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
	Yvonne Arizpe, Co- Chair	Isis Torrente
	Kevin Aloysius	*Robert Ball*
	Caleb Brown	*Patricia James*
	Michael Elizabeth	*Arturo Jimenez*
	Georgina German	*Pete Rodriguez*
	Glen Hollis	*Gloria Sierra*
	Denis Kelly	*Omar Toirac*
	Oscar Perez	*Marcus Woods*
	Beatriz E.X. Rivera	
Copy:	Glenn Urbach	Tionna Cobb
	Eric James	Jeff Benavides
	Francisco Ruiz	Diane Beck
	James Supak	Rod Avila
	Tiffany Shepherd	Gary Grier
	Sha'Terra Johnson	
From:	Tori Williams	
Date:	Tuesday, March 11, 2025	
Re:	Meeting Notice	

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

Tuesday, March 18, 2025

12:00 p.m. – Joint Meeting to Determine Criteria Used to Select the FY 2026 Ryan White Services

12:30 p.m. – Quality Improvement Committee Meeting
Sandwiches will be available to those with a medical need

To participate virtually, click on this link:
https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhIdz09
Meeting ID: 811 4450 9622 Passcode: 125672
Or, call in by dialing: 346 248 7799

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

Please RSVP to Rod and let her know if you will be in attendance or not. She can be reached by telephone at 832 927-7926 or by email at: Rodriga.Avila@harriscountytx.gov. And, if you have questions for your committee mentor, do not hesitate to contact her at: Tana Pradia, 832 298-4248, tanapradia@gmail.com

DRAFT

Houston Area HIV Services Ryan White Planning Council

Joint Committee Meeting

12:00 p.m., Tuesday, March 18, 2025

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

Join the meeting via Zoom:
https://us02web.zoom.us/j/81519929661?pwd=cXZPdzkzdjJwWnJPeFRJc1RwOStYUT09
Meeting ID: 811 4450 9622 Passcode: 125672

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

Agenda

Purpose of the Joint Meeting: To determine the criteria used to select the FY 2026 Service Categories.

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

II. Public Comment

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

III. HRSA Service Categories — Tori Williams, Office of Support
- A. Review HRSA service definitions
- B. HRSA Defined Core Services
- C. Review list of FY 2025 Houston Part A, B and State Service-funded services

VI. Justification Tools — Yvonne Arizpe & Tana Pradia
- A. FY 2026 Justification Chart

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

VIII. Adjournment

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

HRSA Core vs. Support Services

Ryan White Part A Manual, March 2023

Core Medical Services
• ADAP Treatments
• AIDS Pharmaceutical Assistance
• Early Intervention Services
• Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
• Home and Community-Based Health Services
• Home Health Care
• Hospice Services
• Medical Case Management, including Treatment Adherence Services
• Medical Nutrition Therapy
• Mental Health Services
• Oral Health Care
• Outpatient/Ambulatory Health Services
• Substance Abuse Disorder16 Outpatient Care

Support Services
• Child Care Services
• Emergency Financial Assistance
• Food Bank/Home Delivered Meals
• Health Education/Risk Reduction
• Housing
• Linguistic Services
• Medical Transportation
• Non-Medical Case Management Services
• Other Professional Services
• Outreach Services
• Psychosocial Support Services
• Referral for Health Care and Support Services
• Rehabilitation Services
• Respite Care
• Substance Abuse Disorder Services (residential)

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

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

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

Purpose of PCN

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

Background

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

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

HRSA HAB has developed program policies that incorporate both HHS regulations

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

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

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

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

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

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

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

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

Eligible Individuals:

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

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

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

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

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

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

Other unallowable costs include:

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

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

Service Category Descriptions and Program Guidance

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

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.
[3] General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

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

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

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

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

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

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

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

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

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

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

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

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

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

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*
Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services*.

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

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

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

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

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

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

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

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

[5] https://aidsinfo.nih.gov/guidelines

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

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

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

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients <u>in the absence of any other resources</u>.

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

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

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

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

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

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

Early Intervention Services (EIS)

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

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

- HRSA RWHAP Parts A and B EIS services must include the following four components:
    - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
        - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
        - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
    - Referral services to improve HIV care and treatment services at key points of entry
    - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
    - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- HRSA RWHAP Part C EIS services must include the following four components:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
        - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services related to HIV diagnosis

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

Description:

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

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

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

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

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

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

when determined to be cost effective.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

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

Key activities include:

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

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

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

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

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

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

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

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

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

See also Food-Bank/Home Delivered Meals

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

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

See also Psychosocial Support Services

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

Program Guidance:
None at this time.

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

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

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

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

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

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

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

See also Early Intervention Services

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

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

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

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

guidance.

See also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

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

Allowable use of funds include:

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

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

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

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

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

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

Food Bank/Home Delivered Meals
Description:

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

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

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

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

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

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

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

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

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

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

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

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

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

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

Legal Services
See Other Professional Services

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

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

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

Program Guidance:
Medical transportation may be provided through:

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

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

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

Unallowable costs include:

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

Non-Medical Case Management Services

Description:

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

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

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

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

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

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

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

See 45 CFR § 75.459

Outreach Services

Description:

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

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

Outreach Services must:

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

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

Program Guidance:

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

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

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

See also Early Intervention Services

Permanency Planning
See Other Professional Services

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

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

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

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

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

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

See also Respite Care Services

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

Program Guidance:

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

vocational therapy.

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

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

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

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

See also Early Intervention Services

Respite Care
Description:

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

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

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

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

See also Psychosocial Support Services

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

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

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

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

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

FY 2025 Part A Funded Service Categories

** = HRSA-defined core service

Part A Funded Service Categories:

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

HRSA Services NOT Funded by Part A:

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

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

FY 2025 Part B/State Services Funded Service Categories

** = HRSA-defined core service

Part B Funded Service Categories:

**Health Insurance Assistance

**Oral Health Care (untargeted and prosthodontics)

Referral for Health Care and Support Services (ADAP Eligibility Workers)

State Services Funded Service Categories:

Case Management – Non-Medical, Targeting Substance Use Disorders

**Health Insurance Assistance

**Hospice Services

Linguistics Services

**Mental Health

HRSA Services NOT Funded by Part B/State Services:

**Ambulatory/Outpatient Medical Care (Rural)
**Case Management – Medical (Rural)
Child Care Services (in home reimbursement and at primary care sites)
**Early Intervention Services
Food Bank/Home Delivered Meals
Health Education/Risk Reduction
**Home and Community-based Health Services – Facility Based
**Home and Community-based Health Services – In Home
Housing Assistance (Emergency rental assistance)
Housing Related Services (Housing coordination)
Legal Assistance
**Local Medication Program
**Medical Nutrition Therapy (Nutritional Counseling and Nutritional Supplements)
Minority Capacity Building
Other Professional Services
Outreach Services
Permanency Planning
Psychosocial Support Services (Counseling/Peer)
Rehabilitation Services
Volunteerism/Buddy Companion Services
Rehabilitation Services
Respite Care
**Substance Abuse Services
Transportation (Rural)

FY 2025 How to Best Meet the Need Justification for Each Service Category

Revised 03-25-24

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals *not in care** to access primary care? **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. **Ending the HIV Epidemic*: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need (Sources of Data include: America's HIV Epidemic Analysis (AHEAD.HIV.gov), Ryan White HIV/AIDS Program Compass Dashboard (ryanwhite.hrsa.gov/data/dashboard), 2020 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2023 Outcome Measures, 2020 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?	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)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity? Is this service culturally appropriate for clients living with HIV?	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? *Examples:* 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	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.
Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-14-23							
Ambulatory/Outpatient Primary Medical Care (incl. Vision):							
CBO, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach & Service Linkage (Includes OB/GYN) *See below for Public Clinic, Rural, and Vision.*	___Yes ___No	☒ **EIIHA** ☒ **EHE** ☒ **Unmet Need** **Continuum of Care (CoC)** ☒ CoC RW eligible consumers ☒ CoC all PLWH in EMA/HSDA		Covered under QHP? ✔ Yes ___No	**Justify the use of funds:** **Is this a duplicative service or activity?**	**Can we make this service more efficient?** **Can we bundle this service?** **Has a recent capacity issue been identified?** **Does this service assist special populations to access primary care?**	

‡ Service Category for Part B/State Services only.

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

FY 2024 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**11,169,413**	**370,766**	**134,765**	**-12,085**	**79,623**	**16,040**	**11,758,522**	**46.65%**	**11,758,522**	**0**		**$9,587,178**	**82%**	**92%**
1.a	Primary Care - Public Clinic (a)	4,109,697	144,599					4,254,296	16.88%	4,254,296	0	3/1/2024	$3,874,506	91%	92%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,114,019	37,077	45,820		191,854	25,000	1,413,770	5.61%	1,413,770	0	3/1/2024	$1,256,632	89%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	952,840	33,369	39,082			20,000	1,045,291	4.15%	1,045,291	0	3/1/2024	$1,436,198	137%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,201,238	40,784	49,863			25,000	1,316,885	5.22%	1,316,885	0	3/1/2024	$513,906	39%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,151,088	40,784		-12,085	-137,231	-61,960	980,596	3.89%	980,596	0	3/1/2024	$780,000	80%	92%
1.f	Primary Care - Women at Public Clinic (a)	2,090,531	74,153					2,164,684	8.59%	2,164,684	0	3/1/2024	$1,271,421	59%	92%
1.g	Primary Care - Pediatric (a.1)														
1.h	Vision	500,000				25,000	8,000	533,000	2.11%	533,000	0	3/1/2024	$454,515	85%	92%
1.x	Primary Care Health Outcome Pilot	50,000	0					50,000	0.20%	50,000	0	3/1/2024	$0	0%	92%
2	**Medical Case Management**	**2,183,040**	**0**	**0**	**0**	**-92,938**	**-58,500**	**2,031,602**	**8.06%**	**2,031,602**	**0**		**1,210,720**	**60%**	**92%**
2.a	Clinical Case Management	531,025	0			16,000		547,025	2.17%	547,025	0	3/1/2024	$466,754	85%	92%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.19%	301,129	0	3/1/2024	$195,144	65%	92%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.73%	183,663	0	3/1/2024	$126,350	69%	92%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.73%	183,665	0	3/1/2024	$76,995	42%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2024	$37,568	57%	92%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-38,914	-48,500	210,082	0.83%	210,082	0	3/1/2024	$139,371	66%	92%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2024	$122,236	149%	92%
2.h	Med CM - Targeted Geriatrics	400,899	0					400,899	1.59%	400,899	0	3/1/2024	$7,671	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0			-70,024	-10,000	6,940	0.03%	6,940	0	3/1/2024	$0	0%	92%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2024	$38,631	77%	92%
3	**Local Pharmacy Assistance Program**	**2,067,104**	**0**	**33,513**	**12,085**	**140,880**	**50,010**	**2,303,592**	**9.14%**	**2,303,592**	**0**	3/1/2024	**$1,824,054**	**79%**	**92%**
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.46%	367,104	0	3/1/2024	$245,896	67%	92%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0	33,513	12,085	140,880	50,010	1,936,488	7.68%	1,936,488	0	3/1/2024	$1,578,157	81%	92%
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**10,050**	**11,250**	**187,704**	**0.74%**	**187,704**	**0**	3/1/2024	**166,450**	**89%**	**92%**
4.b	Oral Health - Targeted to Rural	166,404	0			10,050	11,250	187,704	0.74%	187,704	0	3/1/2024	$166,450	89%	92%
5	**Health Insurance (c)**	**1,583,137**		**311,204**	**0**	**0**	**0**	**1,894,341**	**7.52%**	**1,894,341**	**0**	3/1/2024	**$1,494,928**	**79%**	**92%**
7	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**					**341,395**	**1.35%**	**341,395**	**0**	3/1/2024	**$280,699**	**82%**	**92%**
8	**Substance Abuse Services - Outpatient (c)**	**25,000**	**0**	**0**	**0**	**-5,000**	**0**	**20,000**	**0.08%**	**20,000**	**0**	3/1/2024	**$12,480**	**62%**	**92%**
10	**Emergency Financial Assistance**	**2,139,136**	**0**	**11,722**	**0**	**-39,204**	**-10,000**	**2,101,654**	**8.34%**	**2,101,654**	**0**		**$1,547,539**	**74%**	**92%**
10.a	EFA - Pharmacy Assistance	2,039,136	0	11,722		-19,204		2,031,654	8.06%	2,031,654	0	3/1/2022	$1,488,076	73%	92%
10.b	EFA - Other	100,000	0			-20,000	-10,000	70,000	0.28%	70,000	0	3/1/2024	$59,463	85%	92%
12	**Non-Medical Case Management**	**1,267,002**	**0**	**0**	**0**	**-93,411**	**-8,800**	**1,164,791**	**4.62%**	**1,164,791**	**0**	3/1/2024	**$949,857**	**82%**	**92%**
12.a	Service Linkage targeted to Youth	110,793	0			-60,000		50,793	**0.20%**	50,793	0	3/1/2024	$66,942	132%	92%
12.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-20,000		80,000	**0.32%**	80,000	0	3/1/2024	$49,654	62%	92%
12.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	**1.47%**	370,000	0	3/1/2024	$309,543	84%	92%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-13,411	-8,800	663,998	**2.63%**	663,998	0	3/1/2024	$523,718	79%	92%
13	**Medical Transportation**	**424,911**	**0**	**0**	**0**	**0**	**0**	**424,911**	**1.69%**	**424,911**	**0**		**$388,822**	**92%**	**92%**
13.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.00%	252,680	0	3/1/2024	$198,324	78%	92%
13.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.39%	97,185	0	3/1/2024	$115,984	119%	92%
13.c	Transportation vouchering (bus passes & gas cards)	75,046	0					75,046	0.30%	75,046	0	3/1/2024	$74,514	99%	92%
15	**Outreach**	**320,000**	0					**320,000**	**1.27%**	320,000	**0**	3/1/2024	**$110,588**	**35%**	**92%**
FY23_RW_DIR	**Total Service Dollars**	**21,686,542**	**370,766**	**491,204**	**0**	**0**	**0**	**22,548,512**	**89.46%**	**22,548,512**	**0**		**$17,573,315**	**78%**	**92%**
	Grant Administration	**2,133,394**	**0**	**0**	**0**	**0**	**0**	**2,133,394**	**8.46%**	**2,133,394**	0	**N/A**	**$1,833,076**	**86%**	**92%**
FY23_RW_ADMIN	HCPH/RWGA Section (including indirect $169,915)	1,543,860	0	0	0		0	1,543,860	6.13%	1,543,860	0	N/A	$1,351,642	88%	92%
FY23_RW_ADMIN	RWPC Support	589,534	0		0	0	0	589,534	2.34%	589,534	0	N/A	$481,434	82%	92%
FY23_RW_QM	**Quality Management**	**522,214**	**0**	**0**	**0**	**0**	**0**	**522,214**	**2.07%**	**522,214**	**0**	**N/A**	**$413,660**	**79%**	**92%**
		24,342,150	**370,766**	**491,204**	**0**	**0**	**0**	**25,204,120**	**100.00%**	**25,204,120**	**0**		**$19,820,051**	**79%**	**92%**
									Unallocated	Unobligated					92%
	Part A Grant Award:	**25,204,121**	***Carryover:***	**491,204**			***Total Part A:***	**25,204,121**	1	**0**					92%

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

FY 2024 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
		Original Allocation	**Award Reconcilation**	**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)	**17,535,493**	**370,766**	**479,482**	**0**	**132,615**	**18,800**	**18,518,356**	**82.13%**	**13,081,580**	**81.92%**	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	**4,151,049**	**0**	**11,722**	**0**	**-132,615**	**-18,800**	**4,030,156**	**17.87%**	**2,886,218**	**18.08%**	Supplement			0
	Total Service Dollars (does not include Admin and QM)	**21,686,542**	**370,766**	**491,204**	**0**	**0**	**0**	**22,548,512**		**15,967,799**		Carry Over	0		0
												Totals	0	0	0
	Total Admin (must be ≤ 10% of total Part A + MAI)	**2,133,394**	**0**	**0**	**0**	**0**	**0**	**2,133,394**	**7.71%**						
	Total QM (must be ≤ 5% of total Part A + MAI)	**522,214**	**0**	**0**	**0**	**0**	**0**	**522,214**	**1.89%**						

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**2,068,055**	**30,356**	**47,459**	**0**	**0**	**0**	**2,145,870**	**87.07%**	**2,145,870**	**0**		**$1,878,260**	**88%**	**92%**
1.b (MAI)	Primary Care - CBO Targeted to African American	1,045,669	15,482	24,204	0			1,085,355	44.04%	1,085,355	0	3/1/2024	$1,002,365	92%	92%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,022,386	14,874	23,255	0			1,060,515	43.03%	1,060,515	0	3/1/2024	$875,895	83%	92%
2	**Medical Case Management**	**314,060**	**4,536**	**0**	**0**	**0**	**0**	**318,596**	**12.93%**	**318,596**	**0**		**$131,821**	**41%**	92%
2.c (MAI)	MCM - Targeted to African American	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	$94,612	59%	92%
2.d (MAI)	MCM - Targeted to Hispanic	157,030	2,268					159,298	6.46%	159,298	0	3/1/2024	$37,208	23%	92%
	Total MAI Service Funds	**2,382,115**	**34,892**	**47,459**	**0**	**0**	**0**	**2,464,466**	**100.00%**	**2,464,466**	**0**		**$2,010,081**	**82%**	**92%**
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		$0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		$0	0%	0%
	Total MAI Non-service Funds	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**		**$0**	**0%**	**0%**
	Total MAI Funds	**2,382,115**	**34,892**	**47,459**	**0**	**0**	**0**	**2,464,466**	**100.00%**	**2,464,466**	**0**		**$2,010,081**	**82%**	**92%**
	MAI Grant Award	**2,464,466**	***Carry Over:***	**47,459**			***Total MAI:***	**2,464,466**							92%
	Combined Part A and MAI Orginial Allocation Total	**26,724,265**							Unallocated	Unobligated					
									0	0		***MAI Award***	**2,464,466**		
												Total Part A & MAI Award	**27,668,587**		

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 2024 Ryan White Part A and MAI Service Utilization Report

Date Range: 03/01/2024 - 1/31/2025 23:59:00

RW PART A Service Utilization Report																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non -Hispanic)	White (non -Hispanic)	Other (non - Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65+
1	Outpatient/Ambulatory Primary Care (excluding Vision)	9,780	8,707	74%	23%	2%	43%	10%	2%	44%	0%	0%	5%	27%	28%	22%	15%	3%
1.a	Primary Care - Public Clinic (A)	3,113	2,860	69%	30%	1%	42%	7%	2%	49%	0%	0%	3%	17%	25%	27%	22%	5%
1.b	Primary Care - CBO Targeted to AA (A)	2,335	2,395	71%	26%	3%	99%	0%	1%	0%	0%	1%	6%	36%	29%	16%	10%	2%
1.c	Primary Care - CBO Targeted to Hispanic (A)	1,934	2,271	82%	14%	3%	0%	0%	0%	100%	0%	0%	6%	32%	29%	21%	10%	1%
1.d	Primary Care - CBO Targeted to White and/or MSM (A)	774	717	85%	12%	3%	0%	83%	17%	0%	0%	0%	3%	25%	27%	22%	19%	4%
1.e	Primary Care - CBO Targeted to Rural (A)	752	640	72%	26%	1%	40%	18%	2%	40%	0%	0%	5%	25%	30%	23%	15%	3%
1.f	Primary Care - Women at Public Clinic (A)	872	869	0%	99%	1%	52%	5%	2%	42%	0%	0%	3%	14%	26%	30%	20%	6%
1.g	Primary Care - Pediatric (A)																	
1.h	Vision	2,663	2,305	72%	26%	2%	45%	11%	3%	42%	0%	0%	3%	21%	25%	25%	20%	6%
2	Medical Case Management	5,719	3,490	70%	28%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
2.a	Clinical Case Management	967	646	73%	25%	2%	57%	13%	2%	28%	0%	0%	3%	27%	23%	20%	20%	7%
2.b	Med CM - Targeted to Public Clinic (A)	578	438	90%	7%	3%	50%	12%	1%	37%	0%	0%	2%	29%	24%	20%	20%	5%
2.c	Med CM - Targeted to AA (A)	1,479	873	67%	30%	3%	99%	0%	1%	0%	0%	0%	3%	30%	29%	20%	13%	4%
2.d	Med CM - Targeted to H/L (A)	728	486	81%	15%	5%	0%	0%	0%	100%	0%	0%	6%	30%	28%	22%	12%	3%
2.e	Med CM - Targeted to White and/or MSM (A)	460	189	84%	15%	1%	0%	86%	14%	0%	0%	0%	2%	17%	22%	28%	22%	9%
2.f	Med CM - Targeted to Rural (A)	554	545	69%	31%	0%	49%	25%	2%	24%	0%	0%	2%	21%	24%	22%	21%	9%
2.g	Med CM - Targeted to Women at Public Clinic (A)	259	240	1%	99%	0%	65%	7%	1%	27%	0%	0%	1%	28%	30%	22%	15%	4%
2.h	Med CM - Targeted to Geriatrics	532	64	63%	34%	3%	67%	11%	2%	20%	0%	0%	0%	0%	0%	0%	56%	44%
2.i	Med CM - Targeted to Veterans	148																
2.j	Med CM - Targeted to Youth	14	9	78%	11%	11%	67%	0%	0%	33%	0%	22%	78%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (A)	5,781	5,680	75%	22%	3%	41%	11%	2%	46%	0%	0%	4%	26%	28%	23%	15%	3%
4	Oral Health	348	328	67%	31%	1%	40%	26%	2%	32%	0%	0%	2%	17%	27%	29%	17%	9%
4.a	Oral Health - Untargeted (D)	NA	NA															
4.b	Oral Health - Rural Target	348	328	67%	31%	1%	40%	26%	2%	32%	0%	0%	2%	17%	27%	29%	17%	9%
5	Health Insurance (D)	2,034	2,143	78%	20%	2%	46%	20%	3%	31%	0%	0%	2%	15%	22%	21%	27%	13%

6	Mental Health Services (D)	NA	NA															
7	Medical Nutritional Therapy/Nutritional Supplements	515	439	76%	23%	1%	42%	17%	4%	37%	0%	0%	0%	6%	12%	27%	34%	21%
8	Substance Abuse Treatment - Outpatient	19	9	100%	0%	0%	22%	22%	0%	56%	0%	0%	0%	44%	44%	0%	11%	0%
9	Hospice Services	NA	NA															
10	Emergency Financial Assistance	3,218	1,314	74%	23%	3%	44%	8%	2%	45%	0%	1%	5%	24%	28%	24%	16%	2%
10.a	Emergency Financial Assistance-Pharmacy Assistance	3,105	1,201	75%	23%	2%	42%	8%	2%	47%	0%	1%	6%	24%	29%	24%	14%	2%
10.b	Emergency Financial Assistance - Other (MCC only)	113	116	67%	29%	3%	65%	10%	3%	22%	0%	0%	3%	17%	18%	21%	33%	9%
11	Referral for Health Care - Non Core Service (D)	NA	NA															
12	Non-Medical Case Management	8,568	6,707															
12.a	Service Linkage Targeted to Youth	179	167	65%	30%	5%	53%	3%	3%	41%	0%	11%	89%	0%	0%	0%	0%	0%
12.b	Service Linkage at Testing Sites	132	131	71%	26%	3%	56%	6%	6%	31%	0%	0%	0%	50%	25%	15%	7%	3%
12.c	Service Linkage at Public Clinic Primary Care Program (A)	3,621	3,064	65%	34%	1%	49%	8%	2%	41%	0%	0%	0%	17%	24%	26%	25%	8%
12.d	Service Linkage at CBO Primary Care Programs (A)	4,636	3,345	73%	25%	2%	49%	10%	2%	39%	0%	0%	4%	27%	29%	21%	14%	5%
13	Transportation	2,358	1,464	70%	28%	3%	61%	9%	2%	28%	0%	0%	1%	15%	21%	25%	28%	9%
13.a	Transportation Services - Urban	687	337	66%	32%	2%	54%	8%	4%	34%	0%	0%	1%	21%	25%	23%	19%	10%
13.b	Transportation Services - Rural	195	124	67%	32%	1%	31%	31%	2%	35%	0%	0%	1%	19%	17%	30%	23%	11%
13.c	Transportation vouchering	1,476	1,131	70%	27%	3%	67%	6%	1%	26%	0%	0%	1%	13%	20%	25%	32%	8%
14	Linguistic Services (D)	NA	NA															
15	Outreach Services	955	529	70%	26%	4%	61%	9%	2%	29%	0%	1%	6%	34%	26%	18%	13%	3%
	Net unduplicated clients served - all categories	15,378	14,364	74%	24%	2%	47%	12%	2%	39%	0%	0%	4%	24%	25%	22%	18%	7%
	Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (B)	NA	30,198	75%	25%	0%	48%	17%	5%	30%	0%		4%	21%	23%	25%	20%	0%

RW MAI Service Utilization Report

Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non - Hispanic)	White (non - Hispanic)	Other (non - Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65+
	Outpatient/Ambulatory Primary Care (excluding Vision)	**3,129**																
1.b	Primary Care - MAI CBO Targeted to AA (F)	1,676	1,961	71%	26%	3%	99%	0%	1%	0%	0%	0%	6%	36%	29%	17%	10%	2%
1.c	Primary Care - MAI CBO Targeted to HL (F)	1,453	1,809	83%	13%	3%	0%	0%	0%	100%	0%	0%	5%	33%	29%	21%	10%	2%
2	Medical Case Management (E)	**1,535**																
2.c	Med CM - MAI Targeted to AA (A)	907	380	68%	27%	4%	99%	0%	1%	0%	0%	1%	3%	38%	29%	13%	13%	3%
2.d	Med CM - MAI Targeted to H/L (A)	628	181	76%	18%	6%	0%	0%	0%	100%	0%	1%	6%	36%	28%	19%	8%	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 Clients Served YTD	Male	Female	Trans gender	AA (non - Hispanic)	White (non -Hispanic)	Other (non - Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65+
1	Primary Medical Care	1,929	**1,842**	**76%**	**21%**	**3%**	**48%**	**11%**	**3%**	**38%**	**0%**	**1%**	**9%**	**35%**	**27%**	**16%**	**10%**	**2%**
2	LPAP	969	**815**	**78%**	**18%**	**4%**	**42%**	**11%**	**3%**	**43%**	**0%**	**0%**	**8%**	**33%**	**26%**	**19%**	**11%**	**2%**
3.a	Clinical Case Management	110	50	82%	16%	2%	60%	14%	6%	20%	0%	0%	4%	32%	22%	20%	16%	6%
3.b-3.h	Medical Case Management (E)	1,050	626	70%	27%	3%	56%	13%	2%	29%	0%	1%	5%	32%	26%	19%	13%	4%
3.i	Medical Case Manangement - Targeted to Veterans	28																
4	Oral Health	49	**29**	**79%**	**21%**	**0%**	**41%**	**24%**	**3%**	**31%**	**0%**	**0%**	**3%**	**24%**	**17%**	**28%**	**21%**	**7%**
12.a. 12.c. 12.d.	Non-Medical Case Management (Service Linkage)	1,981	1,274	68%	30%	2%	55%	9%	3%	33%	0%	1%	6%	26%	24%	20%	17%	6%
12.b	Service Linkage at Testing Sites	100	130	71%	25%	5%	55%	4%	7%	34%	0%	4%	15%	42%	19%	11%	7%	3%

FOOTNOTES
(A) Bundled Category
(B) Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.
(D) Funded by Part B and/or State Services
(E) Total MCM served does not include Clinical Case Management
(F) CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served

DRAFT

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

12:30 p.m., Tuesday, March 18, 2025

Please note that the use of artificial intelligence (AI) is prohibited at Ryan White sponsored meetings.

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 — Yvonne Arizpe and Tana Pradia, 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. Criteria for Determining the FY 2026 HIV Service Categories
   A. Vote on the recommendation from the Joint Committee Meeting

IV. Reports from the Administrative Agents (AA)
   A. Ryan White Part A/MAI Administrative Agent — Eric James, RWGA
      1. Update on the FY 2025 grant
      2. Review monthly reports
      3. Pt A/EHE Standards Care
   B. Ryan White Part B/SS* Administrative Agent — Sha'Terra Johnson, The Resource Group
      1. Review monthly reports

V. New Business
   A. Community Advisory Boards (CABs)
      FYI from Council: Ask the Office of Support to provide the Part A AA with the template that The Resource Group developed to assist agencies in setting up CABs. And, ask the Quality Improvement Committee to review the materials before they are sent to the AA.
   B. New Idea: Centralized Scheduling System, see attached form, criteria & more.
   C. Checklist for the Administrative Mechanism

VI. Announcements

VII. Adjourn

Optional: New members meet with committee mentor — Tana Pradia

** SS = State Services funded*

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee

12:00 p.m., Tuesday, February 18, 2025
Meeting location: Bering Church 1440 Harold St, Houston, TX 77006 and Zoom Teleconference

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Tana Pradia, Co-Chair	Kevin Aloysius	Josh Mica, he/him/el, RWPC Chair
Yvonne Arizpe, Co- Chair	Michael Elizabeth	Kathryn Fergus, AETC
Caleb Brown	Oscar Perez	Bob Taylor, RWGA
Georgina German	Beatriz E.X. Rivera	Frank Ruiz, RWGA
Glen Hollis	Omar Toirac, excused	Kevin Lara, RWGA
Denis Kelly		James Supak, RWGA
Evelio Salinas Escamilla		Tionna Cobb, TRG
Isis Torrente		Jeff Benavides, TRG intern
Robert Ball		Tori Williams, Ofc of Support
Patricia James		Diane Beck Ofc of Support
Pete Rodriguez		
Gloria Sierra		
Marcus Woods		

Call to Order: Tana Pradia, Co-Chair, called the meeting to order at 12:00 p.m. and asked for a moment of reflection. She then invited committee members and staff to introduce themselves.

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

Approval of the Minutes: ***Motion #2****: it was moved and seconded (Hollis, Kelly) to approve the November 14, 2023 minutes.* ***Motion carried****.* Abstentions: Ball, Escamilla, German, James, Torrente, Woods.

Public Comment: Evelio Salinas Escamilla submitted and read the attached Public Comment.

Committee Orientation: Williams reviewed the attached documents: Nuts and Bolts for New Members, End of Year Petty Cash Procedures, and Texas Open Meetings Act Training. She also reviewed the Committee Description, 2025 Committee Goals, Conflict of Interest Statement and Voting Policy, Committee Meeting Schedule, and Timeline of Critical 2025 Council Activities. ***Motion #3****: it was moved and seconded (Kelly, Woods) to accept the 2025 Committee goals as presented.* **Motion carried**.

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

Training in How to Read Reports from the Administrative Agents:
Cobb presented information via PowerPoint on how to review Part B and State Services Procurement, Service Utilization, and Health Insurance Assistance reports. See attached Schedule of Reports, How to Read TRG Reports, State Services Procurement Report, Part B Procurement Report, Part B Service Utilization Report, State Services Service Utilization Report, and Health Insurance Program Report.

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

Clinical Quality Management Committee reports: Ruiz presented the attached report.

Part A Standards of Care: Taylor presented the changes to the standards of care, see attached. The new services are included and EHE services were added as well meaning the changes were substantial and the document is much larger. The committee will read through and discuss the standards of care at the next meeting.

Criteria for FY2026 Service Categories: See attached. Williams said that the March committee meeting will be a joint meeting with the other committees and those in attendance will make recommendations regarding the Criteria for FY 2026 Service Categories.

Announcements: Benavides reminded everyone that the celebration of life for Patrick Martin will be held on Saturday, February 22nd at 2pm at The Resource Group. Please wear purple which was Patrick's favorite color.

Adjourn: ***Motion:*** *it was moved and seconded (Escamilla, Torrente) to adjourn the meeting at 2:38 p.m.* **Motion carried.**

Submitted by: Approved by:

Richon Ohafia, Director Date Committee Chair Date

Scribe: Beck

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

2025 Quality Improvement Meeting Voting Record for Meeting Date 02/18/25

MEMBERS:	Motion #1 Agenda				Motion #2 Minutes				Motion #3 2024 Committee Goals			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Tana Pradia, Co-Chair				**C**				**C**				**C**
Yvonne Arizpe, Co-Chair ja 12:10pm	**X**				**X**					**X**		
Kevin Aloysius	**X**				**X**				**X**			
Caleb Brown lm 01:55pm		**X**				**X**				**X**		
Michael Elizabeth	**X**				**X**				**X**			
Georgina German		**X**						**X**		**X**		
Glen Hollis lm 02:17pm		**X**				**X**				**X**		
Denis Kelly		**X**				**X**				**X**		
Oscar Perez	**X**				**X**				**X**			
Beatriz E.X. Rivera	**X**				**X**				**X**			
Evelio Salinas Escamilla		**X**						**X**		**X**		
Isis Torrente		**X**						**X**		**X**		
Robert Ball lm 02:26pm		**X**						**X**		**X**		
Patricia James		**X**						**X**		**X**		
Pete Rodriguez		**X**				**X**				**X**		
Gloria Sierra		**X**				**X**				**X**		
Omar Toirac	**X**				**X**				**X**			
Marcus Woods		**X**						**X**		**X**		

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2425 Ryan White Part B

Procurement Report

April 1, 2024 - March 31, 2025

Reflects spending through January 2025

Spending Target: 83.3%

Revised 3/1/25

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-General (2)	$2,101,048	59%		$2,101,048		$2,101,048	4/1/2024	$1,274,421	61%
4	Oral Health Service -Prosthodontics	$631,145	18%		$631,145		$631,145	4/1/2024	$557,549	88%
5	Health Insurance Premiums and Cost Sharing (1)	$805,845	23%		$805,845		$805,845	4/1/2024	$773,159	96%
					$0		$0			
		$0	0%		$0					
	Total Houston HSDA	3,538,038	100%	0	3,538,038	$0	$3,538,038		2,605,130	74%

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

(1) HIA costs have increased per client

(2) Delay in billing submissions

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 2425 DSHS State Services

Procurement Report

September 1, 2024 - August 31, 2025

Chart reflects spending through January 2025

Spending Target: 41.67%

Revised 3/1/2025

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)**	$1,114,689	38%	$0	$1,114,689	$0	$1,114,689	9/1/2024	$1,111,553.51	100%
6	**Mental Health Services (2)**	$300,000	10%	$0	$300,000	$0	$300,000	9/1/2024	$47,058.34	16%
11	**Hospice**	$293,832	10%	$0	$293,832	$0	$293,832	9/1/2024	$130,460.00	44%
13	**Non Medical Case Management (4)**	$275,000	9%	$0	$275,000	$0	$275,000	9/1/2024	$33,204.03	12%
16	**Linguistic Services (5)**	$68,000	2%	$0	$68,000	$0	$68,000	9/1/2024	$150.00	0%
	ADAP/Referral for Healthcare (3)	$525,000	18%	$0	$525,000	$0	$525,000	9/1/2024	$44,528.44	8%
	Food Bank (7)	$6,120	0.2%	$0	$6,120	$0	$6,120	9/1/2024	$1,139.63	19%
	Medical Transportation (6)	$83,880	3%	$0	$83,880	$0	$83,880	9/1/2024	$25,379.94	30%
	Emergency Financial Assistance (Compassionate Care) (8)	$279,052	9%	$0	$279,052	$0	$279,052	9/1/2024	$77,825.23	28%
		2,945,573	**100%**	**$0**	$2,945,573	$0	$2,945,573		1,471,299.12	50%

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

(1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.

(2) Mental Health- due to RFP, services have been slow to start (2 new providers)

(3) ADAP/Referral for Healthcare Services is under spent due to payroll process delays and vacant positions.

(4) Reduced spending due to staff vacancy

(5) Change in access points has reduced utilization

(6) Delays in submitting Medical Transportation expenses

(7) Services are under utilized

(8) Services are under utilized

Information about Community Advisory Boards (CABs) in Ryan White Programs – 02-19-25

Definition:
Community Advisory Boards (CABs) provide clinics with input and guidance from patients regarding the design and delivery of care. To be effective, CABs follow operating procedures to guide them to carry out tasks like selecting members, convening meetings, gathering feedback, and working with clinics to improve their operations. (Target HIV Community Advisory Boards | TargetHIV) *This link was recently reactivated and may be pulled down again, therefore recommend pulling down the related information ASAP.*

CAB FAQ:
Does the RWHAP Part A require subrecipients to have a Consumer Advisory Board? No. A subrecipient CAB is not a RWHAP Part A requirement, however it is one of many options often listed as a method to collect client input.

Why does the Houston EMA have this requirement? Several years ago this requirement was added to the Houston EMA's local Standards of Care: https://publichealth.harriscountytx.gov/Portals/hcph/Documents/FY2024-2025_RWGA_Standards%20of%20Care_Final.pdf?ver=mdpts4dK26eIjUJFar90PQ%3d%3d

Standard
General Standards, Section 3: Client Rights and Responsibilities

3.8 Client Feedback
Client Feedback In addition to the RWGA standardized client satisfaction survey conducted on an ongoing basis (no less than annually). Agency must have structured and ongoing efforts to obtain input from clients (or client caregivers, in cases where clients are unable to give feedback) in the design and delivery of services. Such efforts may include client satisfaction surveys, focus groups and public meetings conducted at least annually. Agency may also maintain a visible suggestion box for clients' inputs. Analysis and use of results must be documented. Agency must maintain a file of materials documenting Consumer Advisory Board (CAB) membership and meeting materials (applicable only if agency has a CAB).

- Agencies that serve an average of 100 or more unduplicated clients monthly under combined RW/A, MAI, RW/B and SS funding must implement a CAB. The CAB must meet regularly (at least 4 times per year) at a time and location conducive to consumer participation to gather, support and encourage client feedback, address issues which impact client satisfaction with services and provide Agency with recommendations to improve service delivery, including accessibility and retention in care.

Measure:
- **Documentation of CAB and public meeting minutes**

Who pays for the cost of an agency's CAB?
The subrecipients pay these costs. Any allowable costs incurred by a subrecipient related to the implementation and support of a CAB are administrative costs and if reasonable and allowable, may be allocated proportionally to the grant. Keep in mind such costs are not direct service costs and thus count against the agency's 10% admin cap for expenses charged to Ryan White.

Who defines the scope and operational details of an agency CAB?
The operation of the CAB is the sole responsibility of the subrecipient. The Administrative Agency (AA) (RWGA) does not regulate the agency CAB. The AA monitors the Agency per the SOC (see above). The AA does not mediate disputes between a CAB and its host agency.

What if clients are dissatisfied with a Ryan White funded service received from a Ryan White-funded agency, including applying for and/or receipt (or lack of receipt) of eligible services?
Clients are encouraged to avail themselves of the published Grievance Process all Ryan White funded subrecipients must have, alternatively, contact the applicable AA directly. See below:

> **Standard**
> **Grievance Procedure**
> Agency has Policy and Procedure regarding client grievances that is reviewed with each client in a language and format the client can understand and a written copy of which is provided to each client. Grievance procedure includes but is not limited to:
> • To whom complaints can be made.
> • Steps necessary to complain.
> • Form of grievance if any.
> • Timelines and steps taken by the agency to resolve the grievance.
> • Documentation by the agency of the process, including a standardized grievance/complaint form available in a language and format understandable to the client.
> • All complaints or grievances initiated by clients are documented on the Agency's standardized form.
> • Resolution of each grievance/complaint is documented on the Standardized form and shared with client.
> • Confidentiality of grievance
> • Addresses and phone numbers of licensing authorities and funding sources
> • Language outlining that clients cannot be retaliated against for filing grievances

Other HAB resources regarding guidance on implementing or managing consumer input:

2023 HAB Part A Manual:
Section IV. Clinical Quality Management
This is the general resource for RWHAP Part A Quality Management activities and requirements. There is no specific requirement for agency CABs in the Part A manual.

2022 HRSA National Monitoring Standards
These standards support the Houston's Standard of Care related to CABs, but do not mandate subrecipient CABs, only that there are "..structured and ongoing efforts to obtain input from people with HIV in the design and delivery of services."
Universal Standards

Section A: Access to Care

A.1. Structured and ongoing efforts to obtain input from people with HIV in the design and delivery of services.

A.1.i. Performance Measure/Method

a) Documentation of people with HIV participating in committees and contributing to public meetings minutes.

b) Documentation of the existence of appropriate mechanism(s) for obtaining client input.
c) Documentation of content, use, and confidentiality of client satisfaction surveys or focus groups conducted at least annually.

A.1.ii. Recipient Responsibility
a) Review documentation at the subrecipient level to determine methods used for obtaining client input into the delivery of services.

A.1.iii. Subrecipient Responsibility
a) Maintain a file of materials documenting the consumer committee's membership and meeting attendance, including minutes.
b) Regularly implement client satisfaction survey tools, focus groups, and/or public meetings, with analysis and use of results documented.
c) Implement appropriate mechanism(s) for obtaining client input.

A.1.iv. Source Citations
- PHS Act § 2602(b)(4)
- PHS Act § 2617(b)(7)(A)
- RWHAP Part A Manual
- RWHAP Part B Manual

2012 Capacity Building Letter: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/capa-city-development-2012.pdf
From the letter
"Programmatic Intent and Legislative Authority Regarding Capacity Development Parts A and B: There is no specific legislative language or authority for capacity development for Parts A and B. However, the Division of Service Systems (DSS)/HAB has reminded grantees and Part A HIV Planning Councils/planning bodies that system-wide program support or technical assistance may be considered capacity development activities. DSS defines capacity development as activities that increase core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved persons living with HIV/AIDS. Under Part A, planning for capacity development activities is expected to be identified primarily in two ways: 1) needs assessment process within the Eligible Metropolitan Area (EMA)/ Transitional Grant Area (TGA) should identify disparities in access and services, and 2) establishment of priorities by the EMA/TGA Planning Council or other advisory body based on disparities identified in the needs assessment."

Other capacity development activities under Parts A and B may include but are not limited to:
"Increasing the capability of a grantee/subgrantee to implement and/or manage consumer involvement. This may include staff training on the identification and retention of consumers; involvement of consumers in the development and implementation of the program, and in continuous quality improvement initiatives; and engagement and support of peers who serve on interdisciplinary care teams.."

2013 Supporting Community Engagement
Letter: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hab-community-engagment-program-letter.pdf

Additionally, RWHAP recipients and subrecipients engage community through Planning Councils, Planning Bodies, consortia, integrated planning groups, community advisory boards, and community involvement in clinical quality management activities.

TargetHIV **https://targethiv.org/library/topics/community-advisory-boards**
This webpage contains links related to CABs (see below)

Target HIV Links:
Project ACCEPT | TargetHIV
A Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs | TargetHIV
Getting Started: A Consumer Advisory Board Manual for Title IV Programs | TargetHIV

Prepared by: Charles Henley, Consultant to the Houston EMA Ryan White Program

Quality Improvement Committee

2023-2024 Criteria for Reviewing Proposed Ideas

In order for the Quality Improvement Committee to review a request for an idea, the idea must:

1.) Fit within the HRSA Glossary of HIV-Related Service Categories.

2.) Not duplicate a service currently being provided by Ryan White Part A or B or State Services funding.

3.) Document the need using one or more Planning Council publications.

4.) *For an emerging need only,* attach documentation from an outside source. Acceptable sources may include:

- Letter on agency letterhead from three other agencies describing their experience related to this need.
- Or, documentation from HIV websites or newspaper articles including a copy of the original document or study sited in the article or website.

DRAFT

2023-2024 Proposed Idea

(Applicant must complete this two-page form as it is. Agency identifying information must be removed or the application will not be reviewed. Please read the attached documents before completing this form: 1.) HRSA HIV-Related Glossary of Service Categories to understand federal restrictions regarding each service category, 2.) Criteria for Reviewing New Ideas, and 3.) Criteria & Principles to Guide Decision Making.)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY

Control Number: **#1/2025** Date Received: **02/01/25**

Proposal will be reviewed by the: Quality Improvement Committee at:**12 pm, on 2/18/25**
HTBMN Workgroup on: **04/14/25 or 04/15/25**
Priority & Allocation Committee on: **TBD**

THIS PAGE IS FOR THE QUALITY IMPROVEMENT COMMITTEE
(See Glossary of HIV-Related Service Categories & Criteria for Reviewing New Ideas)

1. SERVICE CATEGORY: **Referral for Health Care & Support Services**
(The service category must be one of the Ryan White Part A or B service categories as described in the HRSA Glossary of HIV-Related Service Categories.)

This will provide ~500 clients based upon 2020 new diagnoses with ~2 units of service/client.

2. ADDRESS THE FOLLOWING:

A. DESCRIPTION OF SERVICE:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other Ryan White Funded services for which they may be eligible. e.g. (CPCDMS, provider care, case management, other Ryan White related services).

This service will be provided by case managers and other staff employed by providers.

B. TARGET POPULATION (Race or ethnic group and/or geographic area):

Patients who are newly diagnosed or have fallen out of care and receive treatment through the Ryan White program.

C. SERVICES TO BE PROVIDED (including goals and objectives):

- Streamlined referral and care coordination across multiple providers.
- Reduced wait times and improved access to services for clients.
- Enhanced tracking of client engagement and outcomes, aiding in quality improvement efforts.

D. ANTICIPATED HEALTH OUTCOMES (Related to Knowledge, Attitudes, Practices, Health Data, Quality of Life, and Cost Effectiveness):

Implementing a centralized scheduling system for Ryan White providers, along with enhanced referral services, is expected to lead to significant

improvements in health outcomes for people living with HIV (PLWH). These improvements include:

Improved Linkage to Care:

- A centralized system will enable faster and more efficient referrals to HIV care providers. Newly diagnosed individuals will experience shorter delays in connecting to care, thereby reducing the risk of disease progression.
- The assessment identifies primary care, local medication assistance, case management, oral health care, and vision care as the top five most needed services among clients.

Higher Retention in Care:

- Simplifying appointment scheduling and reminders will increase the likelihood of clients attending follow-up visits and remaining engaged in their care over time. Coordinated efforts between providers will help minimize missed appointments and lapses in treatment.

Improved Viral Suppression Rates:

- Consistent engagement in care and adherence to antiretroviral therapy will lead to higher rates of viral suppression, which lowers the risk of HIV transmission and enhances individual health.

Better Integration of Support Services:

- Enhanced referral services will connect clients with a wider range of supportive services (such as mental health care, housing assistance, and substance use treatment), addressing social determinants of health that impact long-term outcomes.

Enhanced Patient Experience:

- A user-friendly system will reduce frustration and confusion for clients navigating complex healthcare systems, thus improving overall satisfaction with care.

Reduction of Barriers to Care:

- The 2020 Needs Assessment notes that the percentage of participants reporting a need for case management and primary care services has decreased, while the need for other services has increased. Centralized scheduling can help address these shifting needs by efficiently allocating resources and reducing barriers to accessing various services.
- By improving care coordination and reducing redundancies, unnecessary hospitalizations, emergency room visits, and late-stage treatments can be minimized.

These outcomes directly support the national goal of ending the HIV epidemic by improving access to testing, care, and support services while ensuring long-term engagement in effective treatment.

3. ATTACH DOCUMENTATION IN ORDER TO JUSTIFY THE NEED FOR THIS NEW IDEA. AND, DEMONSTRATE THE NEED IN AT LEAST ONE OF THE FOLLOWING PLANNING COUNCIL DOCUMENTS:

_X_ Current Needs Assessment (Year: 2020) Page(s): 5,19_Paragraph:4, 1&2

___	Current HIV Comprehensive Plan (Year:_____)	Page(s): ___Paragraph: ___
___	Health Outcome Results: Date: _____	Page(s): ___Paragraph: ___
___	Other Ryan White Planning Document:	
	Name & Date of Document: _____	Page(s): ___Paragraph: ___

RECOMMENDATION OF QUALITY IMPROVEMENT COMMITTEE:
___ Recommended ___ Not Recommended ___ Sent to How To Best Meet Need

REASON FOR RECOMMENDATION:

(Continue on Page 3 of this application form)

DRAFT

Proposed Idea

THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE

(See Criteria and Principles to Guide Decision Making)

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY AND INCLUDE A BRIEF HISTORY OF RELATED SERVICE CATEGORY, IF AVAILABLE.

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:

Allocation: **$141,000** **Note: PC allocated funds for Referral – Incarcerated**

Expenditure: **$ 0** **Year-to-Date – underwritten by alternative funding source**

Utilization: _____ Unduplicated Clients Served Year-to-Date

_____ Units of Service Provided Year-to-Date

AMOUNT OF FUNDING REQUESTED:

$49,900 This will provide funding for the following purposes which will further the objectives in this service category: (describe how): This funding will facilitate the integration of a centralized scheduling system into CPCDMS, improving efficiency and streamlining operations. This service will be provided by case managers and other staff employed by providers.

PLEASE STATE HOW THIS IDEA WILL MEET THE PRIORITY AND ALLOCATIONS CRITERIA AND PRINCIPLES TO GUIDE DECISION MAKING. SITE SPECIFIC STEPS AND ITEMS WITHIN THE STEPS:

1. **Addresses Core Medical and Support Service Needs**:
   - The centralized scheduling system and enhanced referral services directly align with the Ryan White Program's focus on improving access to core medical services (e.g., HIV primary care) and support services (e.g., mental health care, housing).
   - By streamlining processes, clients will have greater access to services that improve health outcomes and support retention in care.
2. **Supports the Ryan White Program's Key Principles**:
   - **Client-Centered Care**: Simplifies navigation, reduces barriers, and ensures timely access to needed services.
   - **Outcome-Driven Decisions**: Directly supports improvements in key metrics, including viral suppression and retention in care.
3. **Resource Optimization**:
   - Reduces duplication of services and missed opportunities for engagement by enabling better coordination among providers.

Principles to Guide Decision-Making:

1. **Evidence-Based Approach**:

- Proven models show that care coordination and centralized scheduling improve retention in care and health outcomes.
- The system will integrate data analytics to monitor progress and adapt strategies as needed.

2. **Community Input and Engagement**:
    - Implementation will involve input from PLWH, providers, and community stakeholders to ensure the system addresses real-world challenges.
3. **Sustainability**:
    - By integrating with existing systems and leveraging technology, the initiative will be cost-effective and scalable over time.

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

___ Recommended for Funding in the Amount of: $_____
___ Not Recommended for Funding
___ Other:

REASON FOR RECOMMENDATION:

New Idea Documentation Control # 1/2025
From 2020 Houston Area HIV Needs Assessment

EXECUTIVE SUMMARY

The 2020 Houston Area HIV Care Services Needs Assessment presents data on HIV service needs, barriers, and other factors influencing access to care for people living with HIV (**PLWH**) in the Houston Area as determined through a consumer survey. Needs assessments ensure consumer experiences and perspectives are included in the data-driven decision-making processes of local HIV planning. Data are used to help set priorities for the allocation of HIV care services funding, in the development of the comprehensive HIV plan, and in designing annual service implementation plans. The last Needs Assessment was conducted in 2016.

HIV Service Needs in the Houston Area

According to the Houston Area HIV Care Services Needs Assessment, all currently funded HIV services in the Houston Area are needed by consumers. The top five most needed services are:

1. Primary care
2. Local medication assistance
3. Case management
4. Oral health care, and
5. Vision care

For the first time in 2020, need for currently unfunded services was analyzed, which revealed substantial need for housing services for PLWH in the Houston area.

Accessibility of HIV Services in the Houston Area

In addition to revealing the most needed HIV services in the Houston Area, the Houston Area HIV Care Services Needs Assessment provides information about access to those services, which helps communities better understand where barriers to services may exist.

In 2020, at least 78% of the PLWH who said they needed each HIV funded service *also* said the service was easily accessible to them. There were some funded services, however, that were less accessible than others: early intervention services, oral health care, and health insurance assistance *least* accessible services according to 2020 Houston Area HIV Care Services Needs Assessment. ADAP enrollment workers and local medication assistance were the most accessible services in 2020.

Barriers to HIV Services in the Houston Area

To improve understanding of barriers to HIV services, the 2020 Houston Area HIV Care Services Needs Assessment also gathers information about the types of difficulties consumers experience when services are not easily accessible. The most common types of barriers encountered are:

1. Education and awareness issues
2. Interactions with staff
3. Wait-related issues
4. Administrative issues, and
5. Health insurance/coverage issues

In addition to the above results, the 2020 Needs Assessment includes detailed information about a variety of issues that affect access to care, including:

- Service needs and barriers at each stage of the HIV care continuum, from HIV testing and initial diagnosis to treatment to support viral load suppression
- The social, economic, health (both physical and mental), and behavioral characteristics of PLWH that may help or hinder HIV prevention and access to HIV care
- A brief profile on the service needs and barriers of people who are out of care
- Service-Specific Fact Sheets detailing the needs and barriers for each HIV core medical, support, and housing service

Together, these data are used to better understand the HIV care needs and patterns of PLWH in the Houston Area, to identify new and emerging areas of need, and to ultimately improve the system of HIV services so that it best meets the needs of PLWH.

The 2020 Houston Area HIV Care Services Needs Assessment is a collaboration between the Ryan White Planning Council, HIV Prevention Community Planning Group, Ryan White Grant Administration, Houston Health Department Bureau of HIV/STD and Viral Hepatitis Prevention, The Resource Group, Harris Health System, and Housing Opportunities for Persons with AIDS (HOPWA). A total of 38 individuals assisted in the planning and implementation of the needs assessment, of whom 45% were self-disclosed PLWH.

For more information about the 2016 Houston Area HIV Care Services Needs Assessment, contact the Office of Support at (832) 927-7926 or visit www.rwpchouston.org.

New Idea Documentation Control #1/2025
From 2020 Houston Area HIV Needs Assessment

OVERALL SERVICE NEEDS AND BARRIERS

As payer of last resort, the Ryan White HIV/AIDS Program provides a spectrum of HIV-related services to people living with HIV (**PLWH**) who may not have sufficient resources for managing HIV. The Houston Area HIV Services Ryan White Planning Council identifies, designs, and allocates funding to locally-provided HIV care services. Housing services for PLWH are provided through the federal Housing Opportunities for People with AIDS (**HOPWA**) program through the City of Houston Housing and Community Development Department and for PLWH recently released from incarceration through the Houston Regional HIV/AIDS Resource Group (**TRG**). The primary function of HIV needs assessment activities is to gather information about the need for and barriers to services funded by the local Houston Ryan White HIV/AIDS Program, as well as other HIV-related programs like HOPWA and the Houston Health Department's (**HHD**) prevention program.

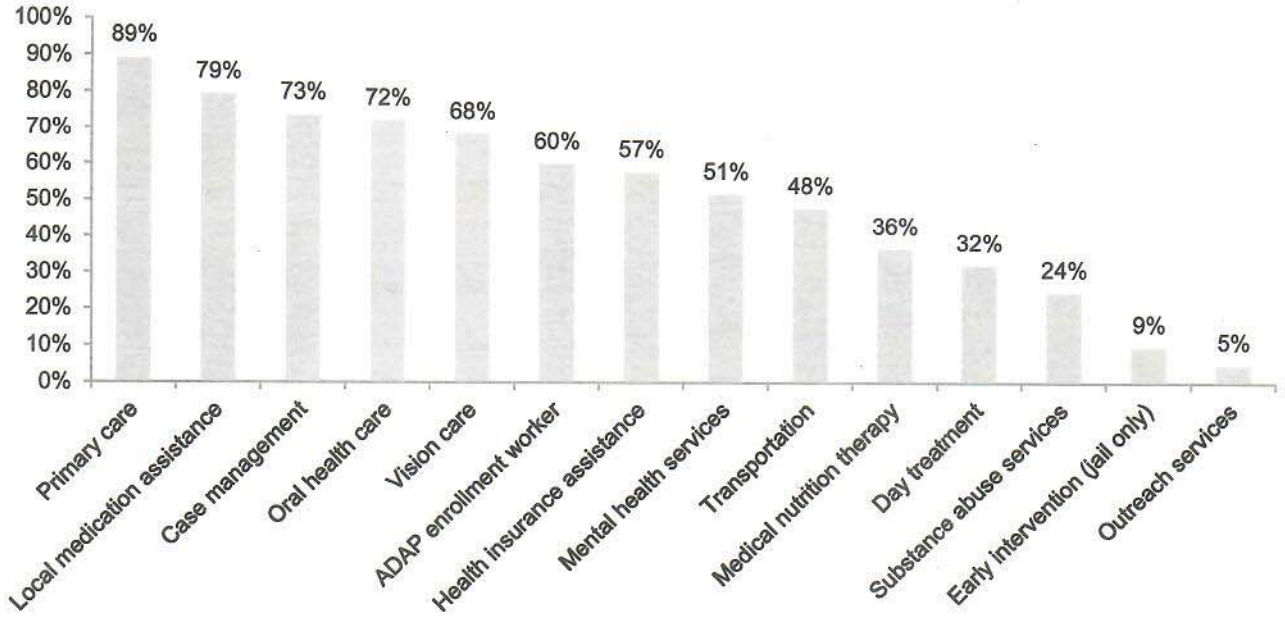
Overall Ranking of Funded Services, by Need

At the time of survey, 17 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program. Participants of the 2020 Houston HIV Care Services Needs Assessment were asked to indicate which of these funded services they needed in the past 12 months.

(**Graph 1**) All funded services except hospice and linguistics were analyzed and received a ranking of need. Emergency financial assistance was merged with local medication assistance, and non-medical case management was merged with medical case management. At 89%, primary care was the most needed funded service in the Houston Area, followed by local medication assistance at 79%, case management at 73%, oral health care at 72%, and vision care at 68%. Primary care had the highest need ranking of any core medical service, while ADAP enrollment worker received the highest need ranking of any support service. Compared to the last Houston Area HIV needs assessment conducted in 2016, need ranking decreased for most services. The percent of needs assessment participants reporting need for a particular service decreased the most for case management and primary care, while the percent of those indicating a need for local medication assistance and early intervention services increased from 2016.

GRAPH 1-Ranking of HIV Services in the Houston Area, By Need, 2020

Definition: Percent of needs assessment participants stating they needed the service in the past 12 months, regardless of service accessibility.
Denominator: 569-573 participants, varying between service categories



2025 Assessment Checklist
Houston Ryan White Planning Council
Assessment of the FY2024 Houston EMA
Ryan White Administrative Mechanism

(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

2025 Checklist for the Assessment of the FY 2024 Ryan White Administrative Mechanism (Council approved the checklist _____)

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
Section I: Procurement/Request for Proposals Process			
• 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
• 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: ☐ 1st quarter? ☐ 2nd quarter? ☐ 3rd quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC
• 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: ☐ 1st quarter? ☐ 2nd quarter? ☐ 3rd quarter?	Year-to-date and year-end FY Procurement Reports provided by AA to PC Final PC Allocations Worksheet
• 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: ☐ Provides bidders with information on applying for grants? ☐ Offers a bidder's conference?	RFP Courtesy Notices for Pre-Bid Conferences
• 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
• 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
• 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

Intent of the Measure	Data Point to Measure	Method of Measurement	Data Source
Section I: Procurement/Request for Proposals Process (con't)			
• 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			
• 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: ☐ Within 20 days? ☐ Within 35 days? ☐ Within 50 days?	Annual Contractor Reimbursement Report
Section III: Contract Monitoring Process			
• 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