

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

Memorandum

To: Members, Quality Improvement Committee
Tana Pradia, Co-Chair Beatriz E.X. Rivera
Pete Rodriguez, Co- Chair Evelio Salinas Escamilla
Kevin Aloysius Michael Elizabeth
Yvonne Arizpe *Lisa Felix*
Caleb Brown *Ivy Ortega*
Glen Hollis *Gloria Sierra*
Denis Kelly *Mike Smith*
Diana Morgan

Copy: Glenn Urbach Patrick Martin
Mauricia Chatman Diane Beck
Francisco Ruiz Rodriga "Rod" Avila
Tiffany Shepherd Gary Grier
Sha'Terra Johnson

From: Tori Williams

Date: Tuesday, March 5, 2024

Re: Meeting Notice

Please note the following meeting information. All members of the Quality Improvement Committee are encouraged to attend both meetings:

Tuesday, March 19, 2024
**2:00 p.m. – Joint Meeting to Determine Criteria Used to Select
the FY 2025 Ryan White Services**
2:30 p.m. – Quality Improvement Committee Meeting

To participate virtually, click on this link:

<https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhldz09>

Meeting ID: 811 4450 9622 Passcode: 125672

Or, call in by dialing: 346 248 7799

To attend in person: Bering Church, 1440 Harold St, Houston, Texas 77006. Please enter the building from the Hawthorne Street parking lot behind the church.

Please RSVP to Rod to let her know if you will be in attendance and if you will participate in person or virtually. Please rsvp even if you cannot attend the meeting. She can be reached at: Rodriga.Avila@harriscountytexas.gov or by telephone at 832 927-7926. If you have questions for your committee mentor, do not hesitate to contact her at: Tana Pradia, 832 298-4248, tanapradia@gmail.com.

Houston Area HIV Services Ryan White Planning Council
Quality Improvement Committee
2:00 p.m., Tuesday, March 19, 2024

In Person Meeting Location: 1440 Harold Street, Houston, Texas 77006

Join the meeting via Zoom:

<https://us02web.zoom.us/j/81519929661?pwd=cXZPdzkzdjJwWnJPeFRJc1RwOStYUT09>

Meeting ID: 811 4450 9622 Passcode: 125672

Or, use your cell phone to dial in at: 346 248 7799

Agenda

Purpose of the Joint Meeting: To determine the criteria used to select the FY 2025 Service Categories.

- I. Call to Order Tana Pradia & Pete Rodriguez
 - A. Moment of Reflection Co-Chairs, Quality Improvement
 - B. Adoption of the Agenda Committee

- II. Public Comment
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. 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 yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

- III. HRSA Service Categories Tori Williams, Office of Support
 - A. Review HRSA service definitions
 - B. HRSA Defined Core Services
 - C. Review list of FY 2024 Houston Part A, B and State Service-funded services

- VI. Justification Tools Tana Pradia & Pete Rodriguez
 - A. FY 2025 Justification Chart

- VII. Next Meeting (if necessary)
 - A. Date and time
 - B. Agenda items

- VIII. Adjournment

THE QUALITY IMPROVEMENT COMMITTEE MEETING WILL BEGIN IMMEDIATELY AFTER THE JOINT MEETING ADJOURNS.

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02*

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR §§ 75.351-352](#)).

[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the [HHS Grants Policy Statement](#), and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.¹ At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

¹ See sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

- a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.
- b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.
- c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.
- d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:

HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,² vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.³

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:

The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

² Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.

³ General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV⁴ and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

⁴ <https://aidsinfo.nih.gov/guidelines>

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date

This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes

August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*

Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services.*

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.⁵ HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:

HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: [The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program \(ADAP\) Funds for Access, Adherence, and Monitoring Services](#)

See PCN 18-01: [Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:

AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

⁵ <https://aidsinfo.nih.gov/guidelines>

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
 - A recordkeeping system for distributed medications
 - An LPAP advisory board
 - A drug formulary that is
 - Approved by the local advisory committee/board, and
 - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
 - A drug distribution system
 - A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
 - Coordination with the state's HRSA RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
 - Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)
2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients in the absence of any other resources.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:

For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See *also* AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

Early Intervention Services (EIS)

Description:

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
 - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
 - Referral services to improve HIV care and treatment services at key points of entry
 - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
 - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis
- HRSA RWHAP Part C EIS services must include the following four components:
 - Counseling individuals with respect to HIV
 - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
 - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
 - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
 - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals

- o Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:

Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: [Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#)

See PCN 18-01: [Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)

Home and Community-Based Health Services

Description:

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care

Description:

Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services

Description:

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:

Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services

Description:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy

Description:

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services

Description:

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

Oral Health Care

Description:

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:

None at this time.

Outpatient/Ambulatory Health Services

Description:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: [Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program](#)

See also Early Intervention Services

Substance Abuse Outpatient Care

Description:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific

guidance.

See also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services

Description:

The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:

The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance

Description:

Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals

Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:

Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction

Description:

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

Housing

Description:

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,⁶ although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services

See Other Professional Services

Linguistic Services

Description:

Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:

Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation

Description:

Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:

Medical transportation may be provided through:

⁶ See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children’s Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:

NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services

Description:

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
 - Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See [45 CFR § 75.459](#)

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

- 1) use data to target populations and places that have a high probability of reaching PLWH who
 - a. have never been tested and are undiagnosed,
 - b. have been tested, diagnosed as HIV positive, but have not received their test results, or
 - c. have been tested, know their HIV positive status, but are not in medical care;
- 2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
- 3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

Permanency Planning

See Other Professional Services

Psychosocial Support Services

Description:

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See also Respite Care Services

Rehabilitation Services

Description:

Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services

Description:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Respite Care

Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:

Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

Substance Abuse Services (residential)

Description:

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

FY 2024 Ryan White Part A and B and State Services Funded Service Categories

** = HRSA-defined core service

Part A Funded Service Categories:

- **Ambulatory/Outpatient Medical Care (includes Rural, OB/GYN and Vision care)
- **Case Management – Medical (including treatment adherence services)
 - Case Management – Non-medical (community based)
- **Emergency Financial Assistance - Pharmacy Assistance and Other
- **Health Insurance Assistance
- **Local Pharmacy Assistance Program
- **Medical Nutrition Therapy (including supplements)
- **Oral Health (Rural)
 - Outreach Services
 - Program Support (Project LEAP, Case Management Training and Blue Book)
- **Substance Abuse Disorder Treatment (Outpatient)
 - Transportation (Van-based and bus passes)

Part B Funded Service Categories:

- **Health Insurance Assistance
- **Oral Health Care (untargeted and prosthodontics)
 - Referral for Health Care and Support Services (ADAP Eligibility Workers and Early Medical Intervention for the Incarcerated)

State Services Funded Service Categories:

- Case Management – Non-Medical, Targeting Substance Use Disorders
- **Health Insurance Assistance
- **Hospice Services
 - Linguistics Services
- **Mental Health

FYI: REVIEW STATUS OF Pediatric Outpatient Medical Care. Also, as of 03/07/23, there was no vendor for Home and Community based Health Services – Facility Based. And, since FY 2022, Ryan White Part A funds have no longer been used for Pediatric Case Management as The Resource Group is providing alternative funding.

FY 2024 Part A Funded Service Categories

** = HRSA-defined core service

Part A Funded Service Categories:

- **Ambulatory/Outpatient Medical Care (includes Rural, OB/GYN and Vision care)
- **Case Management – Medical (including treatment adherence services)
 - Case Management – Non-medical (community based)
- **Emergency Financial Assistance - Pharmacy Assistance and Other
- **Health Insurance Assistance
- **Local Pharmacy Assistance Program
- **Medical Nutrition Therapy (including supplements)
- **Oral Health (Rural)
 - Outreach Services
 - Program Support (Project LEAP, Case Management Training and Blue Book)
- **Substance Use Disorder Treatment (Outpatient)
 - Transportation (Van-based and bus passes)

HRSA Services NOT Funded by Part A:

- **Ambulatory/Outpatient Medical Care (Pediatric)
 - Child Care Services (in home reimbursement and at primary care sites)
- **Early Intervention Services
 - Food Bank/Home Delivered Meals
 - Health Education/Risk Reduction
- **Home and Community-based Health Services – Facility Based
- **Home and Community-based Health Services – In Home
- **Hospice Services
 - Housing Assistance (Emergency rental assistance)
 - Housing Related Services (Housing coordination)
 - Legal Assistance
- **Mental Health Services
 - Minority Capacity Building
 - Linguistic Services
 - Other Professional Services
 - Outreach Services
 - Permanency Planning
 - Psychosocial Support Services (Counseling/Peer)
 - Rehabilitation Services
 - Referral for Health Care and Support Services
 - Respite Care

FYI: REVIEW STATUS OF Pediatric Outpatient Medical Care. Also, as of 03/07/23, there was no vendor for Home and Community based Health Services – Facility Based. And, since FY 2022, Ryan White Part A funds have no longer been used for Pediatric Case Management as The Resource Group is providing alternative funding.

FY 2024 Part B/State Services Funded Service Categories

** = HRSA-defined core service

Part B Funded Service Categories:

**Health Insurance Assistance

**Oral Health Care (untargeted and prosthodontics)

Referral for Health Care and Support Services (ADAP Eligibility Workers and Early Medical Intervention for the Incarcerated)

State Services Funded Service Categories:

Case Management – Non-Medical, Targeting Substance Use Disorders

**Health Insurance Assistance

**Hospice Services

Linguistics Services

**Mental Health

HRSA Services NOT Funded by Part B/State Services:

**Ambulatory/Outpatient Medical Care (Rural)

**Case Management – Medical (Rural)

Case Management – Non-Medical

Child Care Services (in home reimbursement and at primary care sites)

**Early Intervention Services

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

**Home and Community-based Health Services – Facility Based

**Home and Community-based Health Services – In Home

Housing Assistance (Emergency rental assistance)

Housing Related Services (Housing coordination)

Legal Assistance

**Local Medication Program

**Medical Nutrition Therapy (Nutritional Counseling and Nutritional Supplements)

Minority Capacity Building

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services (Counseling/Peer)

Rehabilitation Services

Volunteerism/Buddy Companion Services

Rehabilitation Services

Respite Care

**Substance Abuse Services

Transportation (Rural)

<p>Service Category</p>	<p>Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?</p>	<p>How does this service assist individuals <i>not in care</i>* to access primary care? *EIIHA: <i>Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care *Unmet Need: Individuals diagnosed with HIV but with no evidence of care for 12 months *Continuum of Care: The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. *Ending the HIV Epidemic: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.</p>	<p>Documentation of Need (Sources of Data include: 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2018 Outcome Measures, 2018 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more) Which populations experience disproportionate need for and/or barriers to accessing this service?</p>	<p>Identify non-Ryan White Part A, Part B/ non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap. Is this service typically covered under a Qualified Health Plan (QHP)?</p>	<p>Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?</p>	<p>Service Efficiency Can we make this service more efficient? For: a) Clients b) Providers Can we bundle this service? Has a recent capacity issue been identified? Does this service assist special populations to access primary care? <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations</p>	<p>Recommendation(s) As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted. <i>(Motion approved by QI 03/15/22)</i></p>
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Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-14-23

Ambulatory/Outpatient Primary Medical Care (incl. Vision):

<p>CBO, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach & Service Linkage (Includes OB/GYN) <i>See below for Public Clinic, Rural, and Vision.</i></p>	<p><input checked="" type="checkbox"/> Yes ___ No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>					
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‡ Service Category for Part B/State Services only.

Houston Area HIV Services Ryan White Planning Council
Quality Improvement Committee
2:00 p.m., Tuesday, March 19, 2024

In Person Meeting Location: 1440 Harold Street, Houston, Texas 77006

Join the meeting via Zoom:
<https://us02web.zoom.us/j/81519929661?pwd=cXZPdzkzdjJwWnJPeFRJc1RwOStYUT09>
Meeting ID: 811 4450 9622 Passcode: 125672
Or, use your cell phone to dial in at: 346 248 7799

Agenda

* = Handout to be distributed at the meeting

-
- I. Call to Order Tana Pradia and
Pete Rodriguez, Co-Chair
 - A. Welcoming Remarks and Moment of Reflection
 - B. Adoption of Agenda
 - C. Approval of Minutes

 - II. Public Comments 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. 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. Criteria for Determining the FY 2025 HIV Service Categories
 - A. Vote on the recommendation from the Joint Committee Meeting

 - IV. Reports from the Administrative Agents
 - A. Ryan White Part A/MAI Administrative Agent Glenn Urbach
 - 1. Updates on the FY 2024 grant
 - 2. Review monthly report(s)
 - 3. Summary of a 2023 Clinical Quality Management Report Francisco Ruiz
 - B. Ryan White Part B/SS* Administrative Agent Sha'Terra Johnson
 - 1. Updates on the 2023-24 grants
 - 2. Review monthly reports (3)

 - V. Announcements

 - VI. Adjourn

 - Optional: New members meet with committee mentor Tana Pradia

* SS = State Services funded

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

2:00 p.m., Tuesday, February 13, 2024

Meeting location: Bering Church 1440 Harold St, Houston, TX 77006 and Zoom Teleconference

Minutes

<u>MEMBERS PRESENT</u>	<u>MEMBERS ABSENT</u>	<u>OTHERS PRESENT</u>
Tana Pradia, Co-Chair	Diana Morgan	Josh Mica, he/him/el, RWPC Chair
Pete Rodriguez, Co- Chair	Oscar Perez	Glenn Urbach, RWGA
Kevin Aloysius		Mauricia Chatman, RWGA
Yvonne Arizpe		Frank Ruiz, RWGA
Caleb Brown		Patrick Martin, TRG
Michael Elizabeth		Tionna Cobb, TRG
Glen Hollis		Sha'Terra Johnson, TRG
Denis Kelly		Maylynne Gonzalez, TRG intern
Beatriz E.X. Rivera		Tori Williams, Ofc of Support
Evelio Salinas Escamilla		
<i>Lisa Felix</i>		
<i>Ivy Ortega</i>		
<i>Gloria Sierra</i>		
<i>Mike Smith</i>		

Call to Order: Tana Pradia, Co-Chair, called the meeting to order at 2:04 p.m. and asked for a moment of reflection. She then invited committee members and staff to introduce themselves.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Kelly, Rodriguez) to approve the agenda. Motion carried.*

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Brown, Sierra) to approve the November 14, 2023 minutes. Motion carried.* Abstentions: Arizpe, Brown, Elizabeth, Hollis, Rivera, Escamilla, Felix, Ortega, Smith.

Committee Orientation: Williams reviewed the attached documents: Nuts and Bolts for New Members, End of Year Petty Cash Procedures, and Texas Open Meetings Act Training. She also reviewed the Committee Description, 2024 Committee Goals, Conflict of Interest Statement and Voting Policy. **Motion #3:** *it was moved and seconded (Kelly, Hollis) to accept the 2024 Committee goals as presented. Motion carried.*

Checklist for 2024 Assessment of Administrative Mechanism: See attached **Motion #4:** *it was moved and seconded (Kelly, Rodriguez) to use the 2023 checklist for the 2024 Assessments of the Ryan White Part A and Part B Administrative Mechanisms. Motion carried.*

Elect a Vice Chair: Rodriguez nominated Kelly to be the committee vice chair. Kelly accepted the nomination and was elected via acclamation.

Committee Meeting Schedule: Williams reviewed the attached documents: Committee Meeting Date and Time, Timeline of Critical 2024 Council Activities and invited everyone to participate on the EHE/Integrated Plan meetings.

Training in How to Read Reports from the Administrative Agents:

Johnson presented information via PowerPoint on how to review Part B and State Services Procurement, Service Utilization, and Health Insurance Assistance reports. See attached Schedule of Reports, How to Read TRG Reports, State Services Procurement Report, Part B Procurement Report, Part B Service Utilization Report, State Services Service Utilization Report, and Health Insurance Program Report.

Urbach presented the attached PowerPoint explaining how to review a Part A and MAI quarterly Service Utilization Report and Procurement Reports. See attached Part A/MAI Procurement Report, Part A/MAI Service Utilization Report.

Criteria for FY2024 Service Categories: See attached. Williams said that the March committee meeting will be a joint meeting with the other committees and those in attendance will make recommendations regarding the Criteria for FY 2024 Service Categories.

Announcements: None.

Adjourn: Motion: *it was moved and seconded (Rivera, Hollis) to adjourn the meeting at 3:35 p.m.*
Motion carried.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

Scribe: Beck

ja = Just arrived at meeting
 lr = Left room temporarily
 lm = Left the meeting
 C = Chaired the meeting

2024 Quality Improvement Meeting Voting Record for Meeting Date 02/13/24

MEMBERS:	Motion #1 Agenda				Motion #2 Minutes				Motion #3 2024 Committee Goals				Motion #4 2024 Committee Goals			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Tana Pradia, Co-Chair				C				C				C				C
Pete Rodriguez, Co- Chair		X				X				X				X		
Kevin Aloysius		X				X				X				X		
Yvonne Arizpe		X						X		X				X		
Caleb Brown		X						X		X				X		
Michael Elizabeth		X						X		X				X		
Glen Hollis		X						X		X				X		
Denis Kelly		X				X				X				X		
Diana Morgan	X				X				X				X			
Oscar Perez	X				X				X				X			
Beatriz E.X. Rivera		X						X		X				X		
Evelio Salinas Escamilla		X						X		X				X		
<i>Lisa Felix</i>		X						X		X				X		
<i>Ivy Ortega</i>		X						X		X				X		
<i>Gloria Sierra</i>		X				X				X				X		
<i>Mike Smith</i>		X						X		X				X		

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	
1	Outpatient/Ambulatory Primary Care	10,965,788	460,625	535,679	0	-283,680	0	11,678,412	45.56%	11,678,412	0		7,847,791	67%	83%	
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397					4,109,697	16.03%	4,109,697	0	3/1/2023	\$2,884,707	70%	83%	
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443	182,131				1,296,150	5.06%	1,296,150	0	3/1/2023	\$1,084,307	84%	83%	
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289	155,347				1,108,187	4.32%	1,108,187	0	3/1/2023	\$1,378,403	124%	83%	
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314	198,201				1,399,439	5.46%	1,399,439	0	3/1/2023	\$450,536	32%	83%	
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088			-228,730		922,358	3.60%	922,358	0	3/1/2023	\$676,070	73%	83%	
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531					2,197,531	8.57%	2,197,531	0	3/1/2023	\$1,064,053	48%	83%	
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			-54,950		445,050	1.74%	445,050	0	3/1/2023	\$309,715	70%	83%	
1.x	Primary Care Health Outcome Pilot	200,000	0			0		200,000	0.78%	200,000	0	3/1/2023	\$0	0%	83%	
2	Medical Case Management	1,880,000	-97,859	63,063	0	-96,974	0	1,748,230	6.82%	1,748,230	0		1,231,014	70%	83%	
2.a	Clinical Case Management	531,025	0	63,063		35,176		629,264	2.46%	629,264	0	3/1/2023	\$512,868	82%	83%	
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.17%	301,129	0	3/1/2023	\$219,596	73%	83%	
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.72%	183,663	0	3/1/2023	\$122,329	67%	83%	
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.72%	183,665	0	3/1/2023	\$46,688	25%	83%	
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2023	\$45,308	68%	83%	
2.f	Med CM - Targeted to Rural (a)	297,496	0			-62,150		235,346	0.92%	235,346	0	3/1/2023	\$107,226	46%	83%	
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2023	\$130,967	160%	83%	
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			-70,000		16,964	0.07%	16,964	0	3/1/2023	\$4,204	25%	83%	
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.19%	49,867	0	3/1/2023	\$41,828	84%	83%	
3	Local Pharmacy Assistance Program	2,067,104	0	0	-37,920	12,178	0	2,041,362	7.96%	2,041,362	0		\$1,434,919	70%	83%	
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.43%	367,104	0	3/1/2023	\$183,131	50%	83%	
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0		-37,920	12,178		1,674,258	6.53%	1,674,258	0	3/1/2023	\$1,251,788	75%	83%	
4	Oral Health	166,404	0	30,429	0	0	0	196,833	0.77%	196,833	0		\$177,200	90%	83%	
4.b	Oral Health - Targeted to Rural	166,404	0	30,429				196,833	0.77%	196,833	0	3/1/2023	\$177,200	90%	83%	
5	Health Insurance (c)	1,383,137	223,222	479,154	0	94,004	0	2,179,517	8.50%	2,179,517	0		\$1,539,315	71%	83%	
7	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	0	341,395	1.33%	341,395	0		\$195,908	57%	83%	
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	0	-20,677	0	25,000	0.10%	25,000	0		\$23,513	94%	83%	
13	Non-Medical Case Management	1,267,002	0	0	0	-72,790	0	1,194,212	4.66%	1,194,212	0		\$1,206,545	101%	83%	
13.a	Service Linkage targeted to Youth	110,793	0			-15,500		95,293	0.37%	95,293	0	3/1/2023	\$70,872	74%	83%	
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-46,500		53,500	0.21%	53,500	0	3/1/2023	\$40,732	76%	83%	
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.44%	370,000	0	3/1/2023	\$351,952	95%	83%	
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-10,790		675,419	2.64%	675,419	0	3/1/2023	\$742,989	110%	83%	
14	Medical Transportation	424,911	0	0	0	-70,024	0	354,887	1.38%	354,887	0		\$317,742	90%	83%	
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	0.99%	252,680	0	3/1/2023	\$222,128	88%	83%	
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.38%	97,185	0	3/1/2023	\$95,614	98%	83%	
14.c	Transportation vouchers (bus passes & gas cards)	75,046	0			-70,024		5,022	0.02%	5,022	0	3/1/2023	\$0	0%	83%	
15	Emergency Financial Assistance	1,653,247	485,889	180,337	37,920	665,735	0	3,023,128	11.79%	3,023,128	0		2,953,087	98%	83%	
15.a	EFA - Pharmacy Assistance	1,553,247	485,889	180,337	37,920	690,735		2,948,128	11.50%	2,948,128	0	3/1/2023	\$2,895,813	98%	83%	
15.b	EFA - Other	100,000	0			-25,000		75,000	0.29%	75,000	0	3/1/2023	\$57,274	76%	83%	
17	Outreach	420,000	0	0	0	0	0	420,000	1.64%	420,000	0		\$159,425	38%	83%	
FY23_RW_DIR	Total Service Dollars	20,614,665	1,071,877	1,288,662	0	227,772	0	23,202,976	90.53%	23,202,976	0		17,086,460	74%	83%	
	Grant Administration	2,208,914	18,000	0	0	-171,947	0	2,054,967	8.02%	2,054,967	0		N/A	1,526,939	74%	83%
FY23_RW_ADMIN	HCPH/RWGA Section (including indirect \$169,915)	1,686,659	0	0	0	-171,947	0	1,514,712	5.91%	1,514,712	0	N/A	\$1,070,092	71%	83%	
FY23_RW_ADMIN	RWPC Support	522,255	18,000	0	0	0	0	540,255	2.11%	540,255	0	N/A	456,847	85%	83%	
FY23_RW_QM	Quality Management	428,695	0	0	0	(55,825)	0	372,870	1.45%	372,870	0		N/A	\$280,500	75%	83%
		23,252,274	1,089,877	1,288,662	0	0	0	25,630,813	100.00%	25,630,813	0		18,893,899	74%	83%	
										Unallocated	Unobligated				83%	
	Part A Grant Award (without Carryover):	24,342,151	Carryover:	1,288,662	0	0	Total Part A:	25,630,813	0	0						

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
		Original Allocation	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent	Award Category	Award Amount	Amount Spent	Balance
	Core (must not be less than 75% of total service dollars)	16,849,505	585,988	1,108,325	-37,920	-295,149	0	18,210,749	78.48%	12,449,660	72.86%	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	3,765,160	485,889	180,337	37,920	522,921	0	4,992,227	21.52%	4,636,800	27.14%	Supplemen			0
	Total Service Dollars (does not include Admin and QM)	20,614,665	1,071,877	1,288,662	0	227,772	0	23,202,976		17,086,460		Carry Over	0		0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,208,914	18,000	0	0	-171,947	0	2,054,967	7.33%			Totals	0	0	0
	Total QM (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	-55,825	0	372,870	1.33%						
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	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,107,819	-39,764	17,664	0	0	0	2,085,719	86.91%	2,085,719	0		1,719,185	82%	83%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106	8,832	0			1,054,501	43.94%	1,054,501	0	3/1/2023	\$929,215	88%	83%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	8,832	0			1,031,218	42.97%	1,031,218	0	3/1/2023	\$789,970	77%	83%
2	Medical Case Management	320,099	-6,038	116	0	0	0	314,177	13.09%	314,177	0		\$146,522	47%	83%
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019	58				157,089	6.55%	157,089	0	3/1/2023	\$104,577	67%	83%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019	58				157,088	6.55%	157,088	0	3/1/2023	\$41,946	27%	83%
	Total MAI Service Funds	2,427,918	-45,802	17,780	0	0	0	2,399,896	100.00%	2,399,896	0		1,865,707	78%	83%
	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%
	Total MAI Non-service Funds	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,427,918	-45,802	17,780	0	0	0	2,399,896	100.00%	2,399,896	0		1,865,707	78%	83%
	MAI Grant Award	2,382,116	Carry Over:	17,780				Total MAI: 2,399,896							
	Combined Part A and MAI Orginial Allocation Total	25,680,192							Unallocated	Unobligated					83%
									0	0		MAI Award	2,399,896		
Footnotes:															
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.														
(a)	Single local service definition is 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	Outpatient/Ambulatory Primary Care (excluding Vision)	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	Medical Case Management (f)	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	Local Drug Reimbursement Program (a)	5,775	5,491	76%	20%	4%	42%	12%	2%	44%	0%	0%	4%	26%	28%	24%	15%	3%
4	Oral Health	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	Mental Health Services (d)	0	NA															
6	Health Insurance	1,918	1,750	79%	20%	2%	43%	24%	3%	30%	0%	0%	2%	14%	19%	23%	26%	16%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	17	21	90%	5%	5%	29%	43%	5%	24%	0%	0%	0%	33%	38%	24%	5%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	546	413	76%	23%	2%	44%	18%	3%	35%	0%	0%	1%	7%	13%	24%	36%	20%
11	Hospice Services (d)	NA	NA															
12	Outreach	1,042	650	72%	25%	2%	62%	9%	2%	26%	0%	0%	5%	30%	27%	19%	13%	5%
13	Non-Medical Case Management	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	Transportation	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 vouchering	1,333	1,090	72%	25%	2%	67%	8%	1%	23%	0%	0%	2%	13%	19%	26%	33%	7%
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	1,830	1,865	75%	23%	2%	44%	8%	2%	46%	0%	0%	4%	26%	27%	25%	16%	2%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*		12,941	14,098	74%	24%	2%	48%	13%	2%	37%	0%	0%	4%	24%	25%	22%	18%	7%
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (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
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
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%
	2 Medical Case Management (f)	0																
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
1	Primary Medical Care	1,871	1,721	77%	21%	2%	48%	10%	2%	41%	0%	1%	9%	37%	25%	16%	3%	10%
2	LPAP	954	794	79%	18%	3%	46%	10%	2%	42%	0%	1%	9%	37%	26%	17%	1%	9%
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%
4	Oral Health	50	41	78%	22%	0%	46%	29%	2%	22%	0%	0%	5%	22%	27%	20%	5%	22%
12.a.	Non-Medical Case Management (Service Linkage)		1,816	70%	28%	2%	55%	11%	1%	33%	0%	1%	6%	29%	25%	19%	14%	6%
12.c.		1,870																
12.d.																		
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																	

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2023-1/31/2024

Revised: 2/21/2024

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	669	\$96,510.40	342	0	\$0.00	0
Medical Deductible	6	\$8,326.12	6	0	\$0.00	0
Medical Premium	3022	\$1,057,094.58	764	0	\$0.00	0
Pharmacy Co-Payment	12470	\$604,570.85	1499	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:	16167	\$1,766,501.95	2611	0	\$0.00	

Comments: This report represents services provided under all grants.

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 January 2024

Spending Target: 33.33%

Revised 2/27/2024

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	\$801,900	90%
6	Mental Health Services	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2023	\$67,915	23%
11	Hospice	\$293,832	10%	\$0	\$293,832	\$0	\$293,832	9/1/2023	\$107,580	37%
13	Non Medical Case Management (2)	\$350,000	12%	\$0	\$350,000	\$0	\$350,000	9/1/2023	\$57,156	16%
16	Linguistic Services (3)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$6,010	9%
	ADAP/Referral for Healthcare (4)	\$666,000	22%	\$0	\$666,000	\$0	\$666,000	9/1/2023	\$108,348	16%
	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	\$25,950	31%
	Emergency Financial Assistance (Compassionate Care)	\$368,123		\$0	\$368,123	\$0	\$368,123	9/1/2023	\$94,848	26%
		3,028,056	85%	\$0	\$1,903,933	\$0	\$1,903,933		1,272,083	67%

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) Reallocation will occur due to a change in provider.
- (3) Delayed billing
- (4) Staff turnover

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 January 2024

Spending Target: 78%

Revised 2/27/24

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	\$1,323,731	72%
4	Oral Health Service -Prosthodontics	\$576,750	17%	\$0	\$576,750		\$576,750	4/1/2023	\$545,433	95%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	30%	\$0	\$1,028,433		\$1,028,433	4/1/2023	\$1,006,584	98%
			3%	\$0	\$0		\$0			
		\$0	0%	\$0	\$0					
Total Houston HSDA		3,438,501	103%	0	3,438,501	\$0	\$3,438,501		2,875,748	84%

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

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 January 2024

Spending Target: 33.33%

Revised 2/27/2024

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
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	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	\$25,950	31%
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- (4) Staff turnover

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 January 2024

Spending Target: 78%

Revised 2/27/24

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
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			3%	\$0	\$0		\$0			
		\$0	0%	\$0	\$0					
Total Houston HSDA		3,438,501	103%	0	3,438,501	\$0	\$3,438,501		2,875,748	84%

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