledbetter,
Co-Chairs |
| II. | Public Comment and Announcements
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. <u>When signing in, guests are not required to provide their correct or complete names.</u> 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. All information from the public must be provided in this portion of the meeting.) | |
| III. | Committee Orientation
A. Petty Cash and Open Meetings Act Training
B. Conflict of Interest Policy
C. 2022 Critical Timeline and Committee Meeting Dates and Times
D. Determine the FY 2023 Policy on Allocating Unspent Funds
E. Determine the FY 2024 Principles & Criteria
F. Determine the FY 2043 Priority Setting Process
G. Elect a Committee Vice Chair | Tori Williams |
| IV. | Reports from the Administrative Agencies
A. Updates on FY 2022 and 2023 HRSA Grant Awards
B. Training in how to review Ryan White Part A/MAI reports
C. Updates from The Resource Group
D. Training in how to review Ryan White Part B/SS reports | Glenn Urbach

Sha'Terra Johnson |
| V. | Announcements | |
| VI. | Adjourn
• Optional: Meet with the Committee Mentor | Peta-gay Ledbetter |

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

MINUTES

12:00 p.m., Thursday, October 27, 2022

Meeting Location: Zoom teleconference

MEMBERS PRESENT	OTHERS PRESENT	STAFF PRESENT
Bobby Cruz, Co-Chair	Crystal Starr, RWPC Chair	<i>Ryan White Grant Admin</i>
Peta-gay Ledbetter, Co-Chair		Heather Keizman
Melody Barr		Mauricia Chatman
Roxane May		Sarah Ross
Josh Mica		Eric James
Allen Murray		
Paul Richards		<i>Office of Support</i>
C. Bruce Turner		Tori Williams
		Mackenzie Hudson
		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 12:08 p.m. and asked for a moment of reflection.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Ledbetter, Barr) to approve the agenda.* **Motion carried.** Abstention: May.

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Ledbetter, Turner) to approve the July 28, 2022 minutes.* **Motion carried.** Abstention: May.

Public Comment: None.

Updates from the Ryan White Grant Administration: See the FY 2022 Ryan White Part A and MAI Procurement Report dated 10/18/22 and Service Utilization Report dated 10/14/22 and 10/19/22, attached. Keizman said that no requests had been submitted for the \$273,335 available in MAI funds. She plans to submit a waiver in case there are more than 5% of formula funds for carryover but this year they will have to include justification. She said that recent changes at the ADAP have resulted in bringing down the time required to process an application from 130 days to 39 days.

Updates from the Resource Group: See the attached reports:

- FY21/22 Part B Procurement Report, dated 10/05/22
- FY21/22 DSHS State Services Procurement Report, dated 10/05/22
- FY21/22 DSHS State Services Service Utilization Report, dated 09/23/23
- FY21/22 Health Insurance Assistance Program, dated 09/28/22
- Steering Committee and Council Report, October 2022

Requests for increased funding from Ryan White Part A and MAI funds: The committee reviewed 3 requests for increased funds for Part A, see attached. They reviewed each request, made their final recommendations and justified their decisions (see attached chart for details).

Motion #3: *it was moved and seconded (Turner, Murray) to fund each of the attached allocation increase requests for Ryan White Part A funds as follows: fully fund the requests of psychiatric services (Control 1 and 3), service linkage (Control 1), outreach (Control 1), nutritional assessments (Control 3), and Disbursements (Control 2), and equally divide the remaining funds between the two requests with psychiatric services (Control 1 and 3).* **Motion carried.**
Abstentions: May.

Motion #4: *it was moved and seconded (Turner, Murray) to allocate \$273,335 in MAI* funds to reimburse the state ADAP program for services provided to Houston area clients.* **Motion carried.**
Abstention: May.

Plan for FY 2022 Carryover Funds and FY 2022 Unspent Funds:

Motion #5: *it was moved and seconded (Ledbetter, Turner) that if there are FY 2022 Ryan White Part A carryover funds, it is the intent of the committee to recommend allocating the full amount to Outpatient/Ambulatory Primary Medical Care.* Abstention: May.

Motion #6: *it was moved and seconded (Murray, Turner) that in the final quarter of FY 2022 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the Texas Department of State Health Services. RWGA and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.* **Motion carried.**
Abstention: May.

Suggested Changes to Committee Reports for FY 2023: Williams asked members to look over the Ryan White data reports and let her know if they have suggestions that could improve the reports for next year.

Announcements: Williams said that this is the last committee meeting of the year and she thanked committee members for their hard work. Barr introduced her new staff person Megan Rowe. She will represent HOWPA on the Planning Council next year.

Adjournment: **Motion:** *it was moved and seconded (Turner, Ledbetter) to adjourn the meeting at 1:25 p.m.* **Motion carried.**

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Ryan White Reallocations as of 10-27-22: Ryan White Part A Funding

Part A - Funds Available for Reallocation: \$262,677

Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification
RYAN WHITE PART A FUNDS					
Control #1 Priorities 1.a, 1.f, 2.b, 3.a-3.c, 16.a; 17		Community-based Primary Medical Care and Medical Case Mgmt. targeted to AA, Hispanic and White. EFA – Pharmacy; LPAP; Outreach & SLW	\$255,205	\$54,273.50 Psych \$50,000 SLW \$30,030 Outreach	Psychiatric services are expensive and a high need. Planning council recognizes the need for service linkage and outreach workers.
Control #2 Priorities 1.b-1.d, 2.c- 2.e, 3.b, 13.d 16.a; 17		Community-based Primary Medical Care and Medical Case Mgmt. targeted to AA, Hispanic and White. EFA – Pharmacy; LPAP; Outreach & SLW	\$225,125	\$20,000 Disbursements	Funds are for diagnostic screening tests – harder for people without health insurance to get access to these types of tests.
Control #3 Priorities 1.b-1.d, 2.c- 2.e, 3.b, 13.d 16.a; 17		Community-based Primary Medical Care and Medical Case Mgmt. targeted to AA, Hispanic and White. EFA – Pharmacy; LPAP; Outreach & SLW	\$255,205	\$59,473.50 Psych \$48,900 Nutr. Assess	Psychiatric services are expensive and high need. Nutritional assessment is needed to get nutritional supplements.
		TOTALS	\$735,535	\$262,677	

MAI - Funds Available for Reallocation: \$ 273,335

RYAN WHITE MAI FUNDS					
		Reimbursement to state ADAP program		\$273,335	Despite multiple requests from the AA, no providers requested the MAI funds so send these funds to reimburse the state ADAP program to avoid being penalized for returning funds.

Scribe: Beck

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

2022 Priority & Allocations Committee Voting Record for 10/27/22

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Part A Allocation Increase Requests Carried				Motion #4 Unallocated MAI Funds Carried				Motion #5 Part A 2022 Carryover Funds Carried				Motion #6 Part A 2022 Unspent Funds Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Bobby Cruz, Co-Chair		X							C			C				C				C				C
Peta-gay Ledbetter, Co-Chair		X				X					X			X				X				X		
Melody Barr		X				X				X				X				X				X		
Roxane May				X				X				X				X				X				X
Josh Mica ja 12:37pm	X				X						X			X				X				X		
Paul Richards		X					X			X				X				X				X		
Bruce Turner		X					X			X				X				X				X		
Allen Murray		X					X			X				X				X				X		



Nuts and Bolts for New Members

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

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

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

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

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

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

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

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MEMORANDUM

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

Copy: Glenn Urbach

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

Date: January 26, 2023

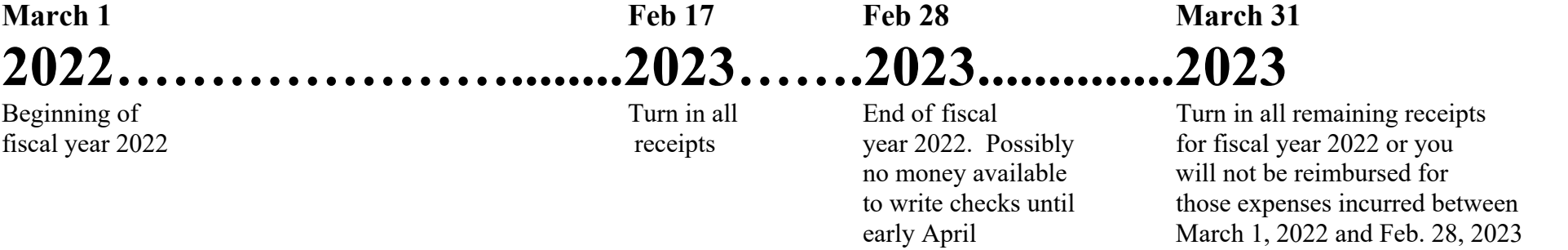
Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2023. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and Affiliate Committee members must turn in all requests for petty cash reimbursements **at or before the end of the day on Friday, February 17, 2023.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2023 **will not be reimbursed at all if they are turned in after March 31, 2023.**

Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)



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<http://rwpchouston.org>

Memorandum

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

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

Date: January 26, 2023

Re: Open Meetings Act Training

Please note that all Council members are required to take the Open Meetings Act training at least once in their lifetime. Affiliate members are encouraged to take the training. If you have never viewed the training video, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 31, 2023. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

<https://www.texasattorneygeneral.gov/og/oma-training>

If you do not have access to high-speed internet, you are welcome to contact Rod in the Office of Support to arrange a time to come to the office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:

https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

Ryan White Definition of Conflict of Interest

“Conflict of Interest” (COI) is defined as an actual or perceived interest by a Ryan White Planning Council member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. COI does not refer to persons living with HIV disease (PLWH) whose sole relationship to a Ryan White Part A or B or State Services funded provider is as a client receiving services. The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation.

2023 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/26/23)

AFFECTED COMMUNITY

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

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

COMPREHENSIVE HIV PLANNING

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

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

OPERATIONS

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

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

PLANNING COUNCIL

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

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

PRIORITY & ALLOCATIONS

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

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

QUALITY IMPROVEMENT

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

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

STEERING

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

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

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

BOLD = Special meeting date, time or place

DRAFT
Houston Area HIV Services Ryan White Planning Council
Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. **The following meetings are subject to change. Please check our website at <http://rwpchouston.org> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

General Information: The following is a list of significant activities regarding the 2023 Houston Ryan White Planning Council. People living with HIV, providers and members of the public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: <http://rwpchouston.org>.

All Ryan White Council and Committee meetings will be held virtually in January 2023, possibly via hybrid format after January. Routinely, the Ryan White Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

Thurs. Jan. 26	Council Orientation. 2023 Committee meeting dates will be established at this meeting.
Thurs. Feb. 2	12 noon. First Steering Committee meeting for the 2023 planning year.
Feb. date TBD	10 am, Orientation for new 2023 Affiliate Committee Members.
Feb. dates TBD	Integrated Plan: Quality of Life workgroup, Evaluation workgroup, HIV Education Coalition and HIV Data Committee meet to create timelines and organize their 2023 work products.
Thurs. Feb. 9	12 noon. First Council meeting for the 2023 planning year.
Tues. Feb. 14	5:00 pm. Deadline for submitting Proposed Idea Forms to the Office of Support. The Council is currently funding 17 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider a service that is not currently being funded in the Greater Houston area with Ryan White funds. The form requires documentation that justifies why a particular service should be funded and why it is not a duplication of a service already being offered through another funding source. Anyone can submit an Idea Form. Contact the Office of Support at 832 927-7926 to request forms.
Thurs. Feb. 23	12 noon. Priority & Allocations Committee meets to approve the policy on allocating FY 2023 unspent funds, FY 2024 priority setting process and more.
March dates TBD	EIIHA Workgroup and the Project LEAP/Proyecto VIDA Advisory Committee meet.
Tues. March 14	Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the FY 2024 service categories for Part A, Part B, MAI and <i>State Services</i> funding.
Mon. March 20	Consumer Training on the How to Best Meet the Need process.
Thurs. April 6	12 noon. Steering Committee meets.
Thurs. April 13	12 noon. Planning Council meets. <u>1:30 – 4:30 pm.</u> Council and Community Training for the How to Best Meet the Need process. Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

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

April 18 - 26

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

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

- Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance – Pharmacy Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage – Adult and Rural)
- Ambulatory/Outpatient Medical Care (including Medical Case Management and Service Linkage – Pediatric)
- Referral for Health Care and Support Services
- Clinical Case Management
- Non-Medical Case Management (Service Linkage at Testing Sites)
- Vision Care

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

- Health Insurance Premium & Co-pay Assistance
- Medical Nutritional Therapy (including Nutritional Supplements)
- Mental Health
- Substance Abuse Treatment/Counseling
- Non-Medical Case Management (Substance Use)
- Oral Health – Untargeted & Rural

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

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

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

Mon. May 1 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 15 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

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

Tues. May 16 Quality Improvement Committee meets to approve the **FY 2024 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

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

(continued)

DRAFT
Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

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Thurs. Aug. 3	12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2024 GRANT . (Mail out date for the August Steering Committee meeting is July 27, 2023.)
Mon. Aug. 21	Consumer Training on Standards of Care and Performance Measures.
Fri. Sept. 1	5:00 pm. Deadline for submitting Proposed Idea Forms to the Office of Support. (See February 14 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
Tues. Sept. 19	Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
Mon. Sept. 25	Consumer-Only Workgroup meeting to review FY 2024 Standards of Care.
Tues. Oct. 17	Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & Letter of Agreement between Part B stakeholders.
October or November	Date & time TBD. Community Workgroup meeting to review FY 2024 Standards of Care for all service categories.
Thurs. Oct. 26	12 noon. Priority & Allocations Committee meets to allocate FY 2023 unspent funds.
Nov. 1	10:00 am. Commissioners Court to receive the World AIDS Day Resolution.
Thurs. Nov. 9	12 noon. Council recognizes all Affiliate Committee Members.
Fri. Dec. 1	World AIDS Day.
Thurs. Dec. 14	12 noon. Election of Officers for the 2024 Ryan White Planning Council.

DRAFT

2022 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-24-22)

Background

The Ryan White Planning Council must address two different types of money: Unobligated and Carryover.

Unobligated funds are funds allocated by the Council but, for a variety of reasons, are not put into contracts. Or, the funds are put into a contract but the money is not spent. For example, the Council allocates \$700,000 for a particular service category. Three agencies bid for a total of \$400,000. The remaining \$300,000 becomes unobligated. Or, an agency is awarded a contract for a certain amount of money. Halfway through the grant year, the building where the agency is housed must undergo extensive remodeling prohibiting the agency from providing services for several months. As the agency is unable to deliver services for a portion of the year, it is unable to fully expend all of the funds in the contract. Therefore, these unspent funds become unobligated. The Council is informed of unobligated funds via Procurement Reports provided to the Quality Improvement (QI) and Priority and Allocations (P&A) Committees by the respective Administrative Agencies (AA), HCPHS/ Ryan White Grant Administration and The Resource Group.

Carryover funds are the RW Part A Formula and MAI funds that were unspent in the previous year. Annually, in October, the Part A Administrative Agency will provide the Committee with the estimated total allowable Part A and MAI carryover funds that could be carried over under the Unobligated Balances (UOB) provisions of the Ryan White Treatment Extension Act. The Committee will allocate the estimated amount of possible unspent prior year Part A and MAI funds so the Part A AA can submit a carryover waiver request to HRSA in December.

The Texas Department of State Health Services (DSHS) does not allow carryover requests for unspent Ryan White Part B and State Services funds.

It is also important to understand the following applicable rules when discussing funds:

- 1.) The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. The 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an \$800,000 service category is \$80,000. If a \$500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or \$50,000 into the receiving category, leaving \$30,000 unobligated.
- 2.) Due to procurement rules, it is difficult to RFP funds after the mid-point of any given fiscal year.

In the final quarter of the applicable grant year, after implementing the Council-approved October reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the AA may reallocate any remaining unspent funds as necessary to ensure the Houston EMA/HSDA has less than 5% unspent Formula funds and no unspent Supplemental funds. The AA for Part B and *State Services* funding may do the same to ensure no funds are returned to the Texas Department of State Health Services (TDSHS). The applicable AA must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

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Recommendations for Addressing Unobligated and Carryover Funds:

- 1.) Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where The Agency Currently Has a Contract: These requests come at designated times during the year.

A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a *Request for Service Category Increase*. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

The AA must submit this information to the Office of Support in an appropriate time for document distribution for the April, July and October P&A Committee meetings. The form must be submitted for all requests regardless of the completeness of the request. The AA for Part B and State Services Funding will do the same, but the calendar for the Part B AA to submit the Requests for Service Category Increases to the Office of Support is based upon the current Letter of Agreement. The P&A Committee has the authority to recommend increasing the service category funding allocation, or not. If not, the request "dies" in committee.

- 2.) Requests for Proposed Ideas: These requests can come from any individual or agency at any time of the year. Usually, they are also addressed using unobligated funds. The individual or agency submits the idea and supporting documentation to the Office of Support. The Office of Support will submit the form(s) as an agenda item at the next QI Committee meeting for informational purposes only, the Office of Support will inform the Committee of the number of incomplete or late requests submitted and the service categories referenced in these requests. The Office of Support will also notify the person submitting the Proposed Idea form of the date and time of the first committee meeting where the request will be reviewed. All committees will follow the RWPC bylaws, policies, and procedures in responding to an "emergency" request.

Response to Requests: Although requests will be accepted at any time of the year, the Priority and Allocations Committee will Review requests at least three times a year (in April, July, and October). The AA will notify all Part A or B agencies when the P&A Committee is preparing to allocate funds.

- 3.) Committee Process: The Committee will prioritize recommended requests so that the AA can distribute funds according to this prioritized list up until May 31, August 31 and the end of the grant year. After these dates, all requests (recommended or not) become null and void and must be resubmitted to the AA or the Office of Support to be considered in the next funding cycle.

After reviewing requests and studying new trends and needs the committee will review the allocations for the next fiscal year and, after filling identified gaps in the current year, and if appropriate and possible, attempt to make any increase in funding less dramatic by using an incremental allocation in the current fiscal year.

- 4.) Projected Unspent Formula Funds: Annually in October, the Committee will allocate the projected, current year, unspent, Formula funds so that the Administrative Agent for Part A can report this to HRSA in December.

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Priority and Allocations
FY 2023 Guiding Principles and Decision Making Criteria
(Priority and Allocations Committee approved 02-24-22)

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

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

Principles

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

Allocations only

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

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

(Continued)

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DECISION MAKING CRITERIA STEP 1:

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

DECISION MAKING CRITERIA STEP 2:

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

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

FY 2023 Priority Setting Process

(Priority and Allocations Committee approved 02-24-22)

1. Agree on the priority-setting process.
2. Agree on the principles to be used in the decision making process.
3. Agree on the criteria to be used in the decision making process.
4. Agree on the process to be used to determine service categories that will be considered for allocations. (This is done at a joint meeting of members of the Quality Improvement, Priority and Allocations and Affected Community Committees and others, or in other manner agreed upon by the Planning Council).
5. Staff creates an information binder containing documents to be used in the Priority and Allocations Committee decision-making processes. The binder will be available at all committee meetings and copies will be made available upon request.
6. Committee members attend a training session to review the documents contained in the information binder and hear presentations from representatives of other funding sources such as HOPWA, Prevention, Medicaid and others.
7. Staff prepares a table that lists services that received an allocation from Part A or B or State Service funding in the current fiscal year. The table lists each service category by HRSA-defined core/non-core category, need, use and accessibility and includes a score for each of these five items. The utilization data is obtained from calendar year CPCDMS data. The medians of the scores are used as guides to create midpoints for the need of HRSA-defined core and non-core services. Then, each service is compared against the midpoint and ranked as equal or higher (H) or lower (L) than the midpoint.
8. The committee meets to do the following. This step occurs at a single meeting:
 - Review documentation not included in the binder described above.
 - Review and adjust the midpoint scores.
 - After the midpoint scores have been agreed upon by the committee, **public comment** is received.
 - During this same meeting, the midpoint scores are again reviewed and agreed upon, taking public comment into consideration.
 - Ties are broken by using the first non-tied ranking. If all rankings are tied, use independent data that confirms usage from CPCDMS or ARIES.
 - By matching the rankings to the template, a numerical listing of services is established.
 - Justification for ranking categories is denoted by listing principles and criteria.
 - Categories that are not justified are removed from ranking.
 - If a committee member suggests moving a priority more than five places from the previous year's ranking, this automatically prompts discussion and is challenged; any other category that has changed by three places may be challenged; any category that moves less than three places cannot be challenged unless documentation can be shown (not cited) why it should change.
 - The Committee votes upon all challenged categorical rankings.
 - At the end of challenges, the entire ranking is approved or rejected by the committee.

(Continued on next page)

9. At a subsequent meeting, the Priority and Allocations Committee goes through the allocations process.
10. Staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
11. The single list of recommended priorities is presented at a Public Hearing.
12. The committee meets to review public comment and possibly revise the recommended priorities.
13. Once the committee has made its final decision, the recommended single list of priorities is forwarded as the priority list of services for the following year.

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	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	-15,437	0	84,657	0	11,035,008	45.81%	11,035,008	0		6,843,274	62%	83%
1.a	Primary Care - Public Clinic (a)	3,927,300					3,927,300	16.30%	3,927,300	0	3/1/2022	\$2,243,750	57%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576			90,574		1,155,150	4.80%	1,155,150	0	3/1/2022	\$1,168,111	101%	83%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551			75,774		986,325	4.09%	986,325	0	3/1/2022	\$1,078,622	109%	83%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924			16,300		1,164,224	4.83%	1,164,224	0	3/1/2022	\$620,777	53%	83%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000			-97,990		1,002,010	4.16%	1,002,010	0	3/1/2022	\$735,985	73%	83%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000					2,100,000	8.72%	2,100,000	0	3/1/2022	\$630,100	30%	75%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437				0	0.00%	0	0	3/1/2022	\$0	0%	0%
1.h	Vision	500,000					500,000	2.08%	500,000	0	3/1/2022	\$344,490	69%	83%
1.x	Primary Care Health Outcome Pilot	200,000					200,000	0.83%	200,000	0	3/1/2022	\$21,440	11%	83%
2	Medical Case Management	1,730,000	-90,051	0	-15,000	0	1,624,949	6.75%	1,624,949	0		1,422,673	88%	83%
2.a	Clinical Case Management	488,656					488,656	2.03%	488,656	0	3/1/2022	\$500,020	102%	83%
2.b	Med CM - Public Clinic (a)	277,103					277,103	1.15%	277,103	0	3/1/2022	\$287,022	104%	75%
2.c	Med CM - Targeted to AA (a) (e)	169,009					169,009	0.70%	169,009	0	3/1/2022	\$216,181	128%	83%
2.d	Med CM - Targeted to H/L (a) (e)	169,011					169,011	0.70%	169,011	0	3/1/2022	\$83,952	50%	83%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186					61,186	0.25%	61,186	0	3/1/2022	\$74,089	121%	83%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.14%	273,760	0	3/1/2022	\$107,986	39%	83%
2.g	Med CM - Women at Public Clinic (a)	75,311					75,311	0.31%	75,311	0	3/1/2022	\$61,487	82%	75%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051				0	0.00%	0	0	3/1/2022	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	80,025			-15,000		65,025	0.27%	65,025	0	3/1/2022	\$37,266	57%	83%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.19%	45,888	0	3/1/2022	\$54,671	119%	75%
3	Local Pharmacy Assistance Program	1,810,360	200,000	0	0	0	2,010,360	8.35%	2,010,360	0		\$1,385,635	69%	83%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360					310,360	1.29%	310,360	0	3/1/2022	\$345,285	111%	83%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	200,000				1,700,000	7.06%	1,700,000	0	3/1/2022	\$1,040,350	61%	83%
4	Oral Health	166,404	0	0	0	0	166,404	0.69%	166,404	0		146,950	88%	83%
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					166,404	0.69%	166,404	0	3/1/2022	\$146,950	88%	83%
5	Health Insurance (c)	1,383,137	431,299	138,285			1,952,721	8.11%	1,952,721	0		\$1,368,945	70%	83%
6	Mental Health Services (c)	0					0	0.00%	0	0		NA	\$0	0%
7	Early Intervention Services (c)	0					0	0.00%	0	0		NA	\$0	0%
8	Medical Nutritional Therapy (supplements)	341,395					341,395	1.42%	341,395	0	3/1/2022	\$281,716	83%	83%
9	Home and Community-Based Services (c)	0					0	0.00%	0	0		NA	\$0	0%
9.a	In-Home	0					0		0	0	N/A	\$0	0%	0%
9.b	Facility Based	0					0		0	0	N/A	\$0	0%	0%
10	Substance Abuse Services - Outpatient (c)	45,677			-20,667		25,010	0.10%	25,010	0	3/1/2022	\$5,938	24%	83%
11	Hospice Services	0					0	0.00%	0	0		NA	\$0	0%
12	Referral for Health Care and Support Services (c)	0					0	0.00%	0	0		NA	\$0	0%
13	Non-Medical Case Management	1,267,002	0	0	43,000	0	1,310,002	5.44%	1,310,002	0	3/1/2022	\$1,110,469	85%	83%
13.a	Service Linkage targeted to Youth	110,793					110,793	0.46%	110,793	0	3/1/2022	\$92,008	83%	83%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			-7,000		93,000	0.39%	93,000	0	3/1/2022	\$87,524	94%	83%
13.c	Service Linkage at Public Clinic (a)	370,000					370,000	1.54%	370,000	0	3/1/2022	\$385,979	104%	83%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209			50,000		736,209	3.06%	736,209	0	3/1/2022	\$544,958	74%	83%
13.e	SLW-Substance Use	0					0	0.00%	0	0	NA	\$0	0%	0%
14	Medical Transportation	424,911	0	0	0	0	424,911	1.76%	424,911	0		304,722	72%	83%
14.a	Medical Transportation services targeted to Urban	252,680					252,680	1.05%	252,680	0	3/1/2022	\$234,460	93%	83%
14.b	Medical Transportation services targeted to Rural	97,185					97,185	0.40%	97,185	0	3/1/2022	\$70,262	72%	83%
14.c	Transportation vouchers (bus passes & gas cards)	75,046					75,046	0.31%	75,046	0	3/1/2022	\$0	0%	75%
15	Emergency Financial Assistance	1,545,439	189,168	750,000	-120,000	0	2,364,607	9.82%	2,364,607	0		2,480,860	105%	83%
16.a	EFA - Pharmacy Assistance	1,305,439	189,168	750,000			2,244,607	9.32%	2,244,607	0	3/1/2022	\$2,410,074	107%	83%
16.b	EFA - Other	240,000			-120,000		120,000	0.50%	120,000	0	3/1/2022	\$70,785	59%	83%
16	Linguistic Services (c)	0	0				0	0.00%	0	0		NA	\$0	0%
17	Outreach	420,000			30,030		450,030	1.87%	450,030	0	3/1/2022	\$208,010	46%	83%
BEU27516	Total Service Dollars	20,100,113	714,979	888,285	2,020	0	21,705,397	90.11%	21,705,397	0		15,559,191	72%	83%

FY 2022 Ryan White Part A and MAI Procurement Report

FY 2022 Allocations and Procurement Report (2.23.23 PA Committee Meeting) Page 2 As of: 2/20/2023

FY 2022 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 3rd Quarter (3/1-11/30)																		
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)	6,460	7,344	75%	22%	2%	44%	13%	2%	41%	0%	0%	5%	28%	28%	12%	26%	2%
1.a	Primary Care - Public Clinic (a)	2,350	2,365	72%	27%	1%	41%	9%	2%	49%	0%	0%	3%	16%	27%	14%	37%	3%
1.b	Primary Care - CBO Targeted to AA (a)	1,060	2,090	70%	27%	3%	98%	0%	1%	0%	0%	0%	7%	36%	27%	10%	17%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	960	1,749	82%	14%	4%	0%	0%	0%	100%	0%	0%	6%	32%	30%	11%	19%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	690	725	87%	11%	2%	0%	85%	15%	0%	0%	0%	2%	29%	26%	9%	32%	2%
1.e	Primary Care - CBO Targeted to Rural (a)	400	552	71%	28%	1%	42%	23%	2%	33%	0%	0%	2%	29%	30%	11%	26%	3%
1.f	Primary Care - Women at Public Clinic (a)	1,000	637	0%	99%	1%	51%	5%	1%	43%	0%	0%	2%	9%	27%	17%	40%	5%
1.g	Primary Care - Pediatric (a)	NA	NA															
1.h	Vision	1,600	1,997	74%	24%	2%	46%	13%	2%	39%	0%	0%	3%	23%	24%	12%	32%	5%
2	Medical Case Management (f)	2,950	4,245															
2.a	Clinical Case Management	600	710	72%	26%	2%	52%	13%	1%	34%	0%	0%	3%	22%	25%	12%	32%	6%
2.b	Med CM - Targeted to Public Clinic (a)	280	431	91%	7%	2%	50%	12%	1%	36%	0%	0%	1%	24%	28%	10%	32%	5%
2.c	Med CM - Targeted to AA (a)	550	1,292	68%	29%	3%	99%	0%	1%	0%	0%	0%	4%	30%	25%	11%	26%	4%
2.d	Med CM - Targeted to H/L(a)	550	643	79%	15%	6%	0%	0%	0%	100%	0%	0%	6%	29%	30%	11%	21%	2%
2.e	Med CM - Targeted to White and/or MSM (a)	260	422	86%	12%	2%	0%	88%	12%	0%	0%	0%	2%	20%	25%	10%	35%	8%
2.f	Med CM - Targeted to Rural (a)	150	430	67%	32%	1%	43%	31%	2%	24%	0%	0%	3%	23%	26%	11%	31%	6%
2.g	Med CM - Targeted to Women at Public Clinic (a)	240	179	0%	99%	1%	66%	9%	3%	22%	0%	0%	3%	21%	32%	11%	26%	6%
2.h	Med CM - Targeted to Pedi (a)	NA	NA															
2.i	Med CM - Targeted to Veterans	200	131	97%	3%	0%	70%	20%	1%	9%	0%	0%	0%	0%	3%	5%	44%	49%
2.j	Med CM - Targeted to Youth	120	7	86%	14%	0%	29%	29%	0%	43%	0%	14%	86%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	2,845	4,919	75%	21%	3%	45%	12%	2%	40%	0%	0%	4%	27%	28%	12%	27%	2%
4	Oral Health	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	20%	24%	15%	32%	7%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	20%	24%	15%	32%	7%
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,700	1,517	79%	19%	2%	42%	26%	3%	30%	0%	0%	1%	14%	17%	10%	42%	16%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	8	100%	0%	0%	13%	50%	13%	25%	0%	13%	0%	38%	25%	0%	25%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	439	75%	24%	1%	43%	19%	3%	34%	0%	0%	0%	8%	17%	8%	51%	15%
11	Hospice Services (d)	NA	NA															
12	Outreach	700	674	77%	20%	3%	57%	15%	1%	26%	0%	0%	5%	32%	27%	8%	23%	4%
13	Non-Medical Case Management	7,045	6,860															
13.a	Service Linkage Targeted to Youth	320	152	76%	24%	0%	53%	5%	1%	41%	0%	15%	85%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	260	79	72%	25%	3%	54%	6%	4%	35%	0%	0%	0%	44%	33%	10%	13%	0%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,700	2,734	68%	31%	1%	50%	9%	1%	39%	0%	0%	0%	18%	25%	13%	38%	6%
13.d	Service Linkage at CBO Primary Care Programs (a)	2,765	3,895	75%	22%	3%	53%	12%	2%	32%	0%	0%	4%	29%	24%	10%	27%	5%
14	Transportation	2,850	1,863															
14.a	Transportation Services - Urban	170	620	68%	30%	2%	59%	7%	3%	31%	0%	0%	5%	26%	24%	10%	30%	6%
14.b	Transportation Services - Rural	130	150	65%	34%	1%	30%	31%	1%	38%	0%	0%	3%	17%	19%	19%	32%	10%
14.c	Transportation vouchering	2,550	1,093															
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	NA	1,574	76%	22%	2%	47%	9%	2%	42%	0%	0%	4%	26%	29%	12%	27%	3%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*		12,941	13,152	74%	23%	2%	49%	14%	2%	36%	0%	0%	4%	25%	25%	11%	29%	6%
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		NA	28,225	60%	21%		39%	18%	3%	20%	0%	5%		15%	22%	25%	15%	

FY 2022 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report - 3rd Quarter (03/01 -11/30)																		
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	1,699	71%	25%	3%	99%	0%	1%	0%	0%	0%	6%	35%	27%	11%	19%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	960	1,505	83%	14%	3%	0%	0%	0%	100%	0%	0%	5%	31%	29%	13%	20%	1%
2	Medical Case Management (f)																	
2.c	Med CM - Targeted to AA (a)	1,060	789	79%	17%	4%	48%	15%	2%	35%	0%	0%	7%	37%	26%	10%	19%	1%
2.d	Med CM - Targeted to H/L(a)	960	578	66%	31%	3%	61%	13%	2%	25%	0%	2%	6%	22%	28%	11%	25%	6%
RW Part A New Client Service Utilization Report - 3rd Quarter (03/01-11/30)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/22- 2/28/23)																		
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	1,529	80%	17%	2%	47%	13%	2%	38%	0%	1%	9%	36%	26%	9%	2%	17%
2	LPAP	1,200	643	79%	17%	4%	48%	15%	2%	35%	0%	0%	7%	37%	26%	10%	1%	19%
3.a	Clinical Case Management	400	64	66%	31%	3%	61%	13%	2%	25%	0%	2%	6%	22%	28%	11%	6%	25%
3.b-3.h	Medical Case Management	1,600	873	77%	21%	3%	48%	15%	2%	35%	0%	0%	7%	34%	26%	8%	4%	21%
3.i	Medical Case Manangement - Targeted to Veterans	60	18	94%	6%	0%	56%	22%	6%	17%	0%	0%	0%	0%	6%	17%	39%	39%
4	Oral Health	40	30	73%	27%	0%	47%	30%	7%	17%	0%	0%	10%	30%	17%	7%	7%	30%
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	3,700	1,546	75%	23%	2%	52%	13%	2%	32%	0%	1%	7%	30%	25%	9%	23%	4%
12.b	Service Linkage at Testing Sites	260	69	75%	22%	3%	58%	7%	3%	32%	0%	4%	23%	28%	28%	10%	7%	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																	

RYAN WHITE PART A & MAI PROCUREMENT & SERVICE UTILIZATION REPORTS

HOW TO READ RWGA REPORTS

FEBRUARY 2023

Charles Henley, LCSW

February 2023

THESE REPORTS SUPPORT THE HIGHLIGHTED ACTIVITIES COMMON TO PART A RECIPIENTS & PART B AAS

- Needs Assessment incl. special studies & Unmet Need Framework
- Integrated Prevention and Care Planning (Comp Plan)
- **Priority Setting**
- **Directives** – How to Best Meet the Need (HTBMTN)
- **Resource Allocation**
- Coordination of Services
- **Procurement** (RFP, Reviews, Contracting, Invoices)
- Contract Monitoring (fiscal and programmatic)
- Clinical Quality Management

Charles Henley, LCSW

February 2023

RESOURCE ALLOCATION

- After setting priorities, the RWPC allocates resources, which means it decides how much RWA and MAI, RWB and TDSHS funding will be used for each of these priorities
- The RWGA **Procurement Report** documents
 - The Council's **planned allocations** for Part A and MAI and how these funds are adjusted during the grant year (March 1 – February 28)
 - **Changes in allocations** made during the year
 - These are usually done in April (final NoA), July (for carryover), October (mid-year), and fourth quarter (sweep up)
 - The associated YTD **monthly expenditures** by service category/subcategory

Charles Henley, LCSW

February 2023

PROCUREMENT

- RWGA, the Administrative Agency or AA for RW Part A & MAI, contracts with eligible entities to provide services
- RWGA uses RFPs, Interlocal Agreements and contract renewals to **procure** these services
- During the grant year RWGA identifies funds that can be reallocated by the Council to other service priorities with unmet need (e.g., carryover, underspending contracts)
- These changes in Allocations are documented in the Procurement Report

Charles Henley, LCSW

February 2023

EXPENDITURES

- The Procurement Report also documents the year-to-date (YTD) **expenditures** for each individual service category and subcategory the Council has allocated funds to
- Expenditures often lag behind reports because Agencies are required to submit their bills within 10 business days after the end of each month, but some take longer
- RWGA identifies service categories where expenditures are not on track and works with the Agency to resolve challenges
- RWGA will reduce contracts when spending has fallen behind
- Those funds are returned to the Council for reallocation

Charles Henley, LCSW

February 2023

RULES / CAVEATS

- No less than 75% of RWA and MAI funds must be allocated to Core Services unless the Recipient has received a waiver
- RWA and MAI **carryover** funds are also subject to the 75% Core Services Requirement
- Due to the time needed to issue an RFP, select new vendors and for those vendors to begin service delivery, new Service Categories or contracting with new Agencies is not an option after the April reallocation opportunity
- After April, reallocations can only be made into existing Service Categories, with the sole exception of allocating funds to ADAP

Charles Henley, LCSW

February 2023

EXAMPLE

- Let's read the most recent Procurement Report together

The screenshot shows a detailed procurement report table. It includes columns for various categories such as 'Category', 'Subcategory', 'Description', 'Quantity', 'Unit Price', 'Total Price', 'Status', and 'Comments'. The data is organized into several sections, likely representing different procurement cycles or contracts. The table is dense with information, including numerical values and text descriptions.

Charles Henley, LCSW

February 2023

MEDICAL NUTRITIONAL THERAPY

Priority	Planned Allocation	Award Reconciliation	Total Allocation	Amount Procured	Expended YTD	Percent Expended YTD	Percent Expected YTD
8	\$341,395	\$0	\$341,395	\$341,395	\$281,716	83%	83%

Charles Henley, LCSW

February 2023

OTHER CONSIDERATIONS

- Reading the Procurement Report when the Category has multiple subcategories (e.g., OAHS, LPAP, MCM, and SLW)
 - Each subcategory has its own row
 - The **bolded** row is the sum of all the subcategories
 - Otherwise, it is the same information
- **Procurement Date** is the date the contract begins
- The RWGA Procurement Report reflects Part A and MAI procurement and expenditures only

Charles Henley, LCSW

February 2023

SERVICE UTILIZATION REPORT SUR

- The **SUR** mimics the Procurement Report and documents service utilization – how many clients have gotten the service
- **Goal** is the number of unduplicated clients (UDC) intended to be served for each service category during the grant year
- **UDC served YTD** is the unduplicated number of clients who have accessed the service so far in the grant year
- **Demographic** data for the UDC served YTD is listed for each category and subcategory
- **Bolded** rows are the unduplicated sum of all clients served per the HRSA Category

Charles Henley, LCSW

February 2023

OTHER CONSIDERATIONS

- Reading the SUR when the Category has multiple subcategories (e.g., OAHS, LPAP, MCM, and SLW)
 - Each subcategory has its own row
 - The **bolded** row is the sum of all the subcategories
 - Otherwise, it is the same information
- The RWGA SUR reflects Part A and MAI service utilization only
- RWGA can run reports that include all clients served under all funding streams the Council allocates money for (e.g., Part B and State Services) when needed such as for annual PSRA activities

Charles Henley, LCSW

February 2023

QUESTIONS/DISCUSSION

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2122 Ryan White Part B
Procurement Report
April 1, 2022 - March 31, 2023



Reflects spending through December 2022

Spending Target: 75%

Revised

2/7/23

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Service	\$1,658,878	48%	\$0	\$1,658,878	\$0	\$1,658,878	4/1/2022	\$1,149,882	69%
4	Oral Health Service -Prosthodontics	\$560,000	16%	\$0	\$560,000	\$0	\$560,000	4/1/2022	\$473,308	85%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,107,702	32%	\$0	\$1,107,702	\$0	\$1,107,702	4/1/2022	\$967,607	87%
9	Home and Community Based Health Services (2)	\$113,315	3%	\$0	\$113,315	\$0	\$113,315	4/1/2022	\$56,400	50%
		\$0	0%	\$0	\$0					
Total Houston HSDA		3,439,895	100%	0	3,439,895	\$0	\$3,439,895		2,647,198	77%

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.

(2) Service utilization is decreasing

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

2022-2023 Ryan White Part B Service Utilization Report
4/1/2022- 12/31/2022 Houston HSDA (4816)
3rd Quarter

Revised 2/8/2023

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	1,450	772	81.16%	14.99%	0.77%	3.08%	37.29%	29.48%	30.27%	2.96%	0.00%	0.00%	0.78%	9.47%	10.20%	36.79%	41.19%	1.57%
Home and Communiy Based Health Services	25	20	73.75%	22.73%	0.00%	3.52%	32.83%	17.24%	39.15%	10.78%	0.00%	0.00%	0.00%	0.00%	16.67%	31.67%	39.99%	11.67%
Oral Health Care	4,700	2,407	51.21%	35.20%	0.00%	13.59%	64.74%	9.33%	21.23%	4.70%	0.00%	1.51%	1.63%	5.68%	6.47%	38.88%	40.74%	5.09%
Unduplicated Clients Served By State Services Funds:	NA	3,199	68.70%	24.31%	0.26%	6.73%	44.95%	18.68%	30.22%	6.15%	0.00%	0.50%	0.80%	5.05%	11.11%	35.78%	40.64%	6.12%

Completed By: C.Aguries

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2223 DSHS State Services
Procurement Report
September 1, 2022 - August 31, 2023



Chart reflects spending through December 2022

Spending Target: 33%

Revised 2/7/2023

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$864,506	47%	\$0	\$864,506	\$0	\$864,506	9/1/2022	\$0	0%
6	Mental Health Services (2)	\$300,000	16%	\$0	\$300,000	\$0	\$300,000	9/1/2022	\$32,240	11%
11	Hospice (3)	\$259,832	14%	\$0	\$259,832	\$0	\$259,832	9/1/2022	\$124,080	48%
13	Non Medical Case Management (4)	\$350,000	19%	\$0	\$350,000	\$0	\$350,000	9/1/2022	\$34,594	10%
16	Linguistic Services (5)	\$68,000	4%	\$0	\$68,000	\$0	\$68,000	9/1/2022	\$15,119	22%
Total Houston HSDA		1,842,338	100%	\$0	\$1,842,338	\$0	\$1,842,338		206,033	11%

Note Currently working with an agency to contract EIS services

- (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) Has had lower then expected service demand
- (3) Service utilization is increasing. If it continues to increase we should look at reallocating funds
- (4) Two months behind in reporting
- (5) Service utilization is slightly behind

2022 - 2023 DSHS State Services Service Utilization Report
9/1/2022 thru 11/30/2022 Houston HSDA
1st Quarter

Revised 2/7/2023

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	925	2	100.00%	0.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	0.00%	50.00%	0.00%	0.00%
Hospice	35	10	84.38%	15.62%	0.00%	0.00%	25.00%	40.00%	25.00%	10.00%	0.00%	0.00%	0.00%	0.00%	10.00%	25.00%	65.00%	0.00%
Linguistic Services	50	26	80.24%	13.26%	0.00%	6.50%	63.60%	6.30%	2.60%	27.50%	0.00%	0.00%	0.26%	2.88%	8.71%	84.62%	2.88%	0.65%
Mental Health Services	192	95	77.56%	21.49%	0.00%	0.95%	33.77%	32.02%	33.26%	0.95%	0.00%	0.00%	1.94%	29.32%	16.49%	16.49%	31.01%	4.75%
Non-Medical Case Management	315	58	80.52%	17.55%	0.00%	1.93%	56.64%	6.68%	36.68%	0.00%	0.00%	0.00%	1.93%	9.06%	5.80%	63.53%	16.06%	3.62%
Unduplicated Clients Served By State Services Funds:	NA	191	84.54%	13.58%	0.00%	1.88%	45.80%	27.00%	19.51%	7.69%	0.00%	0.00%	0.83%	18.25%	8.20%	47.93%	22.99%	1.80%

Completed By: C.Aguries

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2022-12/31/2022

Revised:

2/6/2023

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	208	\$22,041.17	123	0	\$0.00	0
Medical Deductible	64	\$23,062.79	58	0	\$0.00	0
Medical Premium	2385	\$795,155.58	745	0	\$0.00	0
Pharmacy Co-Payment	8497	\$423,398.42	837	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	10	\$995.87	9	NA	NA	NA
Totals:	11164	\$1,262,662.09	1772	0	\$0.00	

Comments: This report represents services provided under all grants.