

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
**1440 Harold Street, Houston, Texas 77006**  
**832 927-7926 telephone; <http://rwpchouston.org>**

**Memorandum**

To: Members, Priority and Allocations Committee:  
Peta-gay Ledbetter, Co-Chair      Priscilla Willridge  
Rodney Mills, Co-Chair      *Rebecca Chapa Garcia*  
Jay Bhowmick      *Bobby Cruz*  
Roxane May      *Ronnie Galley*  
Bill Patterson      *Roxana Guzman*  
Paul Richards      *Bruce Turner*  
Megan Rowe

Copy: Josh Mica      Tiffany Shepherd  
Diane Beck      Sha'Terra Johnson  
Glenn Urbach      Carin Martin  
Mauricia Chatman      Rodney Goodie  
Frank Ruiz

From: Tori Williams

Date: Tuesday, February 13, 2024

Re: Meeting Announcements

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We are excited to see you at the first meeting of the 2024 Priorities and Allocations Committee. Details are as follows:

**Priority and Allocations Committee Meeting**  
**12 noon, Thursday, February 22, 2024**

Click the following link to join the Zoom meeting:  
<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltzd09>

Meeting ID: 893 7471 3843      Passcode: 339238

Or call: 346 248 7799

In person option (must rsvp)  
**Bering Church, 1440 Harold St., Houston, Texas 77027**  
Please enter the building from the parking lot behind the building

Please respond to Rod's emails reminders to let her know if you will or will not be in attendance. If you will be in attendance, will we see you in person or virtually. We appreciate your valuable time and look forward to seeing you on Thursday!

# Houston Area HIV Services Ryan White Planning Council

## Priority & Allocations Committee Meeting

12 noon, Thursday, February 22, 2024

*In person meeting location: Bering Church, 1440 Harold St., Houston, Texas 77027  
Please enter the building from the parking lot behind the building*

**To participate virtually, click on the following Zoom link:**

<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltZ09>

Meeting ID: 893 7471 3843

Passcode: 339238

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

### AGENDA

- .....
- I. Call to Order Pete-gay Ledbetter and  
Rodney Mills, Co-Chairs
    - A. Welcome and Introductions
    - B. Moment of Reflection
    - C. Adoption of the Agenda
    - D. Approval of the Minutes
  
  - 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. **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. All information from the public must be provided in this portion of the meeting.)
  
  - III. Committee Orientation Tori Williams
    - A. Petty Cash and Open Meetings Act Training
    - B. Conflict of Interest Policy
    - C. 2024 Critical Timeline and Committee Meeting Dates and Times
    - D. Determine the FY 2024 Policy on Allocating Unspent Funds
    - E. Determine the FY 2025 Principles & Criteria
    - F. Determine the FY 2025 Priority Setting Process
    - G. Elect a Committee Vice Chair
  
  - IV. Reports from the Administrative Agencies Glenn Urbach
    - A. Updates on FY 2023 and 2024 HRSA Grant Awards
    - B. Training in how to review Ryan White Part A/MAI reports
    - C. Updates from The Resource Group Sha'Terra Johnson
      - Returned funds for Case Management Sub. Use Disorder
    - D. Training in how to review Ryan White Part B/SS reports
  
  - V. Announcements
  
  - VI. Adjourn Peta-gay Ledbetter
    - Optional: Meet with the Committee Mentor

# Nuts and Bolts for New Members

*Please take into account that the following describes Council procedures under normal circumstances (no COVID, hurricanes, freezes, chemical spills or other extreme situations).*

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact Rod in the Office of Support. In the meantime, most reminder emails will include an electronic copy of the meeting packet.

The meeting packet will have the date and time of the meeting, along with the in person meeting address and the virtual link. When contacting Rod to RSVP, please let her know if you will or will not be in attendance AND if you will be participating in person or virtually. This will determine room set up and food orders.

If attending in person, please sign in upon arrival and use the extra agendas on the sign in table if you didn't bring your packet.

Only Council/committee members sit at the table since they are voting members; staff and other non-voting members sit in the audience.

The only members who can vote on the minutes are the ones who were present at the meeting described in the minutes. If you were absent at the meeting, please abstain from voting.

Due to County budgeting policy, there may be no petty cash reimbursements in March and April. Please turn in your receipts to Rod but be prepared to receive a reimbursement check in late April.

Be careful about stating personal health information in meetings as all meetings are tape-recorded and, due to the Open Meetings Act, are considered public record. Anyone can ask to listen to the recordings, including members of the media.

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
1310 Prairie Street, Suite 800, Houston, Texas 77002  
832 927-7926 telephone; [www.rwpchouston.org](http://www.rwpchouston.org)

**MEMORANDUM**

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

Copy: Glenn Urban, Manager, Ryan White Grant Administration

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

Date: January 25, 2024

Re: End of Year Petty Cash Procedures

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The fiscal year for Ryan White Part A funding ends on February 29, 2024. 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 2 p.m. on Friday, February 23, 2024.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2024 **will not be reimbursed at all if they are turned in after March 31, 2024.**
- 3.) The Office of Support may not have access to petty cash funds between October 1 and November 15, 2024. If meetings are held in person during this time, then volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses, but the Office may not be able to reimburse volunteers for these expenses until early December 2024.

We apologize for what could be an inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

**March 1**

**2023**.....

Beginning of  
fiscal year 2023

**Feb 23**

**2024**.....

Turn in all  
receipts

**Feb 29**

**2024**.....

End of fiscal  
year 2023.

**March 31**

**2024**

Turn in all remaining receipts  
for fiscal year 2023 or you  
will not be reimbursed for  
those expenses incurred between  
March 1, 2023 and Feb. 29, 2024

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## **Memorandum**

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

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

Date: January 25, 2024

Re: Open Meetings Act Training

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Please note that all Council members, and Affiliate Committee members, are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, 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 29, 2024. 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 high-speed internet access, you are welcome to contact Rod in the Office of Support and we will help you access the information.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Call the Office of Support with the validation code and the staff will print it for our files and give you a copy as well.

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.

# 2024 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/29/23)

## AFFECTED COMMUNITY

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

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

## COMPREHENSIVE HIV PLANNING

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

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

## OPERATIONS

Meetings are on Mondays following the Council meeting starting at **11:00 am**:

February 12	August 12
March 18	September 16
April - no mtg	October 14
May 13	November 18
June 17	December 16
July 15	

## PLANNING COUNCIL

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

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

## PRIORITY & ALLOCATIONS

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

February 22	July 25
<b>March 19*</b>	August 22
March 28	September 26
April 25	October 24
May 23	November - no mtg
June 27	December - no mtg

## QUALITY IMPROVEMENT

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

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

## STEERING

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

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

**\*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 2024 Council Activities

(Revised 01-29-24)

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 2024 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 review 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 use a hybrid format after January 2024. 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. 25	Council Orientation. 2024 Committee meeting dates will be established at this meeting.
Thurs. Feb. 1	12 noon. First Steering Committee meeting for the 2024 planning year.
Feb. date TBD	10 am, Orientation for new 2024 Affiliate Committee Members.
February	Integrated Planning body Committees and Workgroups start meeting. Contact the Office of Support to become a member of these groups.
Thurs. Feb. 8	12 noon. First Council meeting for the 2024 planning year.

Tues. Feb. 13	5:00 pm. Deadline for submitting <b>Proposed Idea Forms</b> to the Office of Support. The Council is currently funding 16 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.
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Thurs. Feb. 22	12 noon. Priority & Allocations Committee meets to approve the <b>policy on allocating FY 2024 unspent funds, FY 2025 priority setting process</b> and more.
March	Integrated Planning body Committees and Workgroups meet to continue working on goals. After March, Committees and Workgroups will meet every other month (May, July, September, November). Alternative months (April, June, August, October, December) the Leadership Team will meet. Contact Office of Support to become a member of these groups.
March dates TBD	EIHA Workgroup and the Project LEAP/Proyecto VIDA Advisory Committee meet.
Tues. March 19	Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the <b>FY 2025 service categories</b> for Part A, Part B, MAI and <i>State Services</i> funding.
Mon. March 25	<b>Consumer Training</b> on the How to Best Meet the Need process.
Thurs. April 4	12 noon. Steering Committee meets.

**DRAFT**

Houston Area HIV Services Ryan White Planning Council

**Timeline of Critical 2024 Council Activities**

(Revised 01-29-24)

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Thurs. April 11

12 noon. Planning Council meets.

**1:30 – 4:30 pm. Council and Community Training for the How to Best Meet the Need process.** Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.

Mon. April 15

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

April 16-23

**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 2025 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 2025 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 2025 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 25

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

Mon. April 29

5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 13 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

**DRAFT**  
Houston Area HIV Services Ryan White Planning Council

**Timeline of Critical 2024 Council Activities**

(Revised 01-29-24)

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- Mon. May 13      **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2025 Council Support Budget.
- Tues. May 14      Quality Improvement Committee meets to approve the **FY 2025 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.

TENT: Mon. May 27    7:00 pm., Public Hearing on the **FY 2025 How To Best Meet the Need results**.

- Tues. May 28      2:00 pm, Special Quality Improvement Committee meeting to review public comments regarding **FY 2025 How To Best Meet the Need results**.
- Thurs. May 23      12 noon. Priority & Allocations Committee meets to recommend the **FY 2025 service priorities** for Ryan White Parts A and B 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 6      12 noon. Steering Committee meets to approve the **FY 2025 How to Best Meet the Need results**.

Week of June 10-14      Dates and times TBD. Special Priority & Allocations Committee meetings to draft the **FY 2025 allocations for RW Part A and B, MAI and State Services** funding.

Thurs. June 13      12 noon. Council approves the **FY 2025 How to Best Meet the Need results**.

Thurs. June 20      12 noon. Priority & Allocations Committee meets to approve the **FY 2025 allocations for RW Part A and B, MAI and State Services** funding.

TENT: Mon. June 24    7 pm. Public Hearing on the **FY 2025 service priorities and allocations**.

- Tues. June 25      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 2025 EIIHA Plan**.
- WED. July 3      12 noon. Steering Committee approves the **FY 2025 service priorities and allocations**.
- Thurs. July 11      12 noon. Council approves the **FY 2025 service priorities and allocations**.
- Fri. July 12      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.

(continued)

**DRAFT**

Houston Area HIV Services Ryan White Planning Council

**Timeline of Critical 2024 Council Activities**

(Revised 01-29-24)

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- Thurs. July 27 12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2025 priority & allocations**. They also allocate **FY 2024 carryover funds**. (**Allocate even though dollar amount will not be avail. until Aug.**)
- Wed. July 31–Nov. 20 **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.
- Thurs. Aug. 1 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 2025 GRANT**. (Mail out date for the August Steering Committee meeting is July 23, 2024.)
- Mon. Aug. 19 **Consumer Training** on Standards of Care and Performance Measures.
- Fri. Sept. 6 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 13 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
- Mon. Sept. 23 **Consumer-Only Workgroup** meeting to review FY 2025 Standards of Care.
- Mon. Oct. 14 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 2025 Standards of Care** for all service categories.
- Thurs. Oct. 24 12 noon. Priority & Allocations Committee meets to allocate FY 2024 unspent funds.
- Tues. Nov. 19 10:00 am. Commissioners Court to receive the World AIDS Day Resolution.
- Thurs. Nov. 14 12 noon. Council recognizes all Affiliate Committee Members.
- Sun. Dec. 1 **World AIDS Day**.
- Thurs. Dec. 12 12 noon. Election of Officers for the 2025 Ryan White Planning Council.

# DRAFT

## 2023 Policy for Addressing Unobligated and Carryover Funds

(Priority and Allocations Committee approved 02-23-23)

### 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), HCPH/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 (TDSHS) 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.

# DRAFT

## 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.

**DRAFT**  
**Priority and Allocations**  
**FY 2024 Guiding Principles and Decision Making Criteria**  
(Priority and Allocations Committee approved 02-23-23)

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 Texas Department of State Health Services (TDSHS) 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)

# DRAFT

## 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.**



# RYAN WHITE PART A & MAI PROCUREMENT & SERVICE UTILIZATION REPORTS

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HOW TO READ RWGA REPORTS

FEBRUARY 2024



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

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- 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



# RESOURCE ALLOCATION

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- 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



# PROCUREMENT

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- 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



# EXPENDITURES

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- 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



# RULES / CAVEATS

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- 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



# EXAMPLE

- Let's read the most recent Procurement Report together

Part A Reflects "Increase" Funding Scenario  
MAJ Reflects "Increase" Funding Scenario

FY 2022 Ryan White Part A and MAJ  
Procurement Report

Priority	Service Category	Original Allocation RWPC Approved Level Funding Scenario	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/ambulatory Primary Care	10,263,988	-15,437	0	84,657	0	11,033,008	45.51%	10,235,308	206,000		8,821,634	83%	83%
1.a	Primary Care - Public Clinic (a)	3,027,500					3,027,500	10.30%	3,027,500	0	3/1/2022	\$2,243,750	57%	72%
1.b	Primary Care - CBO Targeted to AA (a) (a) (i)	1,064,576		60,574			1,155,150	4.00%	1,155,150	0	3/1/2022	\$1,188,111	101%	83%
1.c	Primary Care - CBO Targeted to Hispanic (a) (a) (i)	910,551		75,774			986,325	4.00%	986,325	0	3/1/2022	\$1,076,622	100%	83%
1.d	Primary Care - CBO Targeted to White/MSM (a) (a) (i)	1,147,604		18,305			1,194,224	4.00%	1,194,224	0	3/1/2022	\$620,777	53%	83%
1.e	Primary Care - CBO Targeted to Rural (a) (a) (i)	1,100,000		-67,690			1,002,010	4.16%	1,002,010	0	3/1/2022	\$735,065	73%	83%
1.f	Primary Care - Woman at Public Clinic (a) (a) (i)	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) (a) (i)	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	\$344,400	69%	83%
1.i	Primary Care Health Outcome Pilot	200,000					200,000	0.83%	0	200,000		\$0	0%	83%
2	Medical Case Management	1,730,000	-60,661	0	-15,000	0	1,684,339	6.79%	1,636,649	-15,000		1,422,875	85%	83%
2.a	Clinical Case Management	485,556					485,556	2.03%	485,556		3/1/2022	\$500,000	102%	83%
2.b	Med C/M - Public Clinic (a)	277,103					277,103	1.15%	277,103	0	3/1/2022	\$287,022	104%	75%
2.c	Med C/M - Targeted to AA (a) (a) (i)	189,000					189,000	0.70%	189,000	0	3/1/2022	\$236,181	125%	83%
2.d	Med C/M - Targeted to HI (a) (a) (i)	159,011					159,011	0.70%	159,011	0	3/1/2022	\$63,052	50%	83%
2.e	Med C/M - Targeted to W/MSM (a) (a) (i)	81,188					81,188	0.25%	81,188	0	3/1/2022	\$74,069	92%	83%
2.f	Med C/M - Targeted to Rural (a) (a) (i)	273,780					273,780	1.14%	273,780	0	3/1/2022	\$107,088	39%	83%
2.g	Med C/M - Women at Public Clinic (a) (a) (i)	75,311					75,311	0.31%	75,311	0	3/1/2022	\$81,487	82%	75%
2.h	Med C/M - Targeted to Ped (a) (a) (i)	0	-60,661				0	0.00%	0	0	3/1/2022	\$0	0%	0%
2.i	Med C/M - Targeted to Veterans	80,025		-15,000			65,025	0.27%	65,025	-15,000	3/1/2022	\$37,268	47%	83%
2.j	Med C/M - Targeted to Youth	45,888					45,888	0.19%	45,888	0	3/1/2022	\$54,071	119%	75%
3	Local Pharmacy Assistance Program	1,810,380	200,000	0	0	0	2,010,380	8.33%	2,010,380	0	3/1/2022	\$1,388,633	69%	83%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (a) (i)	310,380					310,380	1.20%	310,380	0	3/1/2022	\$345,265	111%	83%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (a) (i)	1,500,000	200,000				1,700,000	7.08%	1,700,000	0	3/1/2022	\$1,040,368	61%	83%
4	Oral Health	186,404	0	0	0	0	186,404	0.69%	186,404	0	3/1/2022	148,350	80%	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	186,404					186,404	0.69%	186,404	0	3/1/2022	\$148,350	80%	83%
5	Health Insurance (c)	1,365,137	431,389	136,288			1,932,713	8.11%	1,932,713	0	3/1/2022	\$1,366,045	70%	83%
6	Mental Health Services (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
7	Early Intervention Services (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
8	Medical Nutritional Therapy (supplements)	341,389					341,389	1.42%	341,389	0	3/1/2022	\$281,718	83%	83%
9	Home and Community-Based Services (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
9.a	In-Home	0					0	0.00%	0	0	N/A	\$0	0%	0%
9.b	Facility Based	0					0	0.00%	0	0	N/A	\$0	0%	0%
10	Substance Abuse Services - Outpatient (c)	45,877		-30,887			23,010	0.10%	45,877	-30,887	3/1/2022	\$8,038	13%	83%
11	Hoaxpice Services	0					0	0.00%	0	0	N/A	\$0	0%	0%
12	Referral for Health Care and Support Services (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
13	Non-Medical Case Management	1,207,002	0	0	43,000	0	1,310,002	5.44%	1,310,002	0	3/1/2022	\$1,110,000	85%	83%
13.a	Service Linkage targeted to Youth	110,793					110,793	0.48%	110,793	0	3/1/2022	\$20,000	8%	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	1.44%	370,000	0	3/1/2022	\$365,079	100%	83%
13.d	Service Linkage embedded in CBO Poare (a) (a) (i)	686,209		50,000			736,209	3.08%	736,209	0	3/1/2022	\$544,058	74%	83%
13.e	SLW-Substance Use	0					0	0.00%	0	0	N/A	\$0	0%	0%
14	Medical Transportation	424,911	0	0	0	0	424,911	1.78%	424,911	0		304,722	72%	83%
14.a	Medical Transportation services targeted to Urban	252,988					252,988	1.05%	252,988	0	3/1/2022	\$254,490	92%	83%
14.b	Medical Transportation services targeted to Rural	67,185					67,185	0.40%	67,185	0	3/1/2022	\$70,262	72%	83%
14.c	Transportation vouchers (bus passes & gas cards)	75,048					75,048	0.31%	75,048	0	3/1/2022	\$0	0%	75%
15	Emergency Financial Assistance	1,345,438	186,168	750,000	-130,000	0	2,364,607	9.82%	2,364,607	0		2,486,860	100%	83%
16	EFA - Pharmacy Assistance	1,305,439	186,168	750,000			2,344,607	9.32%	2,344,607	0	3/1/2022	\$2,410,074	100%	83%
16.b	EFA - Other	240,000			-120,000		120,000	0.50%	120,000	0	3/1/2022	\$70,785	50%	83%
17	Untargeted Services (c)	0	0	0	0	0	0	0.00%	0	0	N/A	\$0	0%	0%
18	Outreach	420,000		30,230			480,230	1.97%	480,230	0	3/1/2022	\$208,010	40%	83%
19	Language Services (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
total	Total Service Dollars	20,106,113	714,876	88,385	2,020	0	21,705,397	60.11%	21,541,064	164,333		15,537,751	72%	83%

# MEDICAL NUTRITIONAL THERAPY

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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%





# OTHER CONSIDERATIONS

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- 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



# SERVICE UTILIZATION REPORT SUR

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- 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



# EXAMPLE

- Let's read the most recent SUR together

Prepared by: Ryan White Grant Administration

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%	3%	16%	14%	14%	37%	3%	3%	
1.b	Primary Care - CBO Targeted to AA (a)	1,050	2,090	70%	27%	3%	98%	0%	1%	0%	0%	0%	7%	36%	27%	10%	17%	2%	
1.c	Primary Care - CBO Targeted to Hispanics (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%	2%	29%	26%	9%	32%	2%	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	4,345																
2.a	Clinical Case Management	600	710	72%	26%	2%	52%	13%	1%	34%	0%	0%	3%	22%	25%	12%	30%	6%	
2.b	Med CM - Targeted to Public Clinic (a)	280	431	91%	7%	2%	20%	12%	1%	36%	0%	0%	1%	24%	28%	10%	35%	5%	
2.c	Med CM - Targeted to AA (a)	550	1,282	68%	29%	3%	99%	0%	1%	0%	0%	4%	30%	25%	11%	26%	4%	2%	
2.d	Med CM - Targeted to HL (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%	2%	20%	25%	10%	35%	8%	0%	
2.f	Med CM - Targeted to Rural (a)	150	430	67%	36%	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 Ped (a)	NA	NA																
2.i	Med CM - Targeted to Veterans	200	131	97%	3%	0%	70%	30%	1%	9%	0%	0%	0%	3%	5%	44%	49%	0%	
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	4,319	75%	21%	3%	45%	12%	2%	46%	0%	0%	4%	27%	28%	12%	27%	2%	
4	Oral Health	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	26%	24%	15%	32%	7%	
4.a	Oral Health - Untargeted (d)	NA	NA																
4.b	Oral Health - Rural Target	200	276	69%	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%	36%	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	708	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%	36%	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	1,853																
14.a	Transportation Services - Urban	170	620	68%	30%	2%	29%	7%	3%	31%	0%	0%	5%	25%	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	Ungulate 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	19,152	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	26,225	60%	21%		35%	18%	3%	20%	0%	5%	15%	22%	25%		15%		



# OTHER CONSIDERATIONS

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- 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
- At the request of the RWPC or Ryan White Committee, 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



# QUESTIONS/DISCUSSION

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Part A Reflects "TBD" Funding Scenario  
MAI Reflects "TBD" Funding Scenario

FY 2023 Ryan White Part A and MAI  
Procurement Report

Priority	Service Category	Original Allocation <small>RWPC Approved Level Funding Scenario</small>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	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
<b>1</b>	<b>Outpatient/Ambulatory Primary Care</b>	<b>10,965,788</b>	<b>460,625</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,426,413</b>	<b>46.94%</b>	<b>11,426,413</b>	<b>0</b>		<b>4,171,374</b>	<b>37%</b>	<b>50%</b>
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397					4,109,697	16.88%	4,109,697	0	3/1/2023	\$1,604,066	39%	50%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443					1,114,019	4.58%	1,114,019	0	3/1/2023	\$603,464	54%	50%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289					952,840	3.91%	952,840	0	3/1/2023	\$648,551	68%	50%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314					1,201,238	4.93%	1,201,238	0	3/1/2023	\$260,634	22%	50%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088					1,151,088	4.73%	1,151,088	0	3/1/2023	\$357,810	31%	50%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531					2,197,531	9.03%	2,197,531	0	3/1/2023	\$536,388	24%	50%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0	3/1/2023	\$0	0%	0%
1.h	Vision	500,000	0					500,000	2.05%	500,000	0	3/1/2023	\$160,460	32%	50%
1.x	Primary Care Health Outcome Pilot	200,000	0					200,000	0.82%	200,000	0	3/1/2023	\$0	0%	50%
<b>2</b>	<b>Medical Case Management</b>	<b>1,880,000</b>	<b>-97,859</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,782,141</b>	<b>7.32%</b>	<b>1,782,141</b>	<b>0</b>		<b>705,944</b>	<b>40%</b>	<b>50%</b>
2.a	Clinical Case Management	531,025	0					531,025	2.18%	531,025	0	3/1/2023	\$286,139	54%	50%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.24%	301,129	0	3/1/2023	\$ 124,759	41%	50%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.75%	183,663	0	3/1/2023	\$84,087	46%	50%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.75%	183,665	0	3/1/2023	\$26,566	14%	50%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.27%	66,491	0	3/1/2023	\$35,030	53%	50%
2.f	Med CM - Targeted to Rural (a)	297,496	0					297,496	1.22%	297,496	0	3/1/2023	\$52,771	18%	50%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.34%	81,841	0	3/1/2023	\$71,319	87%	50%
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0					86,964	0.36%	86,964	0	3/1/2023	\$1,509	2%	50%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2023	\$23,764	48%	50%
<b>3</b>	<b>Local Pharmacy Assistance Program</b>	<b>2,067,104</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,067,104</b>	<b>8.49%</b>	<b>2,067,104</b>	<b>0</b>		<b>\$824,677</b>	<b>40%</b>	<b>50%</b>
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.51%	367,104	0	3/1/2023	\$96,505	26%	50%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0					1,700,000	6.98%	1,700,000	0	3/1/2023	\$728,171	43%	50%
<b>4</b>	<b>Oral Health</b>	<b>166,404</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166,404</b>	<b>0.68%</b>	<b>166,404</b>	<b>0</b>		<b>\$3,900</b>	<b>50%</b>	<b>50%</b>
4.b	Oral Health - Targeted to Rural	166,404	0					166,404	0.68%	166,404	0	3/1/2023	\$83,900	50%	50%
<b>5</b>	<b>Health Insurance (c)</b>	<b>1,383,137</b>	<b>223,222</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,606,359</b>	<b>6.60%</b>	<b>1,606,359</b>	<b>0</b>		<b>\$803,175</b>	<b>50%</b>	<b>50%</b>
<b>7</b>	<b>Medical Nutritional Therapy (supplements)</b>	<b>341,395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>341,395</b>	<b>1.40%</b>	<b>341,395</b>	<b>0</b>		<b>\$167,083</b>	<b>49%</b>	<b>50%</b>
<b>10</b>	<b>Substance Abuse Services - Outpatient (c)</b>	<b>45,677</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45,677</b>	<b>0.19%</b>	<b>45,677</b>	<b>0</b>		<b>\$12,119</b>	<b>27%</b>	<b>50%</b>
<b>13</b>	<b>Non-Medical Case Management</b>	<b>1,267,002</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,267,002</b>	<b>5.20%</b>	<b>1,267,002</b>	<b>0</b>		<b>\$679,091</b>	<b>54%</b>	<b>50%</b>
13.a	Service Linkage targeted to Youth	110,793	0					110,793	0.46%	110,793	0	3/1/2023	\$42,113	38%	50%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$31,191	31%	50%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.52%	370,000	0	3/1/2023	\$194,828	53%	50%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0					686,209	2.82%	686,209	0	3/1/2023	\$410,959	60%	50%
<b>14</b>	<b>Medical Transportation</b>	<b>424,911</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>424,911</b>	<b>1.75%</b>	<b>424,911</b>	<b>0</b>		<b>\$175,902</b>	<b>41%</b>	<b>50%</b>
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.04%	252,680	0	3/1/2023	\$126,678	50%	50%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.40%	97,185	0	3/1/2023	\$49,224	51%	50%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	0					75,046	0.31%	75,046	0	3/1/2023	\$0	0%	50%
<b>15</b>	<b>Emergency Financial Assistance</b>	<b>1,653,247</b>	<b>485,889</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,139,136</b>	<b>8.79%</b>	<b>2,139,136</b>	<b>0</b>		<b>\$1,018,729</b>	<b>48%</b>	<b>50%</b>
15.a	EFA - Pharmacy Assistance	1,553,247	485,889					2,039,136	8.38%	2,039,136	0	3/1/2023	\$982,992	48%	50%
15.b	EFA - Other	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$35,737	36%	50%
<b>17</b>	<b>Outreach</b>	<b>420,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>420,000</b>	<b>1.73%</b>	<b>420,000</b>	<b>0</b>		<b>\$108,426</b>	<b>26%</b>	<b>50%</b>
<b>FY23_RW_DIR</b>	<b>Total Service Dollars</b>	<b>20,614,665</b>	<b>1,071,877</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21,686,542</b>	<b>89.09%</b>	<b>21,686,542</b>	<b>0</b>		<b>8,750,420</b>	<b>40%</b>	<b>50%</b>
									Unallocated	Unobligated					50%
	<b>Part A Grant Award:</b>	<b>24,342,151</b>	<b>Carryover:</b>	<b>0</b>				<b>Total Part A:</b>	<b>24,342,151</b>	<b>0</b>	<b>0</b>				
		<b>Original Allocation</b>	<b>Award Reconciliation</b>	<b>July Adjustments (carryover)</b>	<b>August 10% Rule Adjustments</b>	<b>October Adjustments</b>	<b>Final Quarter Adjustments</b>	<b>Total Allocation</b>	<b>Percent</b>	<b>Total Expended on Services</b>	<b>Percent</b>	<b>Award Category</b>	<b>Award Amount</b>	<b>Amount Spent</b>	<b>Balance</b>
	<b>Core (must not be less than 75% of total service dollars)</b>	<b>16,849,505</b>	<b>585,988</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,435,493</b>	<b>80.40%</b>	<b>6,768,271</b>	<b>77.35%</b>	Formula			0

Part A Reflects "TBD" Funding Scenario  
MAI Reflects "TBD" Funding Scenario

FY 2023 Ryan White Part A and MAI  
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	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
	<b>Non-Core</b> (may not exceed 25% of total service dollars)	3,765,160	485,889	0	0	0	0	4,251,049	19.60%	1,982,149	22.65%	Supplemen			0
	<b>Total Service Dollars</b> (does not include Admin and QM)	20,614,665	1,071,877	0	0	0	0	21,686,542		8,750,420		Carry Over	0		0
												Totals	0	0	0
	<b>Total Admin</b> (must be ≤ 10% of total Part A + MAI)	2,208,914	18,000	0	0	0	0	2,226,914	8.33%						
	<b>Total QM</b> (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	0	0	428,695	1.60%						
<b>MAI Procurement Report</b>															
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	<b>Outpatient/Ambulatory Primary Care</b>	2,107,819	-39,764	0	0	0	0	2,068,055	86.82%	2,068,055	0		1,059,075	51%	50%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106					1,045,669	43.90%	1,045,669	0	3/1/2023	\$566,250	54%	50%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658					1,022,386	42.92%	1,022,386	0	3/1/2023	\$492,825	48%	50%
2	<b>Medical Case Management</b>	320,099	-6,038	0	0	0	0	314,061	13.18%	314,061	0		\$95,738	30%	50%
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019					157,031	6.59%	157,031	0	3/1/2023	\$70,410	45%	50%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019					157,030	6.59%	157,030	0	3/1/2023	\$25,329	16%	50%
	<b>Total MAI Service Funds</b>	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		1,154,813	48%	50%
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	<b>Total MAI Non-service Funds</b>	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	<b>Total MAI Funds</b>	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		1,154,813	48%	50%
	<b>MAI Grant Award</b>	2,382,116	<b>Carry Over:</b>	0				<b>Total MAI:</b>							
	<b>Combined Part A and MAI Original Allocation Total</b>	25,680,192							Unallocated	Unobligated					50%
										0	0	<b>MAI Award</b>	2,382,116		
<b>Footnotes:</b>							<b>Total Part A &amp; MAI</b>	26,724,267							
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.														
(a)	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.														
(c)	Funded under Part B and/or SS														
(e)	10% rule reallocations														

FY 2023 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR (3/1/2023-1/31/2024)																		
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	45-54	55-64	65 plus
1	<b>Outpatient/Ambulatory Primary Care (excluding Vision)</b>	8,643	8,165	75%	22%	2%	42%	11%	2%	45%	0%	0%	4%	28%	27%	23%	15%	3%
1.a	Primary Care - Public Clinic (a)	2,959	2,820	71%	28%	1%	42%	9%	2%	48%	0%	0%	3%	18%	26%	27%	22%	4%
1.b	Primary Care - CBO Targeted to AA (a)	2,417	2,109	70%	26%	4%	99%	0%	1%	0%	0%	0%	6%	37%	28%	18%	9%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	1,916	2,180	83%	14%	4%	0%	0%	0%	100%	0%	1%	6%	33%	29%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	774	639	87%	12%	1%	0%	85%	15%	0%	0%	0%	3%	28%	26%	23%	18%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	683	613	71%	28%	1%	40%	20%	2%	38%	0%	0%	5%	27%	25%	24%	15%	3%
1.f	Primary Care - Women at Public Clinic (a)	793	785	0%	99%	1%	51%	6%	1%	42%	0%	0%	2%	13%	25%	32%	22%	6%
1.g	Primary Care - Pediatric (a)	5	0															
1.h	Vision	2,815	1,833	73%	25%	2%	45%	12%	3%	41%	0%	0%	3%	20%	24%	26%	21%	6%
2	<b>Medical Case Management (f)</b>	5,429	3,521															
2.a	Clinical Case Management	936	647	72%	27%	2%	57%	15%	2%	27%	0%	0%	3%	23%	25%	23%	19%	7%
2.b	Med CM - Targeted to Public Clinic (a)	569	535	92%	7%	2%	50%	13%	1%	36%	0%	1%	2%	25%	22%	23%	23%	4%
2.c	Med CM - Targeted to AA (a)	1,625	868	70%	27%	4%	98%	0%	1%	0%	0%	1%	6%	28%	28%	18%	15%	6%
2.d	Med CM - Targeted to HL(a)	813	532	83%	13%	4%	0%	0%	0%	99%	0%	1%	5%	31%	27%	21%	13%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	504	255	87%	11%	2%	0%	89%	9%	1%	0%	0%	2%	23%	21%	22%	22%	9%
2.f	Med CM - Targeted to Rural (a)	548	381	65%	34%	1%	51%	26%	2%	21%	0%	0%	4%	19%	22%	24%	22%	9%
2.g	Med CM - Targeted to Women at Public Clinic (a)	246	259	0%	100%	0%	68%	6%	1%	25%	0%	0%	2%	25%	30%	24%	15%	4%
2.h	Med CM - Targeted to PEDI (a)	0	0															
2.i	Med CM - Targeted to Veterans	172	31	94%	6%	0%	74%	19%	0%	6%	0%	0%	0%	0%	0%	26%	23%	52%
2.j	Med CM - Targeted to Youth	15	13	77%	23%	0%	46%	15%	0%	38%	0%	31%	69%	0%	0%	0%	0%	0%
3	<b>Local Drug Reimbursement Program (a)</b>	5,775	5,491	76%	20%	4%	42%	12%	2%	44%	0%	0%	4%	26%	28%	24%	15%	3%
4	<b>Oral Health</b>	356	335	70%	30%	1%	40%	25%	1%	33%	0%	0%	2%	20%	25%	27%	18%	8%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	356	335	70%	30%	1%	40%	25%	1%	33%	0%	0%	2%	20%	25%	27%	18%	8%
5	<b>Mental Health Services (d)</b>	0	NA															
6	<b>Health Insurance</b>	1,918	1,750	79%	20%	2%	43%	24%	3%	30%	0%	0%	2%	14%	19%	23%	26%	16%
7	<b>Home and Community Based Services (d)</b>	NA	NA															
8	<b>Substance Abuse Treatment - Outpatient</b>	17	21	90%	5%	5%	29%	43%	5%	24%	0%	0%	0%	33%	38%	24%	5%	0%
9	<b>Early Medical Intervention Services (d)</b>	NA	NA															
10	<b>Medical Nutritional Therapy/Nutritional Supplements</b>	546	413	76%	23%	2%	44%	18%	3%	35%	0%	0%	1%	7%	13%	24%	36%	20%
11	<b>Hospice Services (d)</b>	NA	NA															
12	<b>Outreach</b>	1,042	650	72%	25%	2%	62%	9%	2%	26%	0%	0%	5%	30%	27%	19%	13%	5%
13	<b>Non-Medical Case Management</b>	8,657	8,127															
13.a	Service Linkage Targeted to Youth	175	162	75%	23%	2%	51%	7%	2%	40%	0%	17%	83%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	100	73	78%	21%	1%	51%	4%	4%	41%	0%	0%	0%	45%	30%	16%	3%	5%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,546	3,301	67%	31%	1%	51%	9%	1%	39%	0%	0%	0%	18%	25%	26%	24%	8%
13.d	Service Linkage at CBO Primary Care Programs (a)	4,537	4,591	75%	23%	2%	51%	11%	2%	36%	0%	0%	4%	28%	27%	21%	15%	5%
14	<b>Transportation</b>	2,366	1,619															
14.a	Transportation Services - Urban	796	401	65%	33%	2%	56%	7%	3%	34%	0%	0%	3%	24%	24%	25%	15%	8%
14.b	Transportation Services - Rural	237	128	66%	33%	1%	32%	30%	1%	38%	0%	0%	3%	18%	19%	32%	20%	8%
14.c	Transportation vouchersing	1,333	1,090	72%	25%	2%	67%	8%	1%	23%	0%	0%	2%	13%	19%	26%	33%	7%
15	<b>Linguistic Services (d)</b>	NA	NA															
16	<b>Emergency Financial Assistance (e)</b>	1,830	1,865	75%	23%	2%	44%	8%	2%	46%	0%	0%	4%	26%	27%	25%	16%	2%
17	<b>Referral for Health Care - Non Core Service (d)</b>	NA	NA															
<b>Net unduplicated clients served - all categories*</b>		12,941	14,098	74%	24%	2%	48%	13%	2%	37%	0%	0%	4%	24%	25%	22%	18%	7%
<b>Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)</b>		NA	30,198	75%	25%		48%	17%	5%	30%	0%	4%	21%	23%	25%	20%	7%	



**FY 2023 Ryan White Part A and MAI Service Utilization Report**

RW MAI Service Utilization Report (03/01/2023-01/31/2024)																		
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
	<b>Outpatient/Ambulatory Primary Care (excluding Vision)</b>																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,664	1,867	71%	26%	3%	99%	0%	1%	0%	0%	0%	7%	35%	28%	18%	10%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	1,380	1,537	82%	14%	3%	0%	0%	0%	100%	0%	1%	5%	34%	27%	21%	10%	2%
<b>2</b>	<b>Medical Case Management (f)</b>	<b>0</b>	<b>0</b>															
2.c	Med CM - Targeted to AA (a)	967	507	79%	18%	3%	46%	10%	2%	42%	0%	1%	9%	37%	26%	17%	9%	1%
2.d	Med CM - Targeted to H/L(a)	735	320	81%	19%	0%	59%	13%	1%	27%	0%	0%	9%	24%	25%	18%	19%	5%
RW Part A New Client Service Utilization Report (03/01/2023-01/31/2024)																		
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
<b>1</b>	<b>Primary Medical Care</b>	<b>1,871</b>	<b>1,721</b>	<b>77%</b>	<b>21%</b>	<b>2%</b>	<b>48%</b>	<b>10%</b>	<b>2%</b>	<b>41%</b>	<b>0%</b>	<b>1%</b>	<b>9%</b>	<b>37%</b>	<b>25%</b>	<b>16%</b>	<b>3%</b>	<b>10%</b>
<b>2</b>	<b>LPAP</b>	<b>954</b>	<b>794</b>	<b>79%</b>	<b>18%</b>	<b>3%</b>	<b>46%</b>	<b>10%</b>	<b>2%</b>	<b>42%</b>	<b>0%</b>	<b>1%</b>	<b>9%</b>	<b>37%</b>	<b>26%</b>	<b>17%</b>	<b>1%</b>	<b>9%</b>
3.a	Clinical Case Management	95	79	81%	19%	0%	59%	13%	1%	27%	0%	0%	9%	24%	25%	18%	5%	19%
3.b-3.h	Medical Case Management	1,097	802	73%	25%	2%	50%	12%	1%	37%	0%	2%	8%	33%	24%	18%	4%	11%
3.i	Medical Case Management - Targeted to Veterans	33	3	67%	33%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	33%	67%	0%
<b>4</b>	<b>Oral Health</b>	<b>50</b>	<b>41</b>	<b>78%</b>	<b>22%</b>	<b>0%</b>	<b>46%</b>	<b>29%</b>	<b>2%</b>	<b>22%</b>	<b>0%</b>	<b>0%</b>	<b>5%</b>	<b>22%</b>	<b>27%</b>	<b>20%</b>	<b>5%</b>	<b>22%</b>
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	1,870	1,816	70%	28%	2%	55%	11%	1%	33%	0%	1%	6%	29%	25%	19%	14%	6%
12.b	Service Linkage at Testing Sites	92	74	73%	23%	4%	47%	4%	5%	43%	0%	7%	11%	32%	27%	15%	3%	5%
<i>Footnotes:</i>																		
(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.

HOW TO READ  
TRG REPORTS  
FEBRUARY 13<sup>TH</sup>, 2024

## 2024 TRG RWPC REPORT DUE

STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/23 - 8/31/24	Year 1: 4/1/23 - 3/31/24
Year 2: 9/1/24 - 8/31/25	Year 2: 4/1/24 - 3/31/25

ANNUAL REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>	
2023 MEANINGFUL ENGAGEMENT REPORT NA**	2023 CHART REVIEW REPORTS NA**

*\*\*No Monitoring Activities were conducted in 2023 per DSHS two Year Monitoring Cycle.*

**All Monthly & Quarterly Reports delivered on a one-month delay to allow the finalization of data.**

QUARTERLY REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>			
STATE SERVICES SERVICE UTILIZATION REPORTS		RYAN WHITE PART B SERVICE UTILIZATION REPORTS	
MONTHS COVERED	REPORT DUE	MONTHS COVERED	MONTH DUE
September – November	January	April – June	August
September – February	April	April – September	November
September – May	July	April – December	February
September – August	October	April – March	May

MONTHLY REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>	
PROCUREMENT REPORTS	HEALTH INSURANCE ASSISTANCE REPORTS

Quarterly Service Utilization Reports

Purpose:

Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

**2018-2019 Ryan White Part B Service Utilization Report**  
**4/1/2018 - 3/31/2019 Houston HSDA (4816)**  
**3rd Quarter - 4/1/2018 to 12/31/2018**

Revised 2/21/2019

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,250	3	100.00%	0.00%	0.00%	0.00%	75.00%	25.00%	0.00%	0.00%	0.00%	0.00%	8.82%	8.82%	23.53%	11.76%	44.12%	2.94%
Home & Community Based Health Services	30	34	70.59%	26.47%	0.00%	2.94%	58.82%	8.82%	32.35%	0.00%	0.00%	0.00%	0.00%	66.67%	0.00%	33.33%	0.00%	0.00%
Oral Health Care	3,100	856	72.90%	25.93%	0.00%	1.17%	49.65%	17.06%	31.43%	1.87%	0.00%	0.12%	1.75%	14.84%	18.69%	13.79%	43.46%	7.36%
Unduplicated Clients Served By RW Part B Funds	NA	893	81.16%	17.47%	0.00%	1.37%	61.16%	16.96%	21.26%	0.62%	0.00%	0.11%	2.02%	14.78%	18.81%	13.77%	43.34%	7.17%

**E.** COMMENT: The delay in Data Upload from CPCDMS into ARIES is the reason for the discrepancy in the HIP/HIA YTD Total. Please see HINS Report for review on HIP/HIA totals.

Items of Note:

- A. Header – this tells you three things:
  1. Which grant is being reported (either Ryan White Part B or State Services),
  2. What grant year is being reported, and
  3. What timeframe is being reported (the quarter and the dates of the quarter).
- B. Revision Date – this tells you the last time that the report has updated.
- C. Service Categories being reported
- D. The Unduplicated Clients (UDC)
  1. Goal shows the number of PLWH that have been targeted to be served in the contract year by all funded agencies.
  2. Year-To-Date (YTD) number of PLWH who have been served and the progress toward achieving the goal based on the contract year.
- E. Comments – This is where TRG will provide any notes that will help explain the information in the report.

Monthly Procurement Reports

Purpose:

Provide monthly updates on spending by service category.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 1819 Ryan White Part B**  
**Procurement Report**  
**April 1, 2018 - March 31, 2019**

A.



C.

B.

Reflects spending through December 2018

E.

F.

G.

Spending Target: 75%

Revised 2/19/2019

Priority	D. Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	\$2,085,565	62%	\$0	\$2,085,565	62%	4/1/2018	\$1,333,620	64%
7	Health Insurance Premiums and Cost Sharing (1)	\$726,885	22%	\$0	\$726,885	22%	4/1/2018	\$393,976	54%
9	Home and Community Based Health Services (2)	\$202,315	6%	\$325,806	\$528,121	16%	4/1/2018	\$103,920	51%
	Unallocated funds approved by RWPC for Health Insurance	\$325,806	10%	-\$325,806	\$0	0%	4/1/2018	\$0	0%
<b>Total Houston HSDA</b>		<b>3,340,571</b>	<b>100%</b>	<b>\$0</b>	<b>\$3,340,571</b>	<b>100%</b>		<b>1,831,516</b>	<b>55%</b>

J.

Note: Spending variances of 10% 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. Agency usually expends all funds.

H.

I.

Items of Note:

A. Header – this tells you three things:

1. Which grant is being reported (either Ryan White Part B or State Services),
2. What grant year is being reported, and

B. What timeframe is being reported (the quarter and the dates of the quarter).

C. Revision Date – this tells you the last time that the report has updated.

D. Service Categories being reported

E. Original Allocation from the P&A Process

F. Amendment – Tracks any change in the allocation.

- G. Contractual Amount – the amount of money that has been contracted to service providers.
- H. Expended YTD – the amount of money that has been spend year-to-date based on the contract year.
- I. Percentage YTD – the percentage of money that has been spent based on the contract year. (TRG considers +/- 10% to be on target for spending.)
- J. Comments – This is where TRG will provide any notes that will help explain the information in the report.

Quarterly Service Utilization Reports

Purpose:

Provide quarterly updates on the number of people living with HIV (PLWH) who are access services by service category.

**Houston Ryan White Health Insurance Assistance Service Utilization Report**



**A** Period Reported: 09/01/2018-12/31/2018  
**B.** Revised: 2/4/2019

<b>C.</b>	Request by Type	Assisted		NOT Assisted		
		Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests
	Medical Co-Payment	785	\$72,937.77	509		0
	Medical Deductible	70	\$23,424.75	50		0
	Medical Premium	2447	\$984,144.70	686		0
	Pharmacy Co-Payment	1345	\$135,910.80	651		0
	APTC Tax Liability	0	\$0.00	0		0
	Out of Network Out of Pocket	0	\$0.00	0		0
	ACA Premium Subsidy Repayment	9	\$1,042.00	8	NA	NA
<b>G</b>	Totals:	4656	\$1,215,376.02	1904	0	\$0.00

Comments: This report represents services **D.** under all gr **E.** **F.**

Items of Note:

- A. Period Reported – What timeframe is being reported.
- B. Revision Date – this tells you the last time that the report has updated.
- C. Type of Request – tells you the sub-services that was provided
- D. The number of the request that received service.
- E. The amount spent to provide the service.
- F. The number of unduplicated people living with HIV that have received service.
- G. Comments – This is where TRG will provide any notes that will help explain the information in the report.

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2324 Ryan White Part B**  
**Procurement Report**  
**April 1, 2023 - March 31, 2024**



Reflects spending through November 2023

Spending Target: 66.7%

Revised

2/2/24

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service	\$1,833,318	53%	\$0	\$1,833,318		\$1,833,318	4/1/2023	\$1,122,081	61%
4	Oral Health Service -Prosthodontics	\$576,750	17%	\$0	\$576,750		\$576,750	4/1/2023	\$446,855	77%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	30%	\$0	\$1,028,433		\$1,028,433	4/1/2023	\$505,615	49%
			3%	\$0	\$0		\$0			
		\$0	0%	\$0	\$0					
<b>Total Houston HSDA</b>		3,438,501	103%	0	3,438,501	\$0	\$3,438,501		2,074,552	60%

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

(1)



**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2324 DSHS State Services**  
**Procurement Report**  
**September 1, 2023 - August 31, 2024**



Chart reflects spending through November 2023

Spending Target: 16.67%

Revised 2/2/2024

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$892,101	29%	\$0	\$892,101	\$0	\$892,101	9/1/2023	\$429,801	48%
6	Mental Health Services (2)	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2023	\$26,439	9%
11	Hospice (3)	\$293,832	10%	\$0	\$293,832	\$0	\$293,832	9/1/2023	\$71,500	24%
13	Non Medical Case Management (4)	\$350,000	12%	\$0	\$350,000	\$0	\$350,000	9/1/2023	\$30,078	9%
16	Linguistic Services (5)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$5,860	9%
	ADAP/Referral for Healthcare	\$666,000		\$0	\$666,000	\$0	\$666,000	9/1/2023	\$28,411	4%
	Food Bank	\$5,400		\$0	\$5,400	\$0	\$5,400	9/1/2023	\$2,378	44%
	Medical Transportation	\$84,600		\$0	\$84,600	\$0	\$84,600	9/1/2023	\$18,463	22%
	Emergency Financial Assistance (Compassionate Care)	\$368,123		\$0	\$368,123	\$0	\$368,123	9/1/2023	\$61,106	17%
		<b>3,028,056</b>	<b>63%</b>	<b>\$0</b>	<b>\$1,903,933</b>	<b>\$0</b>	<b>\$1,903,933</b>		<b>674,034</b>	<b>35%</b>

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) Delayed billing
- (3) Delayed billing
- (4) Increased need; spending will be monitored

**2023-2024 Ryan White Part B Service Utilization Report**  
**4/1/2023- 03/31/2024 Houston HSDA (4816)**  
**3rd Quarter**

Revised 2/2/2024

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	1,150	688	81.44%	12.56%	2.00%	4.00%	27.30%	26.30%	32.15%	3.05%	0.00%	0.00%	0.89%	16.56%	19.91%	26.16%	29.36%	7.12%
Home and Communiy Based Health Services	0	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%
Oral Health Care	4,224	2,363	73.43%	24.67%	0.00%	1.90%	51.41%	12.71%	33.43%	2.45%	0.00%	0.24%	1.69%	17.47%	22.64%	23.61%	23.82%	10.53%
Unduplicated Clients Served By State Services Funds:	NA	2,769	75.80%	18.62%	1.00%	1.30%	42.23%	19.51%	35.66%	2.60%	0.00%	0.12%	1.29%	17.02%	22.98%	24.03%	25.73%	8.83%

Completed By: L.Ledezma

**2023 - 2024 DSHS State Services Service Utilization Report**  
**9/1/2023 thru 8/31/2024 Houston HSDA**  
**1st Quarter**

Revised 1/10/2024

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+
Hospice	35	10	70.00%	30.00%	30.00%	0.00%	50.00%	40.00%	10.00%	0.00%	0.00%	0.00%	0.00%	20.00%	20.00%	30.00%	30.00%	
Mental Health Services	192	103	92.00%	7.71%	0.00%	0.29%	34.80%	35.40%	29.10%	0.70%	0.00%	9.70%	9.70%	23.30%	20.38%	17.43%	33.17%	6.70%
Helath Insurance Premiums	925	653	75.00%	17.10%	3.40%	4.50%	36.20%	27.50%	33.30%	3.00%	0.00%	0.00%	6.12%	15.62%	21.20%	23.73%	30.62%	2.71%
Non-Medical Case Management	315	24	74.30%	25.00%	0.00%	0.70%	29.14%	8.36%	62.50%	0.00%	0.00%	0.00%	4.16%	33.33%	25.80%	12.50%	20.05%	4.16%
Linguistic services	50	18	44.44%	53.52%	0.00%	2.04%	50.02%	5.54%	0.00%	44.44%	0.00%	0.00%	5.54%	0.00%	27.77%	44.44%	16.71%	5.54%
Unduplicated Clients Served By State Services Funds:	NA	808	35.00%	22.46%	33.41%	9.13%	20.16%	14.94%	16.76%	48.14%	0.00%	9.70%	2.55%	7.22%	11.51%	11.81%	13.04%	44.17%

Completed By: L.Ledezma

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2023-12/31/2023

Revised:

1/22/2024

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	529	\$76,999.67	294	0	\$0.00	0
Medical Deductible	6	\$8,326.12	6	0	\$0.00	0
Medical Premium	2312	\$771,420.01	712	0	\$0.00	0
Pharmacy Co-Payment	9089	\$410,532.78	1010	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	0	\$0.00	0	NA	NA	NA
Totals:	11936	\$1,267,278.58	2022	0	\$0.00	

Comments: This report represents services provided under all grants.

**DRAFT**  
**FY 2025 Priority Setting Process**  
(Priority and Allocations Committee approved \_\_\_\_\_)

**IMPORTANT:** HRSA RW Part A Manual requires that “all RWHAB core medical and support services must be prioritized annually.” HRSA HAB RWHAP Part A Manual, page 33.

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 TCT (Take Charge Texas).
  - 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.