

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 Evelio Salinas Escamilla
Pete Rodriguez, Co- Chair Mike Webb
Kevin Aloysius *Lisa Felix*
Yvonne Arizpe *Irvin Ortega*
Caleb Brown *Gloria Sierra*
Glen Hollis *Mike Smith*
Denis Kelly
Diana Morgan
Beatriz E.X. Rivera

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

From: Tori Williams

Date: Tuesday, February 6, 2024

Re: Meeting Notice

We look forward to seeing you for your first 2024 Quality Improvement Committee meeting. Details are as follows:

Quality Improvement Committee Meeting
2:00 p.m., Tuesday, February 13, 2024

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.**

RSVP to Rod and let her know if you will be in attendance and if it will be 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. And, 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, February 13, 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-Chairs
 - A. Welcoming Remarks and Moment of Reflection
 - B. Introductions
 - C. Adoption of Agenda
 - D. 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. Committee Orientation Tori Williams
 - A. Nuts, Bolts, Petty Cash & Open Meetings Act Training
 - B. Review Committee Description
 - C. Conflict of Interest and Voting Policy
 - D. Approve 2024 Committee Goals
 - E. Approve Checklist for 2024 Assessment of Admin. Mechanism
 - F. Elect a Committee Vice Chair, see cover sheet
 - G. Review the Calendar and Timeline of 2024 Meetings
 - H. 2022 – 2026 Integrated HIV Prevention and Care Plan

 - IV. Training in How to Read Reports from the Administrative Agents
 - A. Part B and State Services (SS) Reports Patrick Martin
 - 1. How to Read TRG Reports 2024
 - B. Part A and MAI reports Glenn Urbach
 - 1. How to Read Part A & MAI Reports
 - 2. Part A: Clinical Quality Mgmt. Committee Report
 - C. Criteria for FY 2024 Service Categories – March Joint meeting Tori Williams

 - VII. Announcements

 - VIII. Adjourn

 - Optional: New members meet with committee mentor Tana Pradia

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
 2:00 p.m., Tuesday, November 14, 2023
 Meeting location: Zoom Teleconference

Minutes

<u>MEMBERS PRESENT</u>	<u>MEMBERS ABSENT</u>	<u>OTHERS PRESENT</u>
Pete Rodriguez, Co-Chair	Caleb Brown, excused	Glenn Urbach, RWGA
Tana Pradia, Co-Chair	Titan Capri	Mauricia Chatman, RWGA
Kevin Aloysius	Daphne Jones, excused	Francisco Ruiz, RWGA
Denis Kelly	Oscar Perez	Patrick Martin, TRG
Gloria Sierra	Faye Robinson	Sha’Terra Johnson, TRG
Deborah Somoye	Herman Finley	Tori Williams, Ofc of Support
	Christopher Walker	Mackenzie Hudson, Ofc of Support
		Diane Beck, Ofc of Support

Call to Order: Pete Rodriguez, Co-Chair, called the meeting to order at 2:08 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1:** it was moved and seconded (Kelly, Aloysius) to approve the agenda with one change: Under New Business add Assessment of the Part A Administrative Mechanism. **Motion carried.***

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Kelly, Sierra) to approve the August 15, 2023 minutes. **Motion carried.*** Abstentions: Aloysius, Pradia, Sierra.

Public Comment: None.

Reports from the Administrative Agents

Ryan White Part A/MAI: See attached reports. Urbach said that everything was on track and there might be some funds left to give ADAP. Unspent funds were reallocated by the P&A committee last month. The RFP for Health Insurance Assistance will go out next year. They are currently working on updating the unit cost for services.

Ryan White Part B and State Services: See attached reports.

FY 2024 Standards of Care and Performance Measures: Chatman reviewed the recommended changes to the attached Part A Standards of Care and Performance Measures. ***Motion #3:** it was moved and seconded (Kelly, Pradia) to endorse the recommended Part A Standards of Care and Performance Measures as outlined by Ryan White Grant Administration staff. **Motion carried.***

FY 2024 Standards of Care and Performance Measures: Martin presented the recommended changes to the Part B/State Services standards of care. ***Motion #4:** it was moved and seconded (Kelly, Pradia) to endorse the recommended Part B/State Services Standards of Care as presented*

by the staff and inform the committee if additional changes are made by DSHS. Motion carried.*

Suggested Changes to Committee Reports for FY 2024: Williams asked members to look over the Ryan White data reports and let her know if they have suggestions that would improve the reports for next year.

Announcements: None.

Adjourn: The meeting was adjourned at 3:20 p.m.

Submitted by:

Approved by:

Tori Williams, Director

Date

Committee Chair

Date

* *DSHS = Texas Department of State Health Services*

Scribe: Beck

ja = Just arrived at meeting

lm = Left the meeting

C = Chaired the meeting

2023 Quality Improvement Meeting Voting Record for Meeting Date 08/15/23

MEMBERS:	Motion #1 Agenda				Motion #2 Minutes				Motion #3 2024 Part A SOC/PM				Motion #4 2024 Part B/SS SOC			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Pete Rodriguez, Co-Chair				C				C				C				C
Tana Pradia, Co-Chair		X				X				X				X		
Kevin Aloysius		X				X				X				X		
Caleb Brown	X				X				X				X			
Titan Capri	X				X				X				X			
Daphne Jones	X				X				X				X			
Oscar Perez	X				X				X				X			
Faye Robinson	X				X				X				X			
<i>Herman Finley</i>	X				X				X				X			
<i>Denis Kelly</i>		X				X				X				X		
<i>Gloria Sierra</i>		X				X				X				X		
<i>Deborah Somoye</i>		X				X				X				X		
<i>Christopher Walker</i>	X				X				X				X			

Houston Area HIV Services Ryan White Planning Council
Office of Support
1310 Prairie Street, Suite 800, Houston, Texas 77002
832 927-7926 telephone; www.rwpchouston.org

MEMORANDUM

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

Copy: Glenn Urban, Manager, Ryan White Grant Administration

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

Date: January 25, 2024

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 29, 2024. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

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

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

(OVER FOR TIMELINE)

March 1

2023

Beginning of
fiscal year 2023

Feb 23

2024

Turn in all
receipts

Feb 29

2024

End of fiscal
year 2023.

March 31

2024

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

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Memorandum

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

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

Date: January 25, 2024

Re: Open Meetings Act Training

Please note that all Council members, and Affiliate Committee members, are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 29, 2024. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

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

If you do not have high-speed internet access, you are welcome to contact Rod in the Office of Support and we will help you access the information.

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

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

Nuts and Bolts for New Members

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

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

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

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

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

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

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

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

2024 QUARTERLY REPORT OPERATIONS COMMITTEE

(submitted May 2024)

Status of Committee Goals and Responsibilities (* means mandated by HRSA):

1. Design and implement Orientation for Council members and new external committee members in January and February 2024.
Status:
2. When necessary, address member needs for additional orientation and training, including through the Committee Mentoring Program.
Status:
3. *When necessary, review and revise the bylaws, policies, and procedures of the Ryan White Planning Council.
Status:
4. In November, review and, if necessary, recommend amendments to the Memorandum of Understanding among Part A stakeholders and/or the Letter of Agreement among Part B stakeholders.
Status:
5. When necessary, review and revise policies and procedures for the Council support staff.
Status:
6. *Investigate and make recommendations regarding complaints and grievances brought before the committee in order to assure member/staff compliance with bylaws, policies, and procedures.
Status:
7. *Resolve any grievances brought forward.
Status:
8. *Make nominations to the CEO, which ensure the reflectiveness and representativeness of the Council.
Status:
9. Evaluate the performance of the Director in conjunction with the Planning Council Chair and CEO.
Status:
10. Ensure that the Council is complying with HRSA, County and other open meeting requirements.
Status:
11. Annually, review the status of Committee activities identified in the current Integrated HIV Prevention and Care Plan.

Status of Tasks on the Timeline:

Committee Chairperson

Date

Houston Area HIV Services Ryan White Planning Council

Standing Committee Structure

(Reviewed 02-23-23)

1. **Affected Community Committee**

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV-related drug representatives are invited.

The committee will consist of individuals living with HIV, their caregivers (friends or family members) and others. All members of the PC who self-disclose as living with HIV are requested to be a member of the Affected Community Committee; however membership on a committee for individuals living with HIV will not be restricted to the Affected Community Committee.

2. **Comprehensive HIV Planning Committee**

This committee is responsible for developing the Comprehensive Needs Assessment, Integrated/Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from affiliate membership and expertise.

3. **Operations Committee**

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from affiliate member participation except where resolve of grievances are concerned.

4. **Priority and Allocations Committee**

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include affiliate members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

5. Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on “how to best meet the need” are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year and monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council’s third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of affiliate members.

Ryan White Definition of Conflict of Interest

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

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JUL 15, 1998

REV OCTOBER 14, 2021 POLICY No. 600.01

QUORUM, VOTING, PROXIES, ATTENDANCE

1 PURPOSE

2
3 This policy establishes the guidelines as to what legally constitutes a Houston Area HIV Health
4 Services (Ryan White) Planning Council meeting. In addition, the policy will define and establish
5 how voting is done, what constitutes a roll call vote and who monitors that process. This policy
6 will define attendance, and the process by which a member can be removed from the council.
7

8 AUTHORITY

9
10 The adoption of the Houston Area HIV Health Services (Ryan White) Planning Council Bylaws
11 Rev. 01/18 Article VI; (Sections 6.01-6.04).
12

13 PROCESS

14 QUORUM:

15 Pending the Governor rescinding the COVID-19 related waiver suspending all in-person
16 quorum requirements in the Texas Open Meetings Act, thirty percent of the members will
17 constitute Council quorum to satisfy in-person requirements.
18

19
20 It is considered to be a public health emergency if the Harris County Judge declares an
21 emergency or the Public Health Department is activated as a first responder. Under a
22 declared health emergency, quorum for the Ryan White Planning Council will be determined
23 by the number of Council members present in the meeting room and/or on the conference
24 call at the official start time for the meeting. Documentation is to be provided to the Council,
25 which determines the beginning, and the end dates of the public health emergency.
26

27 To constitute a Standing Committee quorum, at least two (2) committee members and a Chair must
28 be present; one of these must be a self-identified member living with HIV.
29

30 VOTING:

31 Each council member will have only one vote on any regular business matter coming before the
32 Council. A simple majority of members present and voting will be required to pass any matter
33 coming before the Council except for that of proposed Bylaws changes. Proposed changes to the
34 Bylaws will be submitted in written form for review to the full Council at least fifteen (15) days
35 prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council
36 will not vote except in the event of a tie. The Chairs of the Standing Committees shall not vote at
37 Committee meetings except in the event of a tie. In a case where standing committees have co-
38 chairs, only one of them may vote at Steering. The Chair of the Council is an ex-officio member of
39 all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is
40 welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to

41 vote. In the absence of the Chair of the Council, the next officer may assume the ex-officio role
42 with committees. In an effort to manage agency influence over a single committee or workgroup,
43 only one voting member (Council or Affiliate) per agency will be permitted to vote on Ryan White
44 Planning Council committees and workgroups. If there is an unresolved tie vote and the Chair of
45 the Committee works for the same agency as another committee member, then the information
46 will be forwarded to the Steering Committee for resolution.

47

48 **ALTERNATE PARTICIPATION:**

49 During committee meetings any full council member living with HIV may serve as an alternate on
50 a committee for any absent committee member living with HIV. The Chair of the Committee will
51 communicate to the rest of the committee that the alternate person living with HIV is there to
52 conduct business. Alternates have full voting privileges. This rule is not applicable in full Council
53 meetings.

54

55 **CONFLICT OF INTEREST AND VOTING AMONG AFFILIATE MEMBERS:**

56 Affiliate members must declare a conflict of interest.

57

58 The number of Affiliate members on a committee (not a subcommittee or work group) should not
59 equal or exceed the number of Council members on that committee.

60

61 **ROLL CALL VOTE:**

62 When a roll call vote is taken, the Secretary will call the roll call vote, noting voting, and will
63 announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts
64 of interest (RWPC Policy No. 800.01). The Secretary will process inquiries into votes made in
65 conflict of interest.

66

67 **ATTENDANCE:**

68 Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan
69 White) Planning Council. Affiliate Committee members are required to attend meetings of the
70 committee to which they are assigned. The Secretary shall cause attendance records to be
71 maintained and shall regularly provide such records to the Chair of the Operations Committee. The
72 Operations Committee will review attendance records quarterly.

73

74 If a Council or Affiliate committee member has 4 absences (excused or unexcused) from Council
75 meetings or 4 absences from committee meetings within a calendar year or fails to perform the
76 duties of a Council member described herein without just cause, that member will be subject to
77 removal. In order to avoid such action, the following will occur: Step 1: Office of Support staff
78 will contact the member by telephone to check on their status. Step 2: If the member continues to
79 miss meetings, the Chair of the Planning Council will formally notify the member in writing to
80 remind them of Council policies regarding attendance and to give the member an opportunity to
81 request assignment to another committee. If assignment to another committee is requested, the
82 Chair of the newly selected committee and the Planning Council Chair must approve the change.
83 Step 3: If the Council member continues to miss meetings, the CEO will be informed of the
84 situation and the steps taken by the Council to address the situation. If an Affiliate committee
85 member continues to miss meetings, the Chair of the Council will be informed of the situation and
86 the steps taken by the Council to address the situation. Step 4: The CEO has the sole authority to

87 terminate a Council member and will notify said member in writing, if that is their decision. The
88 CEO or the Chair of the Planning Council has the authority to terminate an Affiliate committee
89 member and will notify said member in writing, if that is their decision.

90

91 If for two consecutive months the Office of Support is unable to make contact with a Council or
92 an Affiliate committee member by telephone and receives returned email and/or mail sent to that
93 member, staff will send a certified letter requesting the member to contact the Office of Support
94 by telephone or in writing to update their contact information. If the member does not respond to
95 the certified letter within 30 days, or if the certified letter is returned to the Office of Support, the
96 Operations Committee will be notified at their next regularly scheduled meeting. At the request
97 of the Operations Committee, the Chair of the Planning Council and the CEO will be informed of
98 the situation and the steps taken by the Council to address the situation. As stated above, the CEO
99 has the sole authority to terminate a Council member and will notify said member in writing, if
100 that is his/her decision. The CEO or the Chair of the Planning Council has the authority to terminate
101 an affiliate committee member and will notify said member in writing, if that is his/her decision.

102

103 Reasons for absences that would be used to determine reassignment or dismissal include: 1)
104 sickness; 2) work related conflicts (in or out of town and vacations), and 3) unforeseeable
105 circumstances. Any Planning Council member who is unable to attend a Planning Council meeting
106 or standing committee meeting must notify the Office of Support prior to such meeting. The Office
107 of Support staff will document why a member is absent.

108

109 **PROXIES:**

110 There will be no voting by proxy.

2024 Quarterly Report
Quality Improvement Committee
(May 2024)

Status of Committee Goals and Responsibilities (*means mandated by HRSA)

1. Conduct the “How to Best Meet the Needs” (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.
2. Continue the process of including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.
3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:
 - a. Identify “The Unmet Need”;
 - b. Determine “How to Best Meet the Needs”;
 - c. *Strengthen and improve the description and measurement of medical and health related outcomes.
4. *Identify and review the required information, processes and reporting needed to assess the “Efficiency of the Administrative Mechanism”. Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of:
 - a. Planning fund use (meeting RWPC identified needs, services and priorities);
 - b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity);
 - c. Distributing funds (reporting contract/service/re-imbursement expenditures and status, as well as, reporting contract/service utilization information).
5. Annually, review the status of committee activities identified in the current Integrated HIV Prevention and Care Plan.

Status of Tasks on the Timeline:

Committee Chairperson

Date

DRAFT FOR 2024

**Houston Area HIV Services Ryan White Planning Council
Assessment of the Local Ryan White HIV/AIDS Program Administrative Mechanism
Assessment Checklist**

(Council approved _____)

Background

The Ryan White CARE Act requires local Planning Councils to “[a]ssess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area” (Ryan White Part A [formerly Title I] *Manual*, Section V, Chapter 1, Page 4). To meet this mandate, a time-specific documented observation of the local procurement, expenditure, and reimbursement process for Ryan White funds is conducted by the local Planning Councils (*Manual*, Section VI, Chapter 1, Page 7). The observation process is not intended to evaluate either the local administrative agencies for Ryan White funds or the individual service providers funded by Ryan White (*Manual*, Section VI, Chapter 1, Page 8). Instead, it produces information about the procurement, expenditure, and reimbursement process for the local *system* of Ryan White funding that can be used for overall quality improvement purposes.

Process

In the Houston eligible area, an assessment of the local administrative mechanism is performed for each Fiscal Year of Ryan White funding using a written checklist of specific data points. Taken together, the information generated by the checklist is intended to measure the overall efficacy of the local procurement, reimbursement, and contract monitoring processes of the administrative agents for (1) Ryan White Part A and Minority AIDS Initiative (MAI) funds; and (2) Ryan White Part B and State Services (SS) funds. The checklist is reviewed and approved annually by the Quality Improvement Committee of the Houston Area HIV Services Ryan White Planning Council, and application of the checklist, including data collection, review, analysis and reporting, is performed by the Ryan White Planning Council Office of Support in collaboration with the administrative agents for the funds. All data and documents reviewed in the process are publicly available.

Checklist

The checklist for the assessment of the administrative mechanism for the Houston eligible area is attached below. The following acronyms are used in the checklist:

AA:	Administrative Agent
DSHS:	Texas Department of State Health Services
FY:	Fiscal Year (The FY to be assessed for Part A, B, and MAI will be the immediate prior FY, ending February 28 [Part A and MAI] and March 31 [Part B]; the FY to be assessed for SS will be the most recent completed FY.
MAI:	Minority AIDS Initiative
MOU:	Memorandum of Understanding (between the AAs and the Planning Council)
NGA:	Notice of Grant Award
PC:	Ryan White Planning Council
RFP:	Request for Proposals
SOC:	Standards of Care
SS:	State Services

Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area (Council approved the checklist _____)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
Section I: Procurement/Request for Proposals Process			
<ul style="list-style-type: none"> To assess the timeliness of the AA in authorizing contracted agencies to provide services 	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	a) How much time elapsed between receipt of the NGA or funding contract by the AA and contract execution with funded service providers (i.e., 30, 60, 90 days)?	Part A/MAI: (1) NGA; and (2) Commissioner's Court Agendas Part B/SS: (1) DSHS Contract Face Sheet; and (2) Contract Tracking Sheet
<ul style="list-style-type: none"> To assess the timeliness of the AA in procuring funds to contracted agencies to provide services 	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	b) What percentage of the grant award was procured by the: <input type="checkbox"/> 1 st quarter? <input type="checkbox"/> 2 nd quarter? <input type="checkbox"/> 3 rd quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC
<ul style="list-style-type: none"> To assess if the AA awarded funds to service categories as designed by the PC 	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	c) Did the awarding of funds in specific categories match the allocations established by the PC at the: <input type="checkbox"/> 1 st quarter? <input type="checkbox"/> 2 nd quarter? <input type="checkbox"/> 3 rd quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC Final PC Allocations Worksheet
<ul style="list-style-type: none"> To assess if the AAs make potential bidders aware of the grant award process 	Confirmation of communication by the AAs to potential bidders specific to the grant award process	d) Does the AA have a grant award process which: <input type="checkbox"/> Provides bidders with information on applying for grants? <input type="checkbox"/> Offers a bidder's conference?	RFP Courtesy Notices for Pre-Bid Conferences
<ul style="list-style-type: none"> To assess if the AAs are requesting bids for service category definitions approved by the PC 	Confirmation of communication by the AAs to potential bidders specific to PC products	e) Does the RFP incorporate service category definitions that are consistent with those defined by the PC?	RFP
<ul style="list-style-type: none"> To assess if the AAs are procuring funds in alignment with allocations 	Comparison of final amounts procured and total amounts allocated in each service category	f) At the end of the award process, were there still unobligated funds?	Year-end FY Procurement Reports provided by AA to PC
<ul style="list-style-type: none"> To assess if the AAs are dispersing all available funds for services and, if not, are unspent funds within the limits allowed by the funder 	Review of final spending amounts for each service category	g) At the end of the year, were there unspent funds? If so, in which service categories?	Year-end FY Procurement Reports provided by AA to PC

Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area (Council approved the checklist _____)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
Section I: Procurement/Request for Proposals Process (con't)			
<ul style="list-style-type: none"> To assess if the AAs are making the PC aware of the procurement process 	Confirmation of communication by the AAs to the PC specific to procurement results	h) Does the AA have a method of communicating back to the PC the results of the procurement process?	MOU PC Agendas
Section II: Reimbursement Process			
<ul style="list-style-type: none"> To assess the timeliness of the AA in reimbursing contracted agencies for services provided 	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	a) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA? b) What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice: <input type="checkbox"/> Within 20 days? <input type="checkbox"/> Within 35 days? <input type="checkbox"/> Within 50 days?	Annual Contractor Reimbursement Report
Section III: Contract Monitoring Process			
<ul style="list-style-type: none"> To assess if the AA is monitoring adherence by contracted agencies to PC quality standards 	Confirmation of use of adopted SOC in contract monitoring activities	a) Does the AA use the SOC as part of the contract monitoring process?	RFP Policy and Procedure for Performing Site Visits Quality Management Plan

2024 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/29/23)

AFFECTED COMMUNITY

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

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

COMPREHENSIVE HIV PLANNING

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

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

OPERATIONS

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

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

PLANNING COUNCIL

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

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

PRIORITY & ALLOCATIONS

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

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

QUALITY IMPROVEMENT

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

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

STEERING

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

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

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

BOLD = Special meeting date, time or place

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2024 Council Activities

(Revised 01-29-24)

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

General Information: The following is a list of significant activities regarding the 2024 Houston Ryan White Planning Council. People living with HIV, providers and members of the public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to review monthly calendars and/or meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: <http://rwpchouston.org>.

All Ryan White Council and Committee meetings will use a hybrid format after January 2024. Routinely, the Ryan White Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

Thurs. Jan. 25	Council Orientation. 2024 Committee meeting dates will be established at this meeting.
Thurs. Feb. 1	12 noon. First Steering Committee meeting for the 2024 planning year.
Feb. date TBD	10 am, Orientation for new 2024 Affiliate Committee Members.
February	Integrated Planning body Committees and Workgroups start meeting. Contact the Office of Support to become a member of these groups.
Thurs. Feb. 8	12 noon. First Council meeting for the 2024 planning year.
Tues. Feb. 13	5:00 pm. Deadline for submitting Proposed Idea Forms to the Office of Support. The Council is currently funding 16 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider a service that is not currently being funded in the Greater Houston area with Ryan White funds. The form requires documentation that justifies why a particular service should be funded and why it is not a duplication of a service already being offered through another funding source. Anyone can submit an Idea Form. Contact the Office of Support at 832 927-7926 to request forms.
Thurs. Feb. 22	12 noon. Priority & Allocations Committee meets to approve the policy on allocating FY 2024 unspent funds, FY 2025 priority setting process and more.
March	Integrated Planning body Committees and Workgroups meet to continue working on goals. After March, Committees and Workgroups will meet every other month (May, July, September, November). Alternative months (April, June, August, October, December) the Leadership Team will meet. Contact Office of Support to become a member of these groups.
March dates TBD	EIIHA Workgroup and the Project LEAP/Proyecto VIDA Advisory Committee meet.
Tues. March 19	Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the FY 2025 service categories for Part A, Part B, MAI and <i>State Services</i> funding.
Mon. March 25	Consumer Training on the How to Best Meet the Need process.
Thurs. April 4	12 noon. Steering Committee meets.

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2024 Council Activities

(Revised 01-29-24)

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Thurs. April 11

12 noon. Planning Council meets.

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

Mon. April 15

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

April 16-23

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

10:30 am. **Date to be announced. How To Best Meet the Need Workgroup #1** at which the following services for FY 2025 will be reviewed:

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

1:30 pm. **Date to be announced. How To Best Meet the Need Workgroup #2** at which the following services for FY 2025 will be reviewed:

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

3:00 pm – 5:00 pm. **Date to be announced. How To Best Meet the Need Workgroup #3** at which the following services for FY 2025 will be reviewed:

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

Thurs. April 25

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

Mon. April 29

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

DRAFT
Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2024 Council Activities

(Revised 01-29-24)

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

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

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

- Tues. May 28 2:00 pm, Special Quality Improvement Committee meeting to review public comments regarding **FY 2025 How To Best Meet the Need results**.
- Thurs. May 23 12 noon. Priority & Allocations Committee meets to recommend the **FY 2025 service priorities** for Ryan White Parts A and B and *State Services* funding.
- June or August Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
- Thurs. June 6 12 noon. Steering Committee meets to approve the **FY 2025 How to Best Meet the Need results**.

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

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

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

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

- Tues. June 25 Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2024 service priorities and allocations**.
- July/Aug. Workgroup meets to complete the proposed **FY 2025 EIIHA Plan**.
- WED. July 3 12 noon. Steering Committee approves the **FY 2025 service priorities and allocations**.
- Thurs. July 11 12 noon. Council approves the **FY 2025 service priorities and allocations**.
- Fri. July 12 5 pm. Deadline for submitting a Project LEAP application form. See July 26 for description of Project LEAP. Call 832 927-7926 for an application form.

(continued)

DRAFT

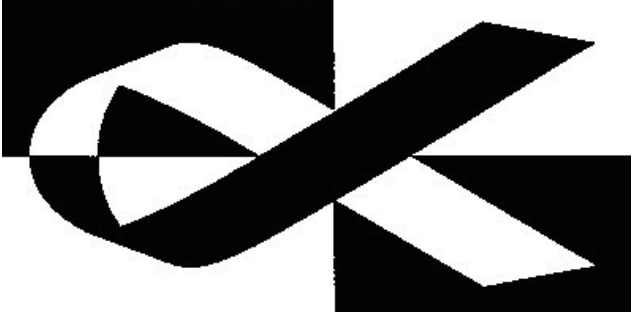
Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2024 Council Activities

(Revised 01-29-24)

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

- Thurs. July 27 12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the **FY 2025 priority & allocations**. They also allocate **FY 2024 carryover funds**. (**Allocate even though dollar amount will not be avail. until Aug.**)
- Wed. July 31–Nov. 20 **Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals living with or affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.
- Thurs. Aug. 1 12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2025 GRANT**. (Mail out date for the August Steering Committee meeting is July 23, 2024.)
- Mon. Aug. 19 **Consumer Training** on Standards of Care and Performance Measures.
- Fri. Sept. 6 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 13 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
- Mon. Sept. 23 **Consumer-Only Workgroup** meeting to review FY 2025 Standards of Care.
- Mon. Oct. 14 Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & Letter of Agreement between Part B stakeholders.
- October or November Date & time TBD. Community Workgroup meeting to review **FY 2025 Standards of Care** for all service categories.
- Thurs. Oct. 24 12 noon. Priority & Allocations Committee meets to allocate FY 2024 unspent funds.
- Tues. Nov. 19 10:00 am. Commissioners Court to receive the World AIDS Day Resolution.
- Thurs. Nov. 14 12 noon. Council recognizes all Affiliate Committee Members.
- Sun. Dec. 1 **World AIDS Day**.
- Thurs. Dec. 12 12 noon. Election of Officers for the 2025 Ryan White Planning Council.



THE HOUSTON REGIONAL HIV/AIDS
RESOURCE GROUP, INC.

HOW TO READ
TRG REPORTS
MARCH 6TH, 2023

2023 TRG RWPC REPORT DUE

STATE SERVICES CONTRACT YEARS	RYAN WHITE PART B CONTRACT YEARS
Year 1: 9/1/22 - 8/31/23 Year 2: 9/1/23 - 8/31/24	Year 1: 4/1/22 - 3/31/23 Year 2: 4/1/23 - 3/31/24

ANNUAL REPORTS <i>(DELIVERED TO QI COMMITTEE)</i>	
2022 CONSUMER INVOLVEMENT REPORT NA	2022 CHART REVIEW REPORTS March 2021**

**Limited Data Collection due COVID-19 Restrictions and DSHS Waiver of Monitoring

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

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

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

Quarterly Service Utilization Reports

Purpose:

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

2018-2019 Ryan White Part B Service Utilization Report

**4/1/2018 - 3/31/2019 Houston HSDA (4816)
3rd Quarter - 4/1/2018 to 12/31/2018**

C. **D.** **A.** **B.**

Revised 2/21/2019

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

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

Items of Note:

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

Monthly Procurement Reports

Purpose:

Provide monthly updates on spending by service category.

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



Revised 2/19/2019

C.

A.

G. Spending Target: 75%

F.

E.

B. Reflects spending through December 2018

D.

% of Grant Award

Contractual Amount

Date of Original Procurement

Expended YTD

Percent YTD

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

J.

Note: Spending variances of 10% will be addressed:
 1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. Agency usually expends all funds.

H.

I.

Items of Note:

- A. Header – this tells you three things:
 1. Which grant is being reported (either Ryan White Part B or State Services),
 2. What grant year is being reported, and
- B. What timeframe is being reported (the quarter and the dates of the quarter).
- C. Revision Date – this tells you the last time that the report has updated.
- D. Service Categories being reported
- E. Original Allocation from the P&A Process
- F. Amendment – Tracks any change in the allocation.

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

Quarterly Service Utilization Reports

Purpose:

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

Houston Ryan White Health Insurance Assistance Service Utilization Report



A Period Reported: 09/01/2018-12/31/2018

Revised: 2/4/2019

B.

C. 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	785	\$72,937.77	509			0
Medical Deductible	70	\$23,424.75	50			0
Medical Premium	2447	\$984,144.70	686			0
Pharmacy Co-Payment	1345	\$135,910.80	651			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	9	\$1,042.00	8	NA	NA	NA
G Totals:	4656	\$1,215,376.02	1904	0	\$0.00	

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

Items of Note:

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

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

HOW TO READ RWGA REPORTS

FEBRUARY 2024



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

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



RESOURCE ALLOCATION

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



PROCUREMENT

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



EXPENDITURES

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



RULES / CAVEATS

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



MEDICAL NUTRITIONAL THERAPY

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



OTHER CONSIDERATIONS

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



SERVICE UTILIZATION REPORT SUR

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



EXAMPLE

- Let's read the most recent SUR together

Prepared by: Ryan White Grant Administration
 FY 2022 Ryan White Part A and MAI Service Utilization Report
 RW PART A SUR- 3rd Quarter (01-11-20)

Priority	Service Category	Goal	Uninsured Count	Male		Female		Trans gender	AA Non-Hispanic	White non-Hispanic	Other Hispanic	Hispanic				0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus			
				Surv	MD	MD	MD					0-12	13-19	20-24	25-34											
1	Occupational/ambulatory Primary Care (excluding Vision)	1,400	14,860	7,954	7,906	7,056	7,858	1,135	22,471	1,135	3,475	15,896	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1A	Primary Care - Public Clinic (A)	3,300	2,902	1,505	1,397	1,406	1,314	228	4,711	228	1,282	3,429	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1B	Primary Care - Public Clinic (B)	3,300	2,902	1,505	1,397	1,406	1,314	228	4,711	228	1,282	3,429	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1C	Primary Care - CHD - Partners to Health (A)	1,500	1,431	738	728	704	714	136	1,869	136	477	1,392	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1D	Primary Care - CHD - Partners to Health (B)	1,500	1,431	738	728	704	714	136	1,869	136	477	1,392	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1E	Primary Care - CHD - Partners to Health (C)	1,500	1,431	738	728	704	714	136	1,869	136	477	1,392	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1F	Primary Care - CHD - Partners to Health (D)	1,500	1,431	738	728	704	714	136	1,869	136	477	1,392	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1G	Primary Care - CHD - Partners to Health (E)	1,500	1,431	738	728	704	714	136	1,869	136	477	1,392	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1H	Primary Care - Women at Public Clinic (A)	1,500	1,431	738	728	704	714	136	1,869	136	477	1,392	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1I	Primary Care - Women at Public Clinic (B)	1,500	1,431	738	728	704	714	136	1,869	136	477	1,392	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1J	Primary Care - Pediatric (A)	1,500	1,431	738	728	704	714	136	1,869	136	477	1,392	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1K	Primary Care - Pediatric (B)	1,500	1,431	738	728	704	714	136	1,869	136	477	1,392	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2	Medical Case Management (0)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2A	Medi-Cal - Partners to Public Clinic (A)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2B	Medi-Cal - Partners to Public Clinic (B)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2C	Medi-Cal - Partners to Public Clinic (C)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2D	Medi-Cal - Partners to Public Clinic (D)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2E	Medi-Cal - Partners to Public Clinic (E)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2F	Medi-Cal - Partners to Public Clinic (F)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2G	Medi-Cal - Partners to Public Clinic (G)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2H	Medi-Cal - Partners to Public Clinic (H)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2I	Medi-Cal - Partners to Public Clinic (I)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2J	Medi-Cal - Partners to Public Clinic (J)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3	Oral Health - Uninsured (0)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3A	Oral Health - Uninsured (A)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3B	Oral Health - Uninsured (B)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3C	Oral Health - Uninsured (C)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3D	Oral Health - Uninsured (D)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3E	Oral Health - Uninsured (E)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3F	Oral Health - Uninsured (F)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3G	Oral Health - Uninsured (G)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3H	Oral Health - Uninsured (H)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3I	Oral Health - Uninsured (I)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
3J	Oral Health - Uninsured (J)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4	Oral Health - Uninsured (K)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4A	Oral Health - Uninsured (A)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4B	Oral Health - Uninsured (B)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4C	Oral Health - Uninsured (C)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4D	Oral Health - Uninsured (D)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4E	Oral Health - Uninsured (E)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4F	Oral Health - Uninsured (F)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4G	Oral Health - Uninsured (G)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4H	Oral Health - Uninsured (H)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4I	Oral Health - Uninsured (I)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4J	Oral Health - Uninsured (J)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
4K	Oral Health - Uninsured (K)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
5	Home and Community Based Services (0)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
5A	Home and Community Based Services (A)	2,800	2,716	1,397	1,319	1,260	1,281	388	4,656	388	1,187	3,469	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
5B	Home and Community Based Services (B)	2,800	2,716	1,397	1,319	1,260	1,281																			

OTHER CONSIDERATIONS

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



QUESTIONS/DISCUSSION



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



Reflects spending through November 2023

Spending Target: 66.7%

Revised 2/2/24

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

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

(1)

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



Chart reflects spending through November 2023

Spending Target: 16.67%

Revised 2/2/2024

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

Note

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.
- (2) Delayed billing
- (3) Delayed billing
- (4) Increased need; spending will be monitored

2023-2024 Ryan White Part B Service Utilization Report
4/1/2023- 12/31/2023 Houston HSDA (4816)
3rd Quarter

Revised 1/31/2024

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	1,150	688	81.44%	12.56%	2.00%	4.00%	27.30%	26.30%	32.15%	3.05%	0.00%	0.00%	0.89%	16.56%	19.91%	26.16%	29.36%	7.12%
Home and Community Based Health Services	0	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Oral Health Care	4,224	2,363	73.43%	24.67%	0.00%	1.90%	51.41%	12.71%	33.43%	2.45%	0.00%	0.24%	1.69%	17.47%	22.64%	23.61%	23.82%	10.53%
Unduplicated Clients Served By State Services Funds:	N/A	2,769	75.80%	18.62%	1.00%	1.30%	42.23%	19.51%	35.66%	2.60%	0.00%	0.12%	1.29%	17.02%	22.98%	24.03%	25.73%	8.83%

Completed By: L.Ledema

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

Revised 1/10/2024

Funded Service	UDC		Gender			Race				Age Group								
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
	Hospice	35	10	70.00%	30.00%	30.00%	0.00%	50.00%	40.00%	10.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%	20.00%	30.00%
Mental Health Services	192	103	92.00%	7.71%	0.00%	0.29%	34.80%	35.40%	29.10%	0.70%	0.00%	9.70%	23.30%	20.38%	17.43%	33.17%	6.70%	
Helath Insurance Premiums	925	653	75.00%	17.10%	3.40%	4.50%	36.20%	27.50%	33.30%	3.00%	0.00%	6.12%	15.62%	21.20%	23.73%	30.62%	2.71%	
Non-Medical Case Management	315	24	74.30%	25.00%	0.00%	0.70%	29.14%	8.36%	62.50%	0.00%	0.00%	4.16%	33.33%	25.80%	12.50%	20.05%	4.16%	
Linguistic services	50	18	44.44%	53.52%	0.00%	2.04%	50.02%	5.54%	0.00%	44.44%	0.00%	5.54%	0.00%	27.77%	44.44%	16.71%	5.54%	
Unduplicated Clients Served By State Services Funds:	N/A	808	35.00%	22.46%	33.41%	9.13%	20.16%	14.94%	16.76%	48.14%	0.00%	9.70%	2.55%	7.22%	11.51%	11.81%	13.04%	44.17%

Completed by: L.Ledema

FY 2023 Ryan White Part A and MAI Procurement Report

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

Priority	Service Category	Original Allocation RPPC Awarded Level/Funding Scenario	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	0	0	0	0	11,426,413	46.94%	11,426,413	0	3/1/2023	4,171,374	37%	50%	
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397					4,109,697	16.88%	4,109,697	0	3/1/2023	\$1,604,066	39%	50%	
1.b	Primary Care - CBO Targeted to AA (a) (f)	1,064,576	49,443					1,114,019	4.58%	1,114,019	0	3/1/2023	\$603,464	54%	50%	
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289					952,840	3.91%	952,840	0	3/1/2023	\$648,551	68%	50%	
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314					1,201,238	4.93%	1,201,238	0	3/1/2023	\$260,634	22%	50%	
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088					1,151,088	4.73%	1,151,088	0	3/1/2023	\$357,810	31%	50%	
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531					2,197,531	9.03%	2,197,531	0	3/1/2023	\$536,368	24%	50%	
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0	3/1/2023	\$0	0%	0%	
1.h	Visions	500,000	0					500,000	2.05%	500,000	0	3/1/2023	\$160,460	32%	50%	
1.i	Primary Care Health Outcome Pilot	200,000	0					200,000	0.82%	200,000	0	3/1/2023	\$0	0%	50%	
2	Medical Case Management	1,880,000	-97,859	0	0	0	0	1,782,141	7.32%	1,782,141	0	3/1/2023	705,944	40%	50%	
2.a	Clinical Case Management	531,025	0					531,025	2.18%	531,025	0	3/1/2023	\$286,139	54%	50%	
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.24%	301,129	0	3/1/2023	\$124,759	41%	50%	
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.75%	183,663	0	3/1/2023	\$84,087	46%	50%	
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.75%	183,665	0	3/1/2023	\$26,586	14%	50%	
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.27%	66,491	0	3/1/2023	\$35,030	53%	50%	
2.f	Med CM - Targeted to Rural (a)	297,496	0					297,496	1.22%	297,496	0	3/1/2023	\$52,771	18%	50%	
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.34%	81,841	0	3/1/2023	\$71,319	87%	50%	
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	\$0	0%	0%	
2.i	Med CM - Targeted to Veterans	86,964	0					86,964	0.36%	86,964	0	3/1/2023	\$1,509	2%	50%	
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2023	\$23,764	48%	50%	
3	Local Pharmacy Assistance Program	2,067,104	0	0	0	0	0	2,067,104	8.49%	2,067,104	0	3/1/2023	\$824,677	40%	50%	
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.51%	367,104	0	3/1/2023	\$96,505	26%	50%	
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0					1,700,000	6.98%	1,700,000	0	3/1/2023	\$728,171	43%	50%	
4	Oral Health	166,404	0	0	0	0	0	166,404	0.66%	166,404	0	3/1/2023	83,900	50%	50%	
4.a	Oral Health - Targeted to Rural	166,404	0					166,404	0.68%	166,404	0	3/1/2023	\$83,900	50%	50%	
5	Health Insurance (c)	1,383,137	223,222	0	0	0	0	1,606,359	6.60%	1,606,359	0	3/1/2023	\$803,175	50%	50%	
7	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	0	341,395	1.40%	341,395	0	3/1/2023	\$167,083	49%	50%	
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	0	0	0	45,677	0.19%	45,677	0	3/1/2023	\$12,119	27%	50%	
13	Non-Medical Case Management	1,267,002	0	0	0	0	0	1,267,002	5.20%	1,267,002	0	3/1/2023	\$679,091	54%	50%	
13.a	Service Linkage targeted to Youth	110,793	0					110,793	0.46%	110,793	0	3/1/2023	\$42,113	38%	50%	
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$31,191	31%	50%	
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.52%	370,000	0	3/1/2023	\$194,828	53%	50%	
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0					686,209	2.82%	686,209	0	3/1/2023	\$410,959	60%	50%	
14	Medical Transportation	424,911	0	0	0	0	0	424,911	1.75%	424,911	0	3/1/2023	175,902	41%	50%	
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.04%	252,680	0	3/1/2023	\$126,678	50%	50%	
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.40%	97,185	0	3/1/2023	\$49,224	51%	50%	
14.c	Transportation vouchers (bus passes & gas cards)	75,046	0					75,046	0.31%	75,046	0	3/1/2023	\$0	0%	50%	
15	Emergency Financial Assistance	1,653,247	485,889	0	0	0	0	2,139,136	8.79%	2,139,136	0	3/1/2023	1,018,729	48%	50%	
15.a	EFA - Pharmacy Assistance	1,553,247	485,889					2,039,136	8.38%	2,039,136	0	3/1/2023	\$982,992	48%	50%	
15.b	EFA - Other	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$35,737	36%	50%	
17	Outreach	420,000	0	0	0	0	0	420,000	1.73%	420,000	0	3/1/2023	\$108,426	26%	50%	
	Total Service Dollars	20,514,665	1,071,877	0	0	0	0	21,686,542	89.09%	21,686,542	0	3/1/2023	8,750,420	40%	50%	
									Unallocated	Unobligated						50%
	Part A Grant Award:	24,342,151	Carryover: 0					24,342,151	0	0						
	Total Part A:	24,342,151	0					24,342,151	0	0						
		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	0	0	0	0	17,435,493	80.40%	6,686,271	77.35%	Formula	0	0	0	0

FY 2023 Ryan White Part A and MAI Procurement Report

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

Priority	Service Category	Original Allocation RW/PC Approved Level Funding Scenario	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	Expanded YTD	Percent YTD	Percent Expected YTD
	Non-Core (may not exceed 25% of total service dollars)	3,765,160	485,889	0	0	0	0	4,251,049	19.60%	1,982,149	22.65%	Supplemen			0
	Total Service Dollars (does not include Admin and QM)	20,614,665	1,071,877	0	0	0	0	21,686,542		8,750,420		Carry Over	0	0	0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,208,914	18,000	0	0	0	0	2,226,914	8.33%			Totals	0	0	0
	Total QM (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	0	0	428,695	1.60%						
MAI Procurement Report															
		Original Allocation RW/PC Approved Level Funding Scenario	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 Procure- ment	Expanded YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,107,819	-39,764	0	0	0	0	2,068,055	86.82%	2,068,055	0		1,059,075	51%	50%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106	0	0	0	0	1,045,669	43.90%	1,045,669	0	3/1/2023	\$566,250	54%	50%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	0	0	0	0	1,022,386	42.92%	1,022,386	0	3/1/2023	\$492,825	48%	50%
2	Medical Case Management	320,099	-6,038	0	0	0	0	314,061	13.18%	314,061	0		\$95,738	30%	50%
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019	0	0	0	0	157,031	6.59%	157,031	0	3/1/2023	\$70,410	45%	50%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019	0	0	0	0	157,030	6.59%	157,030	0	3/1/2023	\$25,329	16%	50%
	Total MAI Service Funds	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		1,154,813	48%	50%
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		1,154,813	48%	50%
	Total MAI Funds														
	MAI Grant Award	2,382,116	Carry Over:				Total MAI:	2,382,116	Unallocated	Unobligated					
	Combined Part A and MAI Original Allocation Total	25,680,192					Total Part A & MAI	26,724,267	0	0		MAI Award	2,382,116		50%
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

Date Range 3/1/23 - 9/30/23

Priority	Service Category	Goal	Unduplicated Clients Served	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
RW PART A SUR																		
1	Outpatient/Ambulatory Primary Care (excluding Vision)	8,643	6,781	76%	22%	2%	42%	11%	2%	44%	0%	0%	4%	28%	27%	12%	26%	3%
1a	Primary Care - Public Clinic (a)	2,959	2,385	73%	26%	1%	41%	9%	2%	49%	0%	0%	2%	17%	25%	15%	36%	4%
1b	Primary Care - CBO Targeted to AA (a)	2,417	1,801	71%	26%	4%	99%	2%	1%	0%	0%	0%	5%	37%	27%	10%	18%	2%
1c	Primary Care - CBO Targeted to Hispanic (a)	1,916	1,721	83%	13%	3%	0%	0%	0%	100%	0%	0%	6%	33%	29%	7%	19%	1%
1d	Primary Care - CBO Targeted to White and/or MSM (a)	774	578	86%	12%	1%	0%	88%	15%	0%	0%	0%	2%	27%	26%	8%	33%	4%
1e	Primary Care - CBO Targeted to Rural (a)	683	429	71%	71%	0%	34%	25%	1%	40%	0%	0%	4%	25%	27%	13%	28%	4%
1f	Primary Care - Women at Public Clinic (a)	793	627	0%	99%	1%	49%	5%	1%	44%	0%	0%	2%	12%	25%	18%	38%	6%
1g	Primary Care - Pediatric (a)	5	0															
1h	Vision	2,815	1215	74%	24%	2%	43%	13%	2%	41%	0%	0%	3%	19%	22%	12%	38%	6%
2	Medical Case Management (f)	5,429	2,607	73%	25%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2a	Clinical Case Management	936	474	71%	137%	2%	57%	16%	2%	26%	0%	0%	3%	22%	23%	10%	33%	8%
2b	Med CM - Targeted to Public Clinic (a)	569	403	93%	162%	2%	50%	12%	0%	36%	0%	0%	2%	25%	23%	12%	34%	4%
2c	Med CM - Targeted to AA (a)	1,625	643	77%	101%	3%	99%	0%	1%	0%	0%	0%	6%	26%	27%	10%	24%	7%
2d	Med CM - Targeted to HI (a)	813	401	83%	162%	4%	0%	0%	0%	100%	0%	0%	5%	29%	27%	11%	24%	3%
2e	Med CM - Targeted to White and/or MSM (a)	504	215	89%	303%	1%	0%	9%	8%	0%	0%	0%	2%	21%	22%	8%	37%	10%
2f	Med CM - Targeted to Rural (a)	548	246	64%	265%	1%	51%	28%	3%	18%	0%	0%	3%	19%	19%	9%	41%	9%
2g	Med CM - Targeted to Women at Public Clinic (a)	246	186	0%	350%	0%	69%	6%	1%	24%	0%	0%	2%	24%	33%	10%	26%	5%
2h	Med CM - Targeted to Peer (a)	0	0															
2i	Med CM - Targeted to Veterans	172	31	94%	2100%	0%	74%	19%	0%	6%	0%	0%	0%	0%	0%	3%	45%	0%
2j	Med CM - Targeted to Youth	15	8	100%	8138%	0%	50%	25%	0%	25%	0%	13%	88%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	5,775	4,394	77%	20%	4%	40%	12%	2%	45%	0%	0%	4%	25%	28%	12%	28%	3%
4	Oral Health	356	259	69%	30%	1%	38%	26%	1%	36%	0%	0%	3%	17%	25%	17%	30%	9%
4a	Oral Health - Untargeted (a)	NA	NA															
4b	Oral Health - Rural Target	356	259	69%	30%	1%	38%	26%	1%	36%	0%	0%	3%	17%	25%	17%	30%	9%
5	Mental Health Services (d)	0	NA															
6	Health Insurance	1,918	1,469	79%	19%	2%	42%	26%	3%	30%	0%	0%	2%	12%	18%	9%	41%	17%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	17	12	92%	8%	0%	25%	4%	8%	25%	0%	0%	0%	25%	42%	17%	17%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	546	387	76%	23%	2%	45%	17%	3%	35%	0%	0%	1%	7%	13%	9%	51%	20%
11	Hospice Services (d)	NA	NA															
12	Outreach	1,042	500	77%	25%	3%	63%	10%	2%	25%	0%	0%	6%	31%	26%	10%	22%	4%
13	Non-Medical Case Management	8,657	5,797	77%	23%	1%	50%	8%	2%	40%	0%	12%	88%	0%	0%	0%	0%	0%
13a	Service Linkage Targeted to Youth	175	178	77%	93%	1%	54%	4%	0%	43%	0%	0%	0%	46%	30%	9%	11%	4%
13b	Service Linkage at Testing Sites	100	54	76%	24%	0%	52%	9%	1%	38%	0%	0%	0%	19%	24%	13%	37%	7%
13c	Service Linkage at Public Clinic/Primary Care Program (a)	3,546	2,353	68%	31%	1%	48%	12%	2%	38%	0%	0%	4%	28%	27%	11%	25%	4%
13d	Service Linkage at CBO Primary Care Programs (a)	4,537	3,262	76%	21%	2%	48%	12%	2%	38%	0%	0%	4%	28%	27%	11%	25%	4%
14	Transportation	2,366	1,119	71%	27%	2%	61%	10%	2%	26%	0%	0%	3%	16%	21%	11%	41%	8%
14a	Transportation Services - Urban	796	313	65%	33%	1%	56%	7%	3%	34%	0%	0%	3%	24%	25%	10%	28%	10%
14b	Transportation Services - Rural	237	103	66%	34%	0%	33%	30%	1%	36%	0%	0%	4%	17%	19%	14%	39%	7%
14c	Transportation Voucher	1,333	758	73%	25%	2%	68%	9%	2%	22%	0%	0%	2%	13%	19%	11%	47%	8%
15	Liaison Services (d)	NA	NA															
16	Emergency Financial Assistance (a)	1,830	1,243	77%	21%	2%	42%	9%	2%	48%	0%	0%	3%	24%	27%	12%	31%	2%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories																		
		12,921	12,141	75%	23%	2%	47%	13%	2%	38%	0%	0%	4%	24%	24%	11%	30%	6%
Live/ve AIDS cases ± estimated Live/ve HIV non-AIDS (from FY19 Ann) (b)																		
		NA	30,198	30%	9%	1%	19%	5%	1%	30%	0%	0%	0%	10%	10%	4%	12%	3%

FY 2023 Ryan White Part A and MAI Service Utilization Report

Date Range 3/1/23 - 9/30/23

RW MAI Service Utilization Report																		
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
1.b	Outpatient/Ambulatory Primary Care (excluding Vision)	1,664	1,397	72%	25%	3%	99%	0%	1%	0%	0%	0%	6%	36%	27%	10%	18%	2%
1.c	Primary Care - MAI CBO Targeted to AA (a)	1,380	1,267	82%	14%	3%	0%	0%	0%	100%	0%	1%	5%	33%	27%	12%	20%	2%
2	Medical Case Management (d)	NA	NA	NA	NA	NA	NA	0%	1%	0%	0%	1%	5%	28%	26%	12%	24%	5%
2.c	Med CM - Targeted to AA (a)	967	422	67%	29%	4%	99%	0%	1%	0%	0%	1%	5%	28%	26%	12%	24%	5%
2.d	Med CM - Targeted to H/L (a)	735	266	83%	13%	4%	0%	0%	0%	100%	0%	0%	5%	28%	27%	10%	27%	2%
RW Part A New Client Service Utilization Report																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months																		
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	1,131	19%	19%	3%	48%	10%	2%	40%	0%	1%	9%	36%	25%	10%	16%	3%
2	IPAP	954	489	83%	14%	3%	46%	10%	2%	42%	0%	1%	9%	37%	27%	10%	14%	2%
3.a	Clinical Case Management	95	52	81%	19%	0%	62%	10%	2%	27%	0%	2%	8%	19%	25%	6%	33%	8%
3.b-3.h	Medical Case Management	1,097	540	76%	21%	2%	49%	12%	1%	37%	0%	1%	8%	30%	24%	12%	20%	5%
3.i	Medical Case Management - Targeted to Veterans	33	3	67%	33%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	33%	0%	67%
4	Oral Health	50	25	76%	24%	0%	40%	36%	0%	24%	0%	0%	8%	16%	28%	4%	36%	8%
12.a.	Non-Medical Case Management (Service Linkage)	1,870	1,224	72%	27%	1%	53%	12%	1%	33%	0%	1%	7%	28%	25%	11%	23%	6%
12.c.																		
12.d	Service Linkage at Testing Sites	92	49	71%	27%	2%	49%	4%	2%	45%	0%	6%	8%	33%	29%	8%	12%	4%
Footnotes:																		
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																	
(c)	Funded by Part B and/or State Services.																	
(d)	Total MCM served does not include Clinical Case Management																	
(e)	CBO Pairs targeted to AA (1.b) and H/L (1.c) goals represent combined Part A and MAI clients served																	

FY 2024 How to Best Meet the Need Justification for Each Service Category

DRAFT 03/14/2023

<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 not in care* to access primary care? <i>*ElIHA: Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status- unaware and link them into care <i>*Unmet Need:</i> Individuals diagnosed with HIV but with no evidence of care for 12 months <i>*Continuum of Care:</i> 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. <i>*Ending the HIV Epidemic:</i> 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>
<p>Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-14-23</p>							
<p>Ambulatory/Outpatient Primary Medical Care (incl. Vision):</p>							
<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"/> ElIHA <input checked="" type="checkbox"/> Unmet Need <input checked="" type="checkbox"/> Continuum of Care</p>					

† Service Category for Part B/State Services only.

FY 2024 How to Best Meet the Need Justification for Each Service Category

DRAFT 03/14/2023

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Service Category	Justification for Discontinuing the Service
<p>Part 2: Services allowed by HRSA but not offered by Part A, Part B or State Services funding in the Houston EMA/HSDA as of 03-01-23 <i>In order for any of the services listed below to be considered for funding, a New Idea Form must be submitted to the Office of Support for the Ryan White Planning Council no later than 5:00 p.m. on May 1, 2023. This form is available by calling the Office of Support: 832 927-7926</i></p>	
<p>Ambulatory/Outpatient Primary Medical Care – Pediatric (incl. Medical Case Management and Service Linkage)</p>	<p>Service available from alternative sources.</p>
<p>Buddy Companion/Volunteerism</p>	<p>Low use, need and gap according to the 2002 Needs Assessment (NA).</p>
<p>Childcare Services (In Home Reimbursement; at Primary Care sites)</p>	<p>Primary care sites have alternative funding to provide this service so clients will continue to receive the service through alternative sources.</p>
<p>Food Pantry (Urban)</p>	<p>Service available from alternative sources.</p>
<p>HE/RR</p>	<p>In order to eliminate duplication, eliminate this service but strengthen the patient education component of primary care.</p>
<p>Home and Community-based Health Services (In-home services)</p>	<p>Category unfunded due to difficulty securing vendor.</p>
<p>Home and Community-based Health Services (facility-based)</p>	<p>Category unfunded due to many years of underutilization.</p>
<p>Housing Assistance (Emergency rental assistance)</p>	<p>According to the HOPWA representative, they provide significant funding for emergency rent and utility assistance. (See City Council approved allocations.) But, HOPWA does not give emergency shelter vouchers because they feel there are shelters for this purpose and because it is more prudent to use limited resources to provide long-term housing.</p>
<p>Housing Related Services (Housing Coordination)</p>	<p>The Capacity Building program targeted to minority substance abuse providers was a one-year program in FY2004.</p>
<p>Minority Capacity Building Program</p>	<p>Significant alternative funding.</p>
<p>Outreach Services</p>	<p>Duplicates patient education program in primary care and case management. The boundary between peer and client gets confusing and difficult to supervise. Not cost effective, costs almost as much per client as medical services.</p>
<p>Psychosocial Support Services (Counseling/Peer)</p>	<p>Service available from alternative sources.</p>
<p>Rehabilitation</p>	<p>Service available from alternative sources.</p>

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