

Houston Area HIV Services Ryan White Planning Council

Office of Support

2223 West Loop South, Suite 240, Houston, Texas 77027

832 927-7926 telephone; 713 572-3740 fax

<http://rwpchouston.org>

MEMORANDUM

To: Steering Committee Members:
Crystal R. Starr, Chair
Skeet Boyle, Vice Chair
Kevin Aloysius, Secretary
Holly Renee McLean, Co-Chair, Affected Community Committee
Tony Crawford, Co-Chair, Affected Community Committee
Josh Mica, Co-Chair, Comprehensive HIV Planning Committee
Steven Vargas, Co-Chair, Comprehensive HIV Planning Committee
Ronnie Galley, Co-Chair, Operations Committee
Matilda Padilla, Co-Chair, Operations Committee
Bobby Cruz, Co-Chair, Priority and Allocations Committee
Peta-gay Ledbetter, Co-Chair, Priority and Allocations Committee
Denis Kelly, Co-Chair, Quality Improvement Committee
Daphne L. Jones, Co-Chair, Quality Improvement Committee

Copy: Carin Martin
Heather Keizman
Mauricia Chatman
Yvette Garvin
Sha'Terra Johnson-Fairley

Mackenzie A. Hudson
Diane Beck
Ann Robison
David Williams (email only)

From: Tori Williams

Date: Tuesday, June 28, 2022

Re: Meeting Announcement

We look forward to seeing you at the:

Ryan White Steering Committee Meeting

12 noon, Thursday, July 7, 2022

Join the Zoom Meeting by clicking on:

<https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SIV2RE50ZzYraEErQT09>

Meeting ID: 857 8218 9192

Passcode: 885832

Or, use your phone to dial in by calling 346 248-7799

Please contact Rod to RSVP, even if you cannot attend. She can be reached by telephone at: 832 927-7926 or by email at: Rodriga.Avila@cjo.hctx.net. Thank you!

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

AGENDA

12 noon, Thursday, July 7, 2022

Join Zoom Meeting by clicking onto:

<https://us02web.zoom.us/j/85782189192?pwd=YmtrcktWcHY5SIV2RE50ZzYraEErQT09>

Meeting ID: 857 8218 9192

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Or, dial in by calling 346 248-7799

- I. Call to Order Crystal R. Starr, Chair
RW Planning Council
- A. Welcoming Remarks
 - B. Moment of Reflection
 - C. Select the Committee Co-Chair who will be voting today
 - D. Adoption of the Agenda
 - E. Adoption of the Minutes
- II. Public Comment and Announcements
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. 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. Reports from Committees
- A. Comprehensive HIV Planning Committee Steven Vargas and
Josh Mica, Co-Chairs
Item: 2022 Integrated HIV Prevention and Care Services Plan
Recommended Action: FYI: Please join members of the Comprehensive HIV Planning Committee at a **virtual** "dress rehearsal" for an educational community meeting. All are welcome to attend at 2 pm on Thursday, July 14, 2022. Mackenzie and others will be presenting information gathered from over 18 focus groups with special populations and stakeholder interviews with over 45 Houston area experts on mental health, substance use disorder, prevention, aging and more. We will be meeting after the Council adjourns.
 - B. Affected Community Committee Holly Renee McLean and
Tony Crawford, Co-Chairs
Steven Vargas, Co-Facilitator
Proyecto VIDA
Item: 2022 Proyecto VIDA
Recommended Action: FYI: Verbal updates on Proyecto VIDA. The program started with 12 students on June 8, 2022.

Item: 2022 Project LEAP Student Recruitment

Recommended Action: FYI: Please join the members of the Affected Community and the Project LEAP Advisory Committees as we recruit students for Project LEAP 2022. As of June 27th we had 19 applicants and need at least 12 more to fill a morning and an evening class, if most of the applicants are people living with HIV who use Ryan White services. Classes start on Wednesday, July 27, 2022. Please contact Diane Beck if you need flyers, application forms or other materials. Please post Diane's small flyer on your Facebook page and help us spread the word in person, virtually and more.

C. Quality Improvement Committee

Denis Kelly and
Daphne Jones, Co-Chairs

Item: Public Comment Regarding Mental Health, dated 05/03/22
Recommended Action: FYI: See the attached Public Comment dated May 3, 2022, which relates to the Mental Health service definition funded by State Services dollars.

Item: Mental Health Service Definition

Recommended Action: **Motion:** Change the State Services funded Mental Health service definition to include the changes described in the public comment above, dated 05/03/22. Leave it to the State Services Administrative Agency to work out the details.

Item: 2022 Assessment of the Administrative Mechanisms

Recommended Action: **Motion:** Use the 2021 checklist for the 2022 Assessments of the Ryan White Part A and Part B Administrative Mechanisms. See attached checklist.

D. Operations Committee

Ronnie Galley and
Matilda Padilla, Co-Chairs

Item: FY 2023 Council Support Budget
Recommended Action: Motion: Approve the attached FY 2023 Council Support Budget, dated 05/11/22.

E. Priority and Allocations Committee

Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs

Item: Reports from the Administrative Agent – Part A/MAI*

Recommended Action: FYI: See the following reports:
FY21 Part A & MAI Procurement, dated 06/01/22
FY22 Part A & MAI Procurement, dated 06/02/22

Item: Reports from the Administrative Agent – Part B/SS**

Recommended Action: FYI: See the attached reports from the Part B/State Services Administrative Agent:

- FY 21/22 Part B Procurement, dated 06/01/22
- FY 21/22 Part B Service Utilization, dated 05/02/22
- FY 21/22 DSHS SS** Procurement, dated 06/01/22
- FY 21/22 Health Insurance Service Utilization, dated 06/01/22

* MAI = Minority AIDS Initiative Funding

** SS = State Services Funding

Item: FY 2023 Ryan White Service Priorities
Recommended Action: **Motion:** Approve the attached FY 2023 Service Priorities for Ryan White Part A/MAI*, Part B and State Services funding.

Item: FY 2023 Level Funding Scenario – All Funding Streams
Recommended Action: **Motion A:** Approve the attached FY 2023 Level Funding Scenario for Ryan White Parts A/MAI*, Part B and State Services funding. See attached chart for details.

Item: FY 2023 MAI* Increase/Decrease Funding Scenarios
Recommended Action: **Motion B:** Approve the attached FY 2023 Increase & Decrease Funding Scenarios for Ryan White MAI* funds.

Item: FY 2023 Part A Increase/Decrease Funding Scenarios
Recommended Action: **Motion C:** Approve the attached FY 2023 Increase & Decrease Funding Scenarios for Ryan White Part A funds.

Item: FY 2022 Part B & SS** Increase/Decrease Funding Scenarios
Recommended Action: **Motion D:** Approve the attached FY 2023 Increase & Decrease Funding Scenarios for Ryan White Part B and State Services funding.

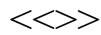
Item: Quarterly Committee Report
Recommended Action: FYI: See the attached Quarterly Committee Report.

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|------|---------------------------------------------|--------------------------------------|
| V. | Report from the Office of Support | Tori Williams, Director |
| VI. | Report from Ryan White Grant Administration | Carin Martin, Manager |
| VII. | Report from The Resource Group | Sha'Terra Johnson,
Health Planner |
| IX. | Announcements | |
| X. | Adjournment | |

* MAI = Minority AIDS Initiative Funding

** SS = State Services Funding

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

MINUTES

12 noon, Thursday, June 2, 2022

Meeting Location: Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Crystal Starr, Chair	Holly McLean	<i>Ryan White Grant Administration</i>
Kevin Aloysius, Secretary	Skeet Boyle	Carin Martin
Johnny Deal	Tony Crawford	Mauricia Chatman
Josh Mica	Matilda Padilla	
Steven Vargas	Daphne L. Jones, Excused	<i>The Resource Group</i>
Ronnie Galley		Sha'Terra Johnson
Bobby Cruz		Hailey Malcolm
Peta-gay Ledbetter		
Denis Kelly		<i>Office of Support</i>
		Tori Williams
		Mackenzie Hudson
		Diane Beck

Call to Order: Crystal Starr, Chair, called the meeting to order at 12:08 p.m.

During the opening remarks, Starr thanked those who pre-recorded the Public Hearing where the HTBMN recommendations were made. Special thanks to Steven for recording the information in Spanish. As of May 24th, the Public Hearing had been viewed on YouTube 26 times in English and 15 times in Spanish. She also thanked everyone who has been participating in the Quality of Life Workgroups. At least 60 people have joined the discussions about adding a 5th pillar to the structure that CDC and HRSA developed to End the HIV Epidemic. There are going to be two more meetings on June 7th and June 14th at 4 pm before we get the recommendations which will be reviewed for inclusion in the Integrated Plan. Please send Diane an email if you wish to receive meeting invitations. To get the meeting address or the Zoom link, you must register. Starr also congratulated the whole Council and staff for getting Proyecto VIDA off the ground. This Spanish version of Project LEAP will start with 9 students on Wednesday evening, June 8th. The co-facilitators will be Steven Vargas, Rod Avila and Isis Torrente. Please speak with Steven or Rod if you have questions or know friends who would be good applicants. There is still room for a few good Spanish speaking students. Starr then called for a Moment of Reflection.

Starr invited committee co-chairs to select the co-chair who would be voting on behalf of their committee. Those selected to vote for their committee at today's meeting are: Deal for Affected Community, Vargas for Comprehensive HIV Planning, Galley for Operations, Ledbetter for Priority and Allocations and Kelly for Quality Improvement.

Adoption of the Agenda: Motion #1: *it was moved and seconded (Galley, Mica) to adopt the agenda.*

Motion carried.

Approval of the Minutes: ***Motion #2:** it was moved and seconded (Kelly, Galley) to approve the April 7, 2022 minutes. Motion carried.* Abstention: Deal.

Public Comment and Announcements: None.

Reports from Committees

Comprehensive HIV Planning Committee: Steven Vargas, Co-Chair, reported on the following: 2022 Integrated HIV Prevention and Care Services Plan: Staff has accomplished the following in their efforts to gather data for the 2022 Integrated Plan:

- Developed a work plan. See attached.
- Developed a crosswalk of comprehensive plans for HIV and other fields from the national, state and local levels – Complete
- Developed a resource inventory – Complete
- Identified and summarized all local, HIV needs assessments – Partially complete. Waiting for recent prevention needs assessments from both the City and County Health Departments.
- Conducted at least 11 focus groups with approximately 95 people from priority populations such as: individuals who are transgender, gay, bisexual and MSM; and/or individuals who have injected drugs, exchanged sex for money, food or housing, were born outside of the US, are young and others. See the attached list.
- In the process of interviewing 36 stakeholders. See the attached list.

2022 Integrated HIV Prevention and Care Services Plan: The Planning Council, CPG and the Houston Health Department have hosted four Quality of Life Workgroup meetings in an effort to create a 5th Pillar. See the attached for the recommended vision statement, definition and themes. The workgroup is now in the process of turning the themes into action items for the Integrated Plan. Contact Diane to receive announcements about upcoming meetings.

Final Decision-Making Process for the 2022 Integrated HIV Prevention and Care Services Plan: Vargas presented this motion to the CPG and they have approved this process. ***Motion #3:** Under the leadership of three process co-chairs representing Ryan White Parts A, Part B and CPG, recommendations made at the community integrated planning meetings will move forward to the CPG and Ryan White Planning Council for final approval. Motion Carried.*

2022 Quarterly Committee Report: See the attached quarterly report. Vargas noted the vision statement, which was added to the committee goals.

Joint Meeting of the Affected Community and Project LEAP Committees: Johnny Deal, Vice Chair, reported on the following:

2021 Project LEAP Evaluation Report: See the attached Summary of the 2021 Project LEAP Evaluation Report.

2022 Project LEAP: ***Motion #4:** Use the same service definition and student selection guidelines in 2022 that were used in 2021. Motion Carried.*

2022 Project LEAP: If the last two items are approved, Project LEAP 2022 will begin on July 27, 2022, with the students graduating shortly before Thanksgiving. It will be taught using a hybrid format. All Ryan White volunteers are encouraged to help recruit student applicants. See the attached flyers and application forms which will be distributed at Ryan White funded clinic sites, displayed at universities,

local bars and more. See the attached list of distribution sites. Please spread the word in person, virtually and more.

2022 Proyecto VIDA: Steven Vargas, Proyecto VIDA Co-Facilitator said that the program is scheduled to start on June 8, 2022. It will be an evening class and will be hybrid. There are currently nine students accepted into the class and one waiting to be interviewed. A man in Florida has 10 more applicants for the class but he is not sure there is time to interview them all before the class begins.

Quality Improvement Committee: Denis Kelly, Co-Chair, reported on the following:
ADAP Updates as of May 3, 2022: See attached updates.

Reports from the Administrative Agent – Part A/MAI*: See the attached:

- FY21 Procurement Report – Part A/MAI, dated 06/01/22
- FY22 Procurement Report with Increase Scenario – Part A/MAI, dated 06/01/22

Reports from the Administrative Agent – Part B/State Services:

- FY 20/21 Procurement Report – Part B, dated 03/17/22
- FY 21/22 Procurement Report – State Services, dated 03/17/22
- FY 21/22 Service Utilization Report – State Services, dated 03/29/22
- FY21/22 Health Insurance Program Report, dated 03/21/22

Public Comment Regarding Mental Health, dated 05/03/22: In response to the attached public comment, the Mental Health service definition will not be voted on today. Because Mental Health is funded with State Services dollars, there is time to review and make recommendations regarding this service at the next Quality Improvement Committee meeting.

FY 2023 Service Definitions and Financial Eligibility: See the attached Summary of How to Best Meet the Need recommendations, including financial eligibility, on the Table of Contents of the service category packet. ***Motion #5:*** *Approve the FY 2023 Service Definitions and Financial Eligibility recommendations for Ryan White Part A/MAI, Part B and State Services funded services.* **Motion Carried.** Abstention: Aloysius.

FY 2023 Targeting for FY 2023 Service Categories: See attached. ***Motion #6:*** *Approve the FY 2023 Targeting Chart for Ryan White Part A/MAI, Part B and State Services funded service categories.* **Motion Carried.** Abstention: Aloysius.

Coordination of Substance Use Disorder Prevention & Care Services: Per the instructions for the 2022 Integrated HIV Prevention and Care Services Plan, the Houston EMA is to create a plan for the coordination of substance use disorder prevention and care services. Soon, a workgroup meeting will be called to discuss the topic. All are encouraged to attend.

Priority and Allocations Committee: Bobby Cruz, Co-Chair, reported on the following:

FY 2023 Service Priorities: The Committee made recommendations regarding the FY 2023 service priorities, which will be presented to Steering and Council after the public hearing in late June 2022.

Ryan White FY 2023 Allocations: The process for allocating FY 2023 Ryan White Part A/MAI, Part B and State Services funding will begin in early June 2023. See Diane if you wish to receive reminders.

Operations Committee: Ronnie Galley, Co-Chair, reported on the following:

FY 2023 Council Support Budget: Because the Operations Committee was unable to meet in May, the attached FY 2023 Council Support Budget will be discussed at the June 14, 2022 Committee meeting and presented to the Steering Committee and Council in July 2022. Please see the attached, proposed budget as an FYI. All are welcome to send public comment, or observe the June 14th Committee meeting.

Report from Office of Support: Tori Williams, Director, summarized the attached report.

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached report.

Report from The Resource Group: Sha'Terra Johnson, Health Planner, summarized the attached report.

Announcements: Beck shared the link currently in the chat box to register for the Quality of Life Workgroup meeting at 4 pm on June 7. Williams said there is important information about Monkey Pox in the FYI section of the meeting packet. Vargas said that he will be attending the International AIDS Summit in Montreal. Aloysius said that he will also be going.

Adjournment: Motion: *it was moved and seconded (Galley, Kelly) to adjourn the meeting at 1:15 p.m.*
Motion Carried.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date

2022 Steering Committee Voting Record for Meeting Date 06/02/22

C = Chaired the meeting, ja = Just arrived, lm = Left the meeting
 Aff-Affected Community Committee, Comp-Comprehensive HIV Planning Committee, Op-Operations Committee,
 PA-Priority and Allocations Committee, QI-Quality Improvement Committee

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Integrated Plan decision making structure Carried				Motion #4 2022 Project LEAP Svc Def Carried				Motion #5 FY23 HTBMN Recommendations Carried				Motion #6 FY23 HIV Targeting chart Carried			
	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain	Absent	Yes	No	Abstain
Crystal Starr, Chair				C				C				C				C				C				C
Kevin Aloysius, Secretary		X				X				X				X						X				X
Johnny Deal, Aff		X						X		X				X				X				X		
Steven Vargas, Comp		X				X				X				X				X				X		
Ronnie Galley, Op		X				X				X				X				X				X		
Peta-gay Ledbetter, PA		X				X				X				X				X				X		
Denis Kelly, QI		X				X				X				X				X				X		
<i>Non-voting members at the meeting:</i>																								
Josh Mica, Comp																								
Bobby Cruz, PA																								
<i>Absent members:</i>																								
Skeet Boyle, Vice Chair																								
Holly McLean, Aff																								
Tony Crawford, Aff																								
Matilda Padilla, Op																								
Daphne L. Jones, QI																								

Quality Improvement Committee Report

Public Comment

Re: Mental Health Service Category Definition

May 3, 2022

In regard to How to Best Meet the Need recommendations for the Mental Health Service category definition to be reviewed by the Quality Improvement Committee meeting on May 3, 2022, Ann Robison submitted the following comment to the Office of Support via email:

“We are requesting that the Council consider adding psychiatric encounters to the mental health service category under State Services. It is in the state's definition. We are using residents to provide the care. We do not take anyone who already has a psychiatrist somewhere else. We only take people in crisis who do not already have a psychiatrist. The residents at this time are paid for by a Baylor grant from HRSA but we have to pay for the supervision. We think the same rate used for therapy would be fine at this point but we do see people living with HIV who have been unable to access psychiatry services at the clinics because of wait lists and staff shortages. Thanks.”

Local Service Category:	Mental Health Services
Amount Available:	To be determined
Unit Cost	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition	<p>Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a family/couples, group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.</p> <p>Mental health counseling services includes outpatient mental health therapy and counseling (individual and family/couple) provided solely by Mental Health Practitioners licensed in the State of Texas.</p> <p>Mental health services include:</p> <ul style="list-style-type: none"> • Mental Health Assessment • Treatment Planning • Treatment Provision • Individual psychotherapy • Family psychotherapy • Conjoint psychotherapy • Group psychotherapy • Psychiatric medication assessment, prescription and monitoring • Psychotropic medication management • Drop-In Psychotherapy Groups • Emergency/Crisis Intervention <p>General mental health therapy, counseling and short-term (based on the mental health professional's judgment) bereavement support is available for family members or significant others of people living with HIV.</p>
Local Service Category Definition:	<p>Individual Therapy/counseling is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible person living with HIV.</p> <p>Family/Couples Therapy/Counseling is defined as crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to a family or couple (opposite-sex, same-sex, transgendered or non-gender conforming) that includes an eligible person living with HIV.</p> <p>Support Groups are defined as professionally led (licensed therapists or counselor) groups that comprise people living with HIV, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for people living with HIV.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV and affected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Agencies are encouraged to have available to PLWH all modes of counseling services, i.e., crisis, individual, family, and group. Sessions may be conducted in-home. Agency must provide professional support group sessions led by a licensed counselor.

<p>Service Unit Definition(s) (TRG Only):</p>	<p>Individual Crisis Intervention and/or Therapy: A unit of service is defined as an individual counseling session lasting a minimum of 45 minutes.</p> <p>Family/Couples Crisis Intervention and/or Therapy: A unit of service is defined as a family/couples counseling session lasting a minimum of 90 minutes.</p> <p>Group Therapy: A unit of service is defined as one (1) eligible PLWH attending 90 minutes of group therapy. The minimum time allowable for a single group session is 90 minutes and maximum time allowable for a single group session is 120 minutes. No more than one unit may be billed per session for an individual or group session.</p> <p>A minimum of three (3) participants must attend a group session in order for the group session to eligible for reimbursement.</p> <p>Consultation: One unit of service is defined as 15 minutes of communication with a medical or other appropriate provider to ensure case coordination.</p>
<p>Financial Eligibility:</p>	<p>Income at or below 500% Federal Poverty Guidelines.</p>
<p>Eligibility for Services:</p>	<p>For individual therapy session, person living with HIV or the affected significant other of a person living with HIV, resident of Houston HSDA.</p> <p>Person living with HIV must have a current DSM diagnosis eligible for reimbursement under the State Medicaid Plan.</p> <p>PLWH must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the PLWH is in crisis and cannot be provided immediate services from the other programs/providers. In this case, PLWH may be provided services, if the PLWH applies for the other programs /providers, until the other programs/providers can take over services.</p> <p>Medicaid/Medicare, Third Party Payer and Private Pay status of PLWH receiving services under this grant must be verified by the provider prior to requesting reimbursement under this grant. For support group sessions, PLWH must be either a person living with HIV or the significant other of person living with HIV.</p> <p>Affected significant other is eligible for services only related to the stress of caring for a person living with HIV.</p>
<p>Agency Requirements (TRG Only):</p>	<p>Agency must provide assurance that the mental health practitioner shall be supervised by a licensed therapist qualified by the State to provide clinical supervision. This supervision should be documented through supervision notes.</p> <p>Keep attendance records for group sessions.</p> <p>Must provide 24-hour access to a licensed counselor for current PLWH with</p>

	<p>emotional emergencies.</p> <p>PLWH eligible for Medicaid or 3rd party payer reimbursement may not be billed to grant funds. Medicare Co-payments may be billed to the contract as ½ unit of service.</p> <p>Documentation of at least one therapist certified by Medicaid/Medicare on the staff of the agency must be provided in the proposal. All funded agencies must maintain the capability to serve and seek reimbursement from Medicaid/Medicare throughout the term of their contract. Potential PLWH who are Medicaid/ Medicare eligible may not be denied services by a funded agency based on their reimbursement status (Medicaid/Medicare eligible PLWH may not be referred elsewhere in order that non-Medicaid/Medicare eligible PLWH may be added to this grant). Failure to serve Medicaid/Medicare eligible PLWH based on their reimbursement status will be grounds for the immediate termination of the provider’s contract.</p> <p>Must comply with the State Services Standards of Care.</p> <p>Must provide a plan for establishing criteria for prioritizing participation in group sessions and for termination from group participation.</p> <p>Providers and system must be Medicaid/Medicare certified to ensure that Ryan White funds are the payer of last resort.</p>
Staff Requirements:	<p>It is required that counselors have the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC PhD, Psychologist, or LMFT).</p> <p>At least two years’ experience working with HIV disease or two years’ work experience with chronic care of a catastrophic illness.</p> <p>Counselors providing family sessions must have at least two years’ experience in family therapy.</p> <p>Counselors must be covered by professional liability insurance with limits of at least \$300,000 per occurrence.</p>
Special Requirements (TRG Only):	<p>All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on Federal, state and local laws and guidelines (i.e. abuse, self or other harm). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI) information.</p> <p>Mental health services can be delivered via telehealth and must follow applicable federal and State of Texas privacy laws.</p> <p>Mental health services that are provided via telehealth must be in accordance with State of Texas mental health provider practice requirements, see Texas Occupations Code, Title 3 Health Professions and chapter 111 for Telehealth & Telemedicine.</p>

When psychiatry is provided as a mental health service via telehealth then the provider must follow guidelines for telemedicine as noted in Texas Medical Board (TMB) guidelines for providing telemedicine, Texas Administrative Code, Texas Medical Board, Rules, Title 22, Part 9, Chapter 174, RULE §174.1 to §174.12

Medicare and private insurance co-payments are eligible for reimbursement under this grant (in this situation the agency will be reimbursed the PLWH's co-payment only, not the cost of the session which must be billed to Medicare and/or the Third-party payer). Extensions will be addressed on an individual basis when meeting the criteria of counseling directly related to HIV illness. Under no circumstances will the agency be reimbursed more than two (2) units of individual therapy per PLWH in any single 24-hour period.

Agency should develop services that focus on the most current Special Populations identified in the *Houston Area Comprehensive Plan for HIV Prevention and Care Services* including Adolescents, Homeless, Incarcerated & Recently Released (IRR), Injection Drug Users (IDU), Men who Have Sex with Men (MSM), and Transgender populations. Additionally, services should focus on increasing access for individuals living in rural counties.

Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Mental Health Services Standards of Care**. The agency must have policies and procedures in place that comply with the standards *prior* to delivery of the service.

Table of Contents

FY 2023 Houston EMA/HSDA Service Categories Definitions Ryan White Part A, Part B and State Services

<u>Service Definition</u>	Approved FY22 Financial Eligibility Based on federal poverty guidelines	Recommended FY23 Financial Eligibility Based on federal poverty guidelines	Page #
Ambulatory/Outpatient Medical Care (includes Medical Case Management ¹ , Service Linkage ² , Outreach ³ , EFA-Pharmacy Assistance ⁴ , Local Pharmacy Assistance ⁵) CBO, Public Clinic, Rural & Pediatric - Part A	300% , (None ¹ , None ² None ³ , 500% ⁴ , 400% non-HIV meds & 500% HIV meds ⁵)	300% , (None ¹ , None ² None ³ , 500% ⁴ , 500% non- HIV meds & 500% HIV meds ⁵)	1 17 34 50
Case Management (Clinical) - Part A	No Financial Cap	No Financial Cap	60
Case Management (Non-Medical, Service Linkage at Testing Sites) - Part A	No Financial Cap	No Financial Cap	66
Case Management (Non-Medical, targeting Substance Use Disorders) - State Services	No Financial Cap	No Financial Cap	72
Early Intervention Services (Incarcerated) - State Services	No Financial Cap	<i>See Referral for Health Care and Support Services</i>	---
Emergency Financial Assistance - Other - Part A	400%		77
Health Insurance Premium and Cost Sharing Assistance - Part B/State Services - Part A	0 - 400% ACA plans: must have a subsidy (see Part B service definition for exception)	0 - 400% ACA plans: must have a subsidy (see Part B service definition for exception)	80 83
Home & Community-Based Health Services - Adult Day Treatment (facility-based) - Part B	400%		86
Hospice Services - State Services	300%		89
Linguistic Services - State Services	300%		93
Medical Nutritional Therapy and Nutritional Supplements - Part A	400%	400%	95
Mental Health Services - State Services	500%	500%	99
Oral Health - Untargeted - Part B - Rural (North) - Part A	300%	300%	104 107
Referral for Health Care and Support Services- - ADAP Enrollment Workers - State Services - Incarcerated - State Services	500% ---	500% No Financial Cap	110
Substance Abuse Treatment - Part A	500%	500%	112
Transportation - Part A	400%		115
Vision Care - Part A	400%	400%	121

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

(Quality Improvement Committee approved 05/11/21)

Background

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

Process

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

Checklist

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

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

Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area (Quality Improvement Committee approved 05-11-21)

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

Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area (Quality Improvement Committee approved 05-11-21)

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

Operations Committee Report

HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

EST. JULY 10, 2008

REV JANUARY 1, 2018

POLICY No. 400.03

PROCESS FOR APPROVING THE COUNCIL SUPPORT BUDGET

1 PURPOSE

2
3 This policy is to establish the process used to review and approve the annual budget for the
4 Houston Area HIV Health Services Ryan White Planning Council and the Council Support Staff.
5

6 AUTHORITY

7
8 The authority given to the Operations Committee by the Council regarding adoption and approval
9 of By-laws Rev. 01/18 and under the order of the Chief Elected Official (CEO) of Harris County,
10 initiate procedures by which day to day business of the Council is to take place. According to the
11 Ryan White HIV/AIDS Treatment Extension Act of 2009, and a letter of guidance issued by the
12 HIV/AIDS Bureau (April 26, 2007) "Section 2604(h) specifies that the chief elected official of an
13 eligible area shall not use in excess of 10 percent of amounts received under a Part A grant for
14 administrative expenses. The amounts may be used for administrative activities that include all
15 activities associated with the grantee's contract award procedures, including activities carried out
16 by the HIV Health Services Planning Council as established under section 2602 (b) of the Act...
17 While Part A Planning Councils may use Ryan White Program funds to support certain activities
18 related to carrying out required functions, the Planning Council must also work with the grantee
19 to agree on a budget for Planning Council support activities. Reasonable and necessary activities
20 include both tasks directly related to legislative functions and the following costs that support
21 multiple functions:

- 22 • Staff support (professional and clerical)
- 23 • Expenses of Planning Council members as a result of their participation
- 24 • Activities publicizing the Planning Council's activities for people living with HIV and
25 efforts to substantively enhance community participation in Planning Council activities
- 26 • Developing and implementing Planning Council grievance procedures for decisions related
27 to funding."
28

29 INTENT

30
31 Create an atmosphere of mutual respect and transparency as the Council works with the CEO and
32 the grantee to agree on the annual Council Support budget.
33

34 PROCEDURE

35
36 The following describes the steps to be followed in order to secure approval of the Council
37 Support budget:
38

- 39 1. The Director of the Office of Support prepares a proposed budget.

- 40 2. The Director distributes the proposed budget to members of the Operations
41 Committee, the liaison to the CEO and the manager of Harris County Public
42 Health/Ryan White Grant Administration Section (the “grantee”).
43 3. The grantee reviews the budget in terms of Ryan White Program guidelines and
44 discusses any concerns with both the Director of the Office of Support and the
45 assigned liaison to the CEO.
46 4. The Director conveys this input to the Operations Committee when they meet to
47 review and make recommendations on the proposed budget.
48 5. The Operations Committee reviews the budget to make sure that it supports activities
49 related to carrying out the legislatively mandated role of the Council and prepares a
50 committee recommendation regarding the proposed budget.
51 6. The Steering Committee and Council review and vote on the recommendations of the
52 Operations Committee regarding the Council Support budget.
53 7. The Director provides the grantee with the Council approved budget.
54 8. The grantee reviews the budget and provides written confirmation to the Director of
55 the Office of Support and the liaison with the County Judge’s Office stating that the
56 budget is consistent with HRSA requirements and County rules and no changes are
57 necessary. If the budget is not consistent with HRSA requirements and County rules,
58 the budget is returned to the Director of the Office of Support who revises the budget
59 and begins the process at Step 1 as described above.

FY 2022 vs. FY 2023 Council Support Budget Comparison

(as of 05-11-22)

Budget Item	FY 2022 Amount	FY 2023 Amount	Difference	Notes
Employee Fringe	\$120,664	To be determined	To be determined	The County has not released the cost of benefits for the next fiscal year.
Travel				
• Local	\$ 200	\$ 800	+ \$ 600	Local: The price of gas has increased significantly.
• Out of EMA	\$ 5,800	\$ 2,000	- \$3,800	Out of EMA: More and more conferences are being held virtually.
Resource Guide	\$ 20,000	\$ 0	- \$ 20,000	The Blue Book is published bi-annually.
Needs Assessment	\$ 0	\$ 19,300	+ \$ 19,300	This work product is required in 2023/2024
Translation Services – Spanish Speaking	\$ 7,000	\$13,000	+ \$ 6,000	Proyecto VIDA may provide some mono-lingual Spanish speaking Council & Affiliate members.
Public Storage Unit	\$ 0	\$ 3,000	+ \$ 3,000	The Judge’s Office paid this expense the first year. It must now be paid with RW funds.
Room Rentals	\$ 0	\$ 6,000	+ \$ 6,000	In 2020, large meeting rooms in the building were remodeled for COVID response purposes. Hence, the need to rent large off-site meeting rooms for Council, Integrated Planning, Project LEAP, Proyecto VIDA and other meetings.
Copier Rental	\$ 7,000	\$ 9,000	+ \$ 2,000	The cost of printing materials are related to oil prices.
TOTALS			+ \$ 13,100	

FY 2023 Budget Total	\$ 522,255
FY 2022 Budget Total	- <u>509,155</u>
Difference	+ 13,100

Houston Ryan White Planning Council
FY 2022 Council Support Budget
 March 1, 2023 - February 28, 2024
 (as of 05-11-22)

	Subtotal	Total
PERSONNEL	\$267,382	
RWPC Manager (V. Williams) (\$6877/mo. X 12 mos. X 100%) Responsible for overall functioning of planning council, supervises all support staff.	\$82,525	
RWPC Health Planner (M. Hudson) (\$6493/mo. X 12 mos. X 100%) Responsible for coordinating Comprehensive Planning and Needs Assessment activities. Analyzing and presenting data.	\$77,918	
RWPC Coordinator (D. Beck) (\$4,900/mo x 12 mos. X 100%) Coordinates support activities for the RW Planning Council and committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.).	\$58,800	
Assistant Coordinator (R. Avila) (\$4011/mo x 12 mos. X 100%) Coordinates support activities for assigned committees. Provides routine administrative duties (minutes, scheduling of meetings, mailouts, etc.)	\$48,139	
FRINGE		\$120,664
Social Security @ 7.65%	\$20,455	
TENTATIVE: Health Insurance (4 x \$13,900/FTE)	\$55,600	
Retirement @ 14.5%	\$38,770	
Workers Compensation @ 0.50%	\$1,337	
Supplemental Death Insurance @ 0.50	\$1,337	
Unemployment Insurance @ 0.23%	\$615	
Incentives/allowances	\$2,550	
EQUIPMENT	\$2,000	
Replace obsolete computers and tablets and purchase equipment needed to allow Ryan White volunteers and students access to virtual meetings		

Houston Ryan White Planning Council
FY 2022 Council Support Budget
 March 1, 2023 - February 28, 2024
 (as of 05-11-22)

		Subtotal	Total
TRAVEL		\$2,800	
Local Travel: \$0.58/mile for Planning Council Support Staff	\$800		
Out of EMA travel: Two out of town trips for either Office of Support staff and/or Ryan White volunteers to attend HIV related conferences.	\$2,000		
SUPPLIES	\$7,109	\$7,109	
General consumable office supplies including materials for Council members & public meetings.			
CONTRACTUAL	\$0	\$0	
OTHER		\$122,300	
HIV Needs Assessment: Expensies related to gathering needs assessment information from 700 consumers and others in the 6-county service area	\$19,300		
Reimbursement for Volunteer Expenses: Reimbursement for meals, childcare, travel, gift cards/incentives & other eligible expenses resulting from participation in Council approved/HRSA grant required activities.	\$19,000		
Meeting Room Rentals (2-3 meetings per month): Off-site room rentals for Council related meetings. Attendance ranges from 18 - 85 people per meeting.	\$6,000		
Advertising for PC Activities: For publication of meeting announcements in community papers; invitations to participate in needs assessment activities and focus groups; advertisements for additional volunteers.	\$6,000		
Communications (telephone and computer): For local and long distance phone expenses, equipment and internet charges.	\$3,500		
Council Education: For speakers & training costs for ongoing training to insure that key decision-makers receive necessary & relevant information. This includes a January Orientation and a mid-year Council meeting to be held off-site in Harris County.	\$4,500		

Houston Ryan White Planning Council
FY 2022 Council Support Budget
 March 1, 2023 - February 28, 2024
 (as of 05-11-22)

Project LEAP Student Reimbursement: 45 participants for 17-week & 16-week courses including travel, childcare, gift card/incentives & other expenses resulting from participation in required consumer training activities in English and Spanish related to the Ryan White grant.	\$9,000
Project LEAP Education: Training costs for 17 weeks & 16 weeks including facilitation & speaker fees, translators & educational materials in English and Spanish.	\$15,000
Consumer Education: Training costs for up to 5 seminars including speaker fees, translators and educational materials.	\$2,500
Interpreter Services: For Spanish-speaking & sign-language interpretation services during Council meetings, public hearings, focus groups and more.	\$13,000
Fees and Dues: Registration costs for attending meetings, trainings & conferences related to HIV/AIDS health planning.	\$500
English/Spanish Translation (written): For professional translation of Council, Project LEAP & other educational materials into Spanish.	\$5,000
Storage Unit for HIV Resource Directories: Storage for 30,000 directories @ \$250/month	\$3,000
Postal Machine Rental & Postage: For mailouts of Committee and Council agendas, minutes and attachments; HIV/AIDS Resource Guides for those who are unable to pickup in person; other office of support communications.	\$7,000
Copier Rental: For rental, service agreement of high-use Xerox machine used for Council and Office of Support.	\$9,000
TOTAL	\$522,255

**Priority and
Allocations
Committee
Report**



Houston Ryan White Planning Council
Priority Setting Process
May 28, 2020

Principles and Criteria

Principles

Sound priority setting must be based on clearly stated and consistently applied principles for decision-making.

- These principles are the basic ideals for action

Criteria

Criteria are the standards on which judgment will be based.

Priority Setting

Needs Assessment Data

The percentages are taken from the needs assessment and then broken down and used to determine the priorities.

Midpoint

When a service percentage is above the set median point it will rank as a high for that column, if below the midpoint then it will be a low rank. This will be done for each column.

High Low Score

E.g. Score: LLHL

Attached is a listing of each possible high low scenario.

Priority Setting

The group will then place each service into one of two groups: Core or Non Core

CORE

Outpatient/Ambulatory Medical Care (Primary Care)
Local Pharmaceutical Assistance Program (LPAP)
Oral Health Care
Early Intervention Services
Health Insurance Premium and Cost-Sharing Assistance
Home Health Care
Home
Hospice
Home and community based health services
Medical Nutrition Therapy
Mental Health
Outpatient Substance Abuse
Medical Case Management (including treatment adherence services)

NON-CORE

Case Management (Non-Medical)
Health Education Risk Reduction
Medical Transportation
Outreach Services
Psychosocial Support Services
Referral for healthcare/supportive services
Treatment Adherence Counseling

Prioritization

Lets Try It!

Happy HSDA

Service	Need	Use	Availability
Oral Health Care	68	45	15
Primary Care	82	82	3
Case Management	81	76	10
Medical Case Management	68	68	7
Van Transportation	51	49	15
Health Insurance	77	42	30
Vision Care	74	31	38

Let's set our midpoints!

**Hint, Remember the midpoint is the average of the highest and lowest NA percentage.*

Need: 67% Use: 57% Availability: 21%

Prioritization

Happy HSDA

Service	Need	Use	Availability	Need	Use	Avail
Oral Health Care	68	45	15	H	L	L
Primary Care	82	82	3	H	H	L
Case Management	81	76	10	H	H	L
Medical Case Management	68	68	7	H	H	L
Van Transportation	51	49	15	L	L	L
Health Insurance	77	42	30	H	L	H

Midpoints: Need: 67% Use 57% Availability 21%

Service	High-Low Scores:	C/N	Rank
Primary Care:	HHL	C	1
Medical Case Management:	HHL	C	2
Health Insurance:	HLH	C	3
Oral Health:	HLL	C	4
Case Management:	HHL	N	5
Van Transportation:	LLL	N	6

Prioritization

Tie Breaking and finalizing

Once this is done the committee will use any additional relevant information and public comment to break any ties until there is an established priority list.

Prioritization

What happens when there is NO new Needs Assessment data?

During years where there is no new needs assessment data (or “off years”) the group will use data from the most recent needs assessment activities, special studies, HBTMN, etc.

The group does not complete another High-Low process during these years, the work is already done !, instead....

The group will be given the listing of the previous years priorities and make changes in the priorities as appropriate.

FY 2023 Priority Setting Process

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

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

(Continued on next page)

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

Part A Reflects "Decrease" Funding Scenario
MAI Reflects "Decrease" Funding Scenario

FY 2021 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	-75,776	1,415,641	60,600	-1,440,801	10,925,452	45.73%	10,925,452	0		9,085,320	83%	100%
1.a	Primary Care - Public Clinic (a)	3,927,300	-27,177			-1,467,936	2,432,187	10.18%	2,432,187	0	3/1/2021	\$1,926,746	79%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	-7,367	441,880	244,386	9,713	1,753,188	7.34%	1,753,188	0	3/1/2021	\$1,915,159	109%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	-6,301	441,880	75,000	9,713	1,430,843	5.99%	1,430,843	0	3/1/2021	\$1,595,257	111%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	-7,944	441,880		9,713	1,591,574	6.66%	1,591,574	0	3/1/2021	\$745,541	47%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	-7,612		-75,000	-2,004	1,015,384	4.25%	1,015,384	0	3/1/2021	\$1,050,578	103%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	-14,532				2,085,468	8.73%	2,085,468	0	3/1/2021	\$1,347,954	65%	100%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.06%	15,437	0	3/1/2021	\$5,400	35%	100%
1.h	Vision	500,000	-3,460	90,000	-85,000		501,540	2.10%	501,540	0	3/1/2021	\$498,685	99%	100%
1.x	Primary Care Health Outcome Pilot	200,000	-1,384		-98,786		99,830	0.42%	99,830	0		\$0	0%	100%
2	Medical Case Management	1,730,000	-100,528	30,000	0	30,433	1,689,905	7.07%	1,689,905	0		1,485,955	88%	100%
2.a	Clinical Case Management	488,656	-3,381	30,000			515,275	2.16%	515,275	0	3/1/2021	\$356,517	69%	100%
2.b	Med CM - Public Clinic (a)	277,103	-1,918			80,856	356,041	1.49%	356,041	0	3/1/2021	\$271,551	76%	100%
2.c	Med CM - Targeted to AA (a) (e)	169,009	-1,170			-6,687	161,153	0.67%	161,153	0	3/1/2021	\$244,261	152%	100%
2.d	Med CM - Targeted to H/L (a) (e)	169,011	-1,170			-6,687	161,155	0.67%	161,155	0	3/1/2021	\$125,876	78%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186	-423			-6,687	54,076	0.23%	54,076	0	3/1/2021	\$83,763	155%	100%
2.f	Med CM - Targeted to Rural (a)	273,760	-1,894			-30,363	241,503	1.01%	241,503	0	3/1/2021	\$136,886	57%	100%
2.g	Med CM - Women at Public Clinic (a)	75,311	-521				74,790	0.31%	74,790	0	3/1/2021	\$152,862	204%	100%
2.h	Med CM - Targeted to Pedi (a.1)	90,051	-90,051				0	0.00%	0	0	3/1/2021	\$0	#DIV/0!	100%
2.i	Med CM - Targeted to Veterans	80,025	0				80,025	0.33%	80,025	0	3/1/2021	\$62,517	78%	100%
2.j	Med CM - Targeted to Youth	45,888	0				45,888	0.19%	45,888	0	3/1/2021	\$51,724	113%	100%
3	Local Pharmacy Assistance Program	1,810,360	-12,528	22,920	0	74,016	1,894,768	7.93%	1,894,768	0	3/1/2021	\$2,041,079	108%	100%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360	-2,148			314,588	622,800	2.61%	622,800	0	3/1/2021	\$559,245	90%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	-10,380	22,920		-240,572	1,271,968	5.32%	1,271,968	0	3/1/2021	\$1,481,834	116%	100%
4	Oral Health	166,404	-1,152	0	0	0	165,252	0.69%	165,252	0	3/1/2021	165,250	100%	100%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	-1,152			0	165,252	0.69%	165,252	0	3/1/2021	\$165,250	100%	100%
5	Health Insurance (c)	1,383,137	-9,571	300,000	0	0	1,673,566	7.01%	1,673,566	0	3/1/2021	\$1,673,556	100%	100%
6	Mental Health Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
7	Early Intervention Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
8	Medical Nutritional Therapy (supplements)	341,395	-2,362	0	55,000	0	394,033	1.65%	394,033	0	3/1/2021	\$382,241	97%	100%
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
9.a	In-Home	0									N/A	\$0	0%	0%
9.b	Facility Based	0									N/A	\$0	0%	0%
10	Substance Abuse Services - Outpatient	45,677	0	0	0	0	45,677	0.19%	45,677	0	3/1/2021	\$25,350	55%	100%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
12	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	\$0	0%	0%
13	Non-Medical Case Management	1,267,002	-8,768	40,000	-70,600	95,685	1,323,319	5.54%	1,323,319	0	3/1/2021	\$1,218,925	92%	100%
13.a	Service Linkage targeted to Youth	110,793	-767		-20,600		89,426	0.37%	89,426	0	3/1/2021	\$94,788	106%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	-692		-50,000		49,308	0.21%	49,308	0	3/1/2021	\$62,780	127%	100%
13.c	Service Linkage at Public Clinic (a)	370,000	-2,560			107,411	474,851	1.99%	474,851	0	3/1/2021	\$453,719	96%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	-4,749	40,000		-11,726	709,734	2.97%	709,734	0	3/1/2021	\$607,637	86%	100%
13.e	SLW-Substance Use	0	0				0	0.00%	0	0	NA	\$0	0%	0%
14	Medical Transportation	424,911	-2,940	0	0	0	421,971	1.77%	421,971	0		421,959	100%	100%
14.a	Medical Transportation services targeted to Urban	252,680	-1,749				250,931	1.05%	250,931	0	3/1/2021	\$257,980	103%	100%
14.b	Medical Transportation services targeted to Rural	97,185	-673				96,512	0.40%	96,512	0	3/1/2021	\$89,462	93%	100%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	-519				74,527	0.31%	74,527	0	3/1/2021	\$74,517	100%	100%
15	Emergency Financial Assistance	1,545,439	-10,694	0	-45,000	1,326,272	2,816,017	11.79%	2,816,017	0		2,851,156	101%	100%
16.a	EFA - Pharmacy Assistance	1,305,439	-9,034		75,000	1,326,272	2,697,677	11.29%	2,697,677	0	3/1/2021	\$2,771,670	103%	100%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
16.b	EFA - Other	240,000	-1,661		-120,000		118,339	0.50%	118,339	0	3/1/2021	\$79,486	67%	100%
16	Linguistic Services (c)	0	0				0	0.00%	0	0	NA	\$0	0%	0%
17	Outreach	420,000	-2,906			-85605	331,489	1.39%	331,489	0	3/1/2021	\$334,723	0%	100%
BEU27516	Total Service Dollars	20,100,113	-227,226	1,808,561	0	0	21,681,448	90.75%	21,681,448	-1		19,685,514	91%	100%
	Grant Administration	1,795,958	0	0	0	0	1,795,958	7.52%	1,795,958	0	N/A	1,501,779	84%	100%
BEU27517	HCPH/RWGA Section	1,271,050		0		0	1,271,050	5.32%	1,271,050	0	N/A	\$1,021,601	80%	100%
PG	RWPC Support*	524,908			0	0	524,908	2.20%	524,908	0	N/A	480,178	91%	100%
BEU27521	Quality Management	412,940		0	0	0	412,940	1.73%	412,940	0	N/A	\$338,092	82%	100%
		22,309,011	-227,226	1,808,561	0	0	23,890,346	100.00%	23,890,346	-1		21,525,385	90%	100%
								Unallocated	Unobligated					
	Part A Grant Award:	22,171,816	Carry Over:	1,718,511		Total Part A:	23,890,327	-19	-1					100%
														100%
		Original Allocation	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service dollars)	16,442,761	-201,918	1,768,561	115,600	-1,336,352	18,125,004	83.60%						
	Non-Core (may not exceed 25% of total service dollars)	3,657,352	-25,309	40,000	-115,600	1,336,352	3,556,443	16.40%						
	Total Service Dollars (does not include Admin and QM)	20,100,113	-227,226	1,808,561	0	0	21,681,448							
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	0	0	0	0	1,795,958	6.64%						
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.53%						

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,002,860	-52,609	100,100	0	0	2,050,351	64.56%	2,050,351	0		1,853,500	90%	100%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	-26,601	50,050			1,036,149	32.63%	1,036,149	0	3/1/2021	\$992,750	96%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	-26,009	50,050			1,014,201	31.94%	1,014,201	0	3/1/2021	\$860,750	85%	100%
2	Medical Case Management	320,100	0	0	0	0	320,100	10.08%	320,100	0		\$243,614	76%	100%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	5.04%	160,050	0	3/1/2021	\$140,451	88%	100%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	5.04%	160,050	0	3/1/2021	\$103,163	64%	100%
	ADAP	0	0	805,261			805,261	25.36%	805,261	0		\$805,261	100%	100%
	Total MAI Service Funds	2,322,960	-52,609	905,361	0	0	3,175,712	100.00%	3,175,712	0		2,902,375	91%	100%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEU27518	Total MAI Funds	2,322,960	-52,609	905,361	0	0	3,175,712	100.00%	3,175,712	0		2,902,375	91%	100%
	MAI Grant Award	2,270,349	Carry Over:	905,361		Total MAI:	3,175,710							
	Combined Part A and MAI Original Allocation Total	24,631,971												

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 four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.

Part A Reflects "Decrease" Funding Scenario
 MAI Reflects "Decrease" Funding Scenario

FY 2021 Ryan White Part A and MAI
 Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.													
(c)	Funded under Part B and/or SS													
(d)	Not used at this time													
(e)	10% rule relocations													

Part A Reflects "Increase" Funding Scenario
 MAI Reflects "Increase" Funding Scenario

FY 2022 Ryan White Part A and MAI
 Procurement Report

Priority	Service Category	Original Allocation <i>RWFC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	0	0	0	0	10,965,788	47.27%	10,750,351	215,437				8%
1.a	Primary Care - Public Clinic (a)	3,927,300					3,927,300	16.93%	3,927,300	0	3/1/2022			8%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576					1,064,576	4.59%	1,064,576	0	3/1/2022			8%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551					910,551	3.92%	910,551	0	3/1/2022			8%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924					1,147,924	4.95%	1,147,924	0	3/1/2022			8%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000					1,100,000	4.74%	1,100,000	0	3/1/2022			8%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000					2,100,000	9.05%	2,100,000	0	3/1/2022			8%
1.g	Primary Care - Pediatric (a.1)	15,437					15,437	0.07%	0	15,437	3/1/2022			8%
1.h	Vision	500,000					500,000	2.16%	500,000	0	3/1/2022			8%
1.x	Primary Care Health Outcome Pilot	200,000					200,000	0.86%	0	200,000				8%
2	Medical Case Management	1,730,000	0	0	0	0	1,730,000	7.46%	1,639,949	90,051				8%
2.a	Clinical Case Management	488,656					488,656	2.11%	488,656	0	3/1/2022			8%
2.b	Med CM - Public Clinic (a)	277,103					277,103	1.19%	277,103	0	3/1/2022			8%
2.c	Med CM - Targeted to AA (a) (e)	169,009					169,009	0.73%	169,009	0	3/1/2022			8%
2.d	Med CM - Targeted to H/L (a) (e)	169,011					169,011	0.73%	169,011	0	3/1/2022			8%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186					61,186	0.26%	61,186	0	3/1/2022			8%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.18%	273,760	0	3/1/2022			8%
2.g	Med CM - Women at Public Clinic (a)	75,311					75,311	0.32%	75,311	0	3/1/2022			8%
2.h	Med CM - Targeted to Pedi (a.1)	90,051					90,051	0.39%	0	90,051	3/1/2022			8%
2.i	Med CM - Targeted to Veterans	80,025					80,025	0.34%	80,025	0	3/1/2022			8%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.20%	45,888	0	3/1/2022			8%
3	Local Pharmacy Assistance Program	1,810,360	200,000	0	0	0	2,010,360	8.67%	2,010,360	0	3/1/2022			8%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360					310,360	1.34%	310,360	0	3/1/2022			8%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	200,000				1,700,000	7.33%	1,700,000	0	3/1/2022			8%
4	Oral Health	166,404	0	0	0	0	166,404	0.72%	166,404	0	3/1/2022			8%
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A			0%
4.b	Oral Health - Targeted to Rural	166,404					166,404	0.72%	166,404	0	3/1/2022			8%
5	Health Insurance (c)	1,383,137	200,000	0	0	0	1,583,137	6.82%	1,673,566	-90,429	3/1/2022			8%
6	Mental Health Services (c)	0					0	0.00%	0	0	NA			0%
7	Early Intervention Services (c)	0					0	0.00%	0	0	NA			0%
8	Medical Nutritional Therapy (supplements)	341,395					341,395	1.47%	341,395	0	3/1/2022			8%
9	Home and Community-Based Services (c)	0	0	0	0	0	0	0.00%	0	0	NA			0%
9.a	In-Home	0									N/A			0%
9.b	Facility Based	0									N/A			0%
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	0	0	45,677	0.20%	45,677	0	3/1/2022			8%
11	Hospice Services	0	0	0	0	0	0	0.00%	0	0	NA			0%
12	Referral for Health Care and Support Services (c)	0	0	0	0	0	0	0.00%	0	0	NA			0%
13	Non-Medical Case Management	1,267,002	0	0	0	0	1,267,002	5.46%	1,267,002	0	3/1/2022			8%
13.a	Service Linkage targeted to Youth	110,793					110,793	0.48%	110,793	0	3/1/2022			8%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000					100,000	0.43%	100,000	0	3/1/2022			8%
13.c	Service Linkage at Public Clinic (a)	370,000					370,000	1.59%	370,000	0	3/1/2022			8%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209					686,209	2.96%	686,209	0	3/1/2022			8%
13.e	SLW-Substance Use	0					0	0.00%	0	0	NA			0%
14	Medical Transportation	424,911	0	0	0	0	424,911	1.83%	424,911	0				8%
14.a	Medical Transportation services targeted to Urban	252,680					252,680	1.09%	252,680	0	3/1/2022			8%
14.b	Medical Transportation services targeted to Rural	97,185					97,185	0.42%	97,185	0	3/1/2022			8%
14.c	Transportation vouchers (bus passes & gas cards)	75,046					75,046	0.32%	75,046	0	3/1/2022			8%
15	Emergency Financial Assistance	1,545,439	0	0	0	0	1,545,439	6.66%	1,545,439	0				8%
16.a	EFA - Pharmacy Assistance	1,305,439					1,305,439	5.63%	1,305,439	0	3/1/2022			8%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
16.b	EFA - Other	240,000					240,000	1.03%	240,000	0	3/1/2022			8%
16	Linguistic Services (c)	0	0				0	0.00%	0	0	NA			0%
17	Outreach	420,000					420,000	1.81%	420,000	0	3/1/2022			8%
BEU27514	Total Service Dollars	20,100,113	400,000	0	0	0	20,500,113	88.37%	20,285,054	215,059				8%
	Grant Administration	1,809,059	169,915	0	0	0	1,978,974	8.53%	1,978,974	0	N/A			8%
BEU27517	HCPH/RWGA Section	1,286,804	169,915	0	0	0	1,456,719	6.28%	1,456,719	0	N/A			8%
PC	RWPC Support*	522,255					522,255	2.25%	522,255	0	N/A			8%
BEU27521	Quality Management	412,940		0	0	0	412,940	1.78%	412,940	0	N/A			8%
		22,322,112	569,915	0	0	0	22,892,027	98.68%	22,676,968	215,059				8%
	1,809,059													
	Part A Grant Award:	23,198,771	Carry Over:	0			Total Part A:		Unallocated 306,744	Unobligated 215,059				

		Original Allocation	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
	Core (must not be less than 75% of total service dollars)	16,442,761	400,000	0	0	0	16,842,761	82.16%		
	Non-Core (may not exceed 25% of total service dollars)	3,657,352	0	0	0	0	3,657,352	17.84%		
	Total Service Dollars (does not include Admin and QM)	20,100,113	400,000	0	0	0	20,500,113			
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,809,059	169,915	0	0	0	1,978,974	7.72%		
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.61%		

MAI Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,002,860	104,950	0	0	0	2,107,810	86.82%	2,107,810	0				8%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	53,065				1,065,765	43.90%	1,065,765	0	3/1/2022			8%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	51,884				1,042,044	42.92%	1,042,044	0	3/1/2022			8%
2	Medical Case Management	320,100	0	0	0	0	320,100	13.18%	320,100	0				8%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	6.59%	160,050	0	3/1/2022			8%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	6.59%	160,050	0	3/1/2022			8%
	Total MAI Service Funds	2,322,960	104,950	0	0	0	2,427,910	100.00%	2,427,910	0				8%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0				0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0				0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0				0%
	Total MAI Funds	2,322,960	104,950	0	0	0	2,427,910	100.00%	2,427,910	0				8%
	MAI Grant Award	2,427,918	Carry Over:	0			Total MAI:							
	Combined Part A and MAI Original Allocation Total	24,645,072												

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

Part A Reflects "Increase" Funding Scenario
 MAI Reflects "Increase" Funding Scenario

FY 2022 Ryan White Part A and MAI
 Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2122 Ryan White Part B
Procurement Report
April 1, 2021 - March 31, 2022



Reflects spending through March 2022 Final Close Out Report

Spending Target: 100%

Revised 6/1/22

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Service (1)	\$1,674,036	50%	\$0	\$1,674,036	\$0	\$1,674,036	4/1/2021	\$1,540,487	92%
4	Oral Health Service -Prosthodontics (1)	\$544,842	16%	\$0	\$544,842	\$40,789	\$585,631	4/1/2021	\$683,908	117%
5	Health Insurance Premiums and Cost Sharing (2)	\$1,028,433	31%	\$0	\$1,028,433	\$36,446	\$1,064,879	4/1/2021	\$1,217,879	114%
9	Home and Community Based Health Services (3)	\$113,315	3%	\$0	\$113,315	-\$77,235	\$36,080	4/1/2021	\$36,080	100%
		\$0	0%	\$0	\$0					
	Total Houston HSDA	3,360,626	100%	0	3,360,626	\$0	\$3,360,626		3,478,354	104%

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

- (1) Agencies were allowed to spend the funds where needed within the Oral Health Service and total Oral Health Service spending is 98%
- (2) 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. Demand exceeds funding.
- (3) Demand is still down because of COVID

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

2021-2022 Ryan White Part B Service Utilization Report
4/1/2021- 03/31/2022 Houston HSDA (4816)
4th Quarter

Revised 5/2/2022

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums	1,600	932	82.00%	17.25%	0.10%	0.65%	39.37%	26.93%	31.00%	2.70%	0.00%	0.00%	1.50%	18.24%	19.31%	25.53%	28.86%	6.56%
Home and Community Based Health Services	38	20	57.14%	38.09%	0.00%	4.77%	75.00%	15.00%	10.00%	0.00%	0.00%	0.00%	5.00%	5.00%	0.00%	30.00%	40.00%	20.00%
Oral Health Care	4,860	2,814	71.59%	26.49%	0.00%	1.92%	78.51%	18.78%	0.00%	2.71%	0.00%	0.14%	2.27%	16.87%	21.81%	24.80%	25.62%	8.49%
Unduplicated Clients Served By State Services Funds:	NA	1,839	70.24%	27.28%	0.03%	2.45%	64.29%	20.24%	13.67%	1.80%	0.00%	0.05%	2.92%	13.37%	13.71%	26.78%	31.49%	11.68%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2122 DSHS State Services
Procurement Report
September 1, 2021 - March 31, 2022



Chart reflects spending through March 2022 Final Closeout

Spending Target: 58%

Revised 6/1/2022

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$853,137	43%	\$0	\$853,137	-\$853,137	\$0	9/1/2020	\$66,930	#DIV/0!
6	Mental Health Services	\$300,000	15%	\$0	\$300,000	-\$75,000	\$225,000	9/1/2020	\$58,392	26%
7	EIS - Incarcerated (2)	\$175,000	9%	\$0	\$175,000	\$0	\$175,000	9/1/2020	\$73,853	42%
11	Hospice	\$259,832	13%	\$0	\$259,832	-\$108,000	\$151,832	9/1/2020	\$108,460	71%
13	Non Medical Case Management	\$350,000	17%	\$0	\$350,000	-\$135,000	\$215,000	9/1/2020	\$107,771	50%
16	Linguistic Services	\$68,000	3%	\$0	\$68,000	-\$40,000	\$28,000	9/1/2020	\$40,163	143%
Total Houston HSDA		2,005,969	100%	\$0	\$2,005,969	-\$1,211,137	\$794,832		455,568	57%

Note The amendment column is the five month budget 04/01/22-08/31/22 based on agency spending. Spending has been impacted by COVID and shorten grant period.

- (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, All funds will be spent in remaining five month period, Likley to b
- (2) Will not be contracted for the five month period. Service category redefined

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2021-04/30/2022

Revised:

6/1/2022

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	927	\$105,407.83	397			0
Medical Deductible	79	\$119,040.86	64			0
Medical Premium	5297	\$1,442,691.28	879			0
Pharmacy Co-Payment	19587	\$1,010,393.69	1522			0
APTC Tax Liability	0	\$0.00	0			0
Out of Network Out of Pocket	0	\$0.00	0			0
ACA Premium Subsidy Repayment	20	\$9,850.01	12	NA	NA	NA
Totals:	25910	\$2,667,683.65	2874	0	\$0.00	

Comments: This report represents services provided under all grants.

Worksheet for Determining FY 2023 Service Priorities

Core Services	HL Scores	HL Rank	Approved FY 2021 Priorities	Approved FY 2022 Priorities	Proposed FY 2023 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1	1	No new needs assessment data to justify changes.
Medical Case Management	HHH	2	2	2	2	
Local Pharmacy Assistance Program	HHH	2	3	3	3	
Oral Health Services	HLL	3	4	4	4	
Health Insurance	HLL	3	5	5	5	
Mental Health Services	LLH	7	6	6	6	Keep same ranking based on numerical need, historic need, and high need during COVID pandemic.
Early Intervention Services (jail)	LLL	8	7	7	---	Program moved to Referral for Healthcare and Support services below
Medical Nutritional Therapy	LLH	7	8	8	7	
Day Treatment	LLH	7	9	9	8	
Substance Abuse Treatment	LLH	7	10	10	9	
Hospice*	-	-	11	11	10	

Support Services	HL Scores	HL Rank	Approved FY 2021 Priorities	Approved FY 2022 Priorities	Proposed FY 2023 Priorities	Justification
Referral for Health Care & Support Services (AEW and Incarcerated)	HHH	2	12	12	11	
Non-medical case management	HHH	2	13	13	12	
Medical Transportation	HLL	3	14	14	13	
Emergency Financial Assistance	HLH	4	15	15	14	
Linguistics Services	LLL	8	16	16	15	
Outreach	LLL	8	17	17	16	

*Hospice does not have HL Score or HL Rank.

Williams, Victoria (County Judge's Office)

From: Harbolt, Amber (County Judge's Office)
Sent: Monday, April 27, 2020 5:21 PM
To: Williams, Victoria (County Judge's Office)
Subject: Changes in Service Priority Worksheet Between 2016 and 2020
Attachments: Rankings - DRAFT 1 - 04-27-20.xls

Hi Tori,

Here are the changes in the service priority rankings between the 2016 and 2020 Needs Assessments. The rankings and data used are also saved in the J drive.

Core Medical Services:

- Health Insurance Assistance increased from Rank #4 (HLH) to Rank #3 (HLL). This is because service accessibility fell below the midpoint.
- Early Intervention Services decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint. As you may recall from the priority setting guide, there is less priority for addressing low service accessibility when there is low need and low utilization for the service, as opposed to higher priority for keeping high accessibility for services with low need and low utilization.
- Similarly, Medical Nutritional Therapy increased from Rank #8 (LLL) to Rank #7 (LLH). This is because service accessibility was at or above the midpoint.

Support Services:

- Rank #8 (LLL) was established for Outreach Services. This service was previously unranked as it was not assessed in the 2016 Needs Assessment.
- Medical Transportation increased from Rank #7 (LLH) to Rank #3 (HLL). This is because service need was at or above the midpoint, while service accessibility fell below the midpoint.
- Linguistics decreased from Rank #7 (LLH) to Rank #8 (LLL). This is because service accessibility fell below the midpoint.
- Rank #4 (HLH) was established for Emergency Financial Assistance. This service was previously unranked as it was not assessed in the 2016 Needs Assessment. Please note that this is Emergency Financial Assistance as currently designed in the Houston EMA for medication assistance only.
- Rank #2 (HHH) was established for Referral for Health Care and Support Services (ADAP Enrollment Workers). This service was previously unranked as it was not assessed in the 2016 Needs Assessment.

Thank you,

Amber L. Harbolt, MA
Health Planner
Ryan White Planning Council
Office of Support
2223 West Loop South, Ste 240
Houston, TX 77027
832 927-7929 ofc
713 572-3740 fax
www.rwpchouston.org

Worksheet for Determining FY 2022 Service Priorities

Core Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Ambulatory/Outpatient Medical Care	HHH	2	1	1		
Medical Case Management	HHH	2	2	2		
Local Pharmacy Assistance Program	HHH	2	3	3		
Oral Health Services	HLL	3	4	4		
Health Insurance	HLL	3	5	5		
Mental Health Services	HLH	4	6	6		
Early Intervention Services (jail)	LLL	8	7	7		FY21 Justification: TRG and SIRR have prioritized improving coordination system in Early Intervention Services.
Medical Nutritional Therapy	LLH	7	10	8		FY21 Justification: Higher utilization for Medical Nutrition Therapy compared to Adult Day Treatment and Substance Abuse Treatment
Day Treatment	LLH	7	8	9		
Substance Abuse Treatment	LLH	7	9	10		
Hospice*	-	-	11	11		

Support Services	HL Scores	HL Rank	Approved FY 2020 Priorities	Approved FY 2021 Priorities	Proposed FY 2022 Priorities	Justification
Referral for Health Care & Support Services	HHH	2	14	12		FY21 Justification: The ADAP Eligibility Workers funded through Referral for Health Care & Support Services support access to life-sustaining HIV medications.
Non-medical case management	HHH	2	15	13		
Medical Transportation	HLL	3	16	14		
Emergency Financial Assistance	HLH	4	13	15		
Linguistics Services	LLL	8	17	16		
Outreach	LLL	8	12	17		

*Hospice does not have HL Score or HL Rank.

DRAFT Key to Priority Setting Using 2016 Needs Assessment Data
(May 16, 2019)

Criteria	Definition	Data Source	Formula
1. Need	Proportion of consumers reporting a need for the service in the past 12 months	Needs Assessment	$(a + b)/N = x*100$ (rounded) a = total # of NA respondents selecting "I needed this service, and it was easy to get" per service category b = total # of NA respondents selecting "I needed this service, and it was difficult to get" per service category N = total # of NA respondents x = percent indicating a need for the service per service category
2. Use	Number of clients who used the service in the past 12 months	CPCDMS	# of unduplicated clients per service category for a designated calendar year (1/1 – 12/31)
3. Availability	Proportion of consumers reporting the service was easy to access in the past 12 months	Needs Assessment	$n/N = x*100$ (rounded) n = total # of NA respondents selecting "I needed this service, and it was easy to get" per service category N = total # of NA respondents indicating need for the service per service category (see $a + b$ above) x = percent indicating service accessibility per service category
Other Possible Criteria*			
<ul style="list-style-type: none"> • Access (revised): Number of reported barriers per service compared to mean for all services (quantified as % above/below or as a simple High/Low for Above/Below mean) • Quality: Proportion of clients achieving desired health outcome of the service in the past 12 months (quantified as % or as simple High/Low for Above/Below benchmark) • Out-of-Care: Proportion of out-of-care consumers reporting a need for the service in the past 12 months • Newly-Diagnosed/EIHA: Proportion of newly-diagnosed consumers reporting a need for the service in the past 12 months 			
*Source document: Ryan White HIV/AIDS Program Part A Manual – Revised 2013, pg. 2013-204.			

Needs Assessment Data for FY 2021 Priorities

04-27-20

<u>Need</u>		<u>Accessibility</u>	
<u>Service Category</u>	<u>Proportion</u>	<u>Service Category</u>	<u>Proportion</u>
<i>Medical</i>		<i>Medical</i>	
Case management	73	Case management	92
Day treatment	32	Day treatment	90
Early intervention (jail only)	9	Early Intervention (jail only)	78
Health insurance assistance	57	Health Insurance assistance	84
Local medication assistance	79	Local medication assistance	94
Medical nutrition therapy	38	Medical nutrition therapy	86
Mental health services	51	Mental health services	90
Oral health care	72	Oral health care	80
Primary care	89	Primary care	90
Substance abuse services	24	Substance abuse services	86
	Mean		Mean
	52		87
<i>Non-Medical</i>		<i>Non-Medical</i>	
Emergency Financial Assistance	79	Emergency Financial Assistance	94
Linguistic Services	5	Linguistic Services	89
Non-Medical Case Management	73	Non-Medical Case Management	92
Outreach Services	5	Outreach Services	89
Referral for Health Care & Support Services	68	Referral for Health Care & Support Services	97
Transportation	48	Transportation	86
	Mean		Mean
	46		91

HOUSTON EMA/HSDA Needs Assessment Rankings

Chart for Determining FY2021 Service Priorities

Core Service	Need	Use	Access Ease	Need	Use	Access Ease	HL Scores	HL Rank	Tie Breaker	Changes	Ranking	
Primary Care	89	9,384	90	H	H	H	HHH	2			HHL	1
Medical/Clinical Case Management	73	6,712	92	H	H	H	HHH	2			HHH	2
Local Medication Assistance	79	5,119	94	H	H	H	HHH	2			HLL	3
Oral Health Services	72	3,830	80	H	L	L	HLL	3			HLH	4
Health Insurance	57	2,374	84	H	L	L	HLL	3			LHL	5
Mental Health Services	51	288	90	H	L	H	HLH	4			LHH	6
Substance Abuse Treatment	24	27	77	L	L	L	LLL	8			LHL	7
Substance Abuse Treatment (jail)	26	27	77	L	L	L	LLL	8			LLL	8
Early Intervention Services (jail)	9	677	78	L	L	L	LLL	8				
Hospice		28			L							
Proposed MIDPOINTS	49	4,706	86									

Support Service	Need	Use	Access Ease	Need	Use	Access Ease	High-Low Scores	HL Rank	Tie Breaker	Changes
Non-medical Case Management*	73	9,132	92	H	H	H	HHH	2		
Referral for Health Care & Support Services	68	6,286	97	H	H	H	HHH	2		
Medical Transportation	48	3,126	86	H	L	L	HLL	3		
Emergency Financial Assistance	79	1,527	94	H	L	H	HLH	4		
Linguistics Services	5	54	89	L	L	L	LLL	8		
Outreach Services	5	779	89	L	L	L	LLL	8		
Proposed MIDPOINTS	42	4,593	92							

Midpoint=Highest Use+Lowest Use/2
 High (H)=Use above the midpoint
 Low (L)=Use below the midpoint

Setting Priorities

Table 1 below serves as an initial guide for the prioritization process. Services have been ranked based upon needs assessment survey information collected in 2014

Table 1: Prioritizing Needs								
<i>Possible Scenarios</i>	1	2	3	4	5	6	7	8
<i>Need</i>	High	High	High	High	Low	Low	Low	Low
<i>Use</i>	High	High	Low	Low	High	High	Low	Low
<i>Ease in Accessing</i>	Low	High	Low	High	Low	High	High	Low
<ol style="list-style-type: none"> 1. HHL – Clients indicate this as a high need and that it is readily used in the area. However, clients indicate that the service is difficult to access. 2. HHH – Clients indicate this as a highly needed service in the area. Clients also indicate that the service is readily used in their area and high access to service. Thus, ranking it second highest to ensure that this service continues to be accessible. 3. HLL – Clients indicate this as a high need, but the service is not readily used in the area. In addition, clients indicate that the service is not very accessible. 4. HLH – Clients indicate this as a high need and that the service is not readily used. However, clients indicate a high access to this service. 5. LHL – Clients indicate this as a low service need, but that it is readily used. However, clients indicate the service is difficult to access. 6. LHH – Clients indicate this as a low need, and that it is readily used in the area. In addition, clients indicate a high access to this service. 7. LLH – Clients indicate this as a low need and that the service is not readily used. In addition, clients indicate a high access to this service. It is there if needed. 8. LLL – Clients indicate this as a low need and the service is not readily used in the area. In addition, clients indicate difficulty to accessing this service. Not readily needed nor used thus low priority of having it accessible. 								

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

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

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

Principles

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

Allocations only

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

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

(Continued)

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DECISION MAKING CRITERIA STEP 1:

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

DECISION MAKING CRITERIA STEP 2:

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

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

Houston Ryan White Planning Council
Priority and Allocations Committee

**Proposed Ryan White Part A, MAI, Part B and State Services Funding
FY 2023 Allocations**

(Priority and Allocations Committee approved 06-06-22)

MOTION A: All Funding Streams – Level Funding Scenario

Level Funding Scenario for Ryan White Part A, MAI, Part B and State Services Funding.

Approve the attached Ryan White Part A, Minority AIDS Initiative (MAI), Part B, and State Services (SS) Level Funding Scenario for FY 2023.

MOTION B: MAI Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Minority AIDS Initiative (MAI).

Primary care subcategories will be increased by the same percent. This applies to the total amount of service dollars available.

MOTION C: Part A Increase / Decrease Scenarios

Decrease Funding Scenario for Ryan White Part A Funding.

All service categories except subcategories 1.g. Primary Care-Pediatric, 2.h. Medical Case Management-Pediatric, 2.i. Medical Case Management-Veterans, 2.j. Medical Case Management-Youth, 10. Substance Abuse Services-Outpatient, 13.a. Service Linkage-Youth, and 13.b. Service Linkage-Newly Diagnosed/Not in Care will be decreased by the same percent. This applies to the total amount of service dollars available.

Increase Funding Scenario for Ryan White Part A Funding.

Step 1: Allocate the first \$500,000 to Primary Ambulatory/Outpatient Medical Care (category 1) to be allocated proportionatly to all Primary Care subcategories by the Administrative Agent.

Step 2: Allocate the next \$200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining funds following the application of Steps 1 and 2 will be allocated by the Ryan White Planning Council.

MOTION D: Part B and State Services Increase/Decrease Scenario

Decrease Funding Scenario for Ryan White Part B and State Services Fnding.

A decrease in funds of any amount will be allocated by the Ryan White Planning Council after the notice of grant award is received.

Increase Funding Scenario for Ryan White Part B and State Services Fnding.

Step 1: Allocate the first \$200,000 to be divided evenly between Oral Health – General Oral Health (category 4.a.) and Oral Health – Prosthodontics (category 4.b.).

Step 2: Allocate the next \$200,000 to Health Insurance Assistance Program (category 5).

Step 3: Any remaining increase in funds following application of Steps 1 and 2 will be allocated by the Ryan White Planning Council after the notice of grant award is received.

FY2023 - Level Funding Scenario - DRAFT 4 - 06-24-22

Remaining Funds to Allocate		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2023 Allocations & Justification
		\$0	\$0	\$0	\$0	\$0	\$0	
		Part A	MAI	Part B	State Services	State Rebate	Total	FY 2023 Allocations & Justification
1	Ambulatory/Outpatient Primary Care	\$10,965,788	\$2,107,818	\$0	\$0	\$0	\$13,073,606	
1.a	PC-Public Clinic	\$3,927,300					\$3,927,300	
1.b	PC-AA	\$1,064,576	\$1,065,775				\$2,130,351	Office of Support staff added \$10 in MAI funds to this service category to round out the total allocation.
1.c	PC-Hisp - see 1.b above	\$910,551	\$1,042,044				\$1,952,595	
1.d	PC-White - see 1.b above	\$1,147,924					\$1,147,924	
1.e	PC-Rural	\$1,100,000					\$1,100,000	
1.f	PC-Women	\$2,100,000					\$2,100,000	
1.g	PC-Pedi	\$15,437					\$15,437	
1.h	Vision Care	\$500,000					\$500,000	
1.j	PC-Pay for Performance Pilot Project	\$200,000					\$200,000	
2	Medical Case Management	\$1,880,000	\$320,100	\$0	\$0	\$0	\$2,200,100	FY23 Part A: Per a request from Quality Improvement Committee, increase the whole service category by a total of \$150,000 to accommodate an increase in the average allocation per FTE in order to encourage higher case management salaries and address high turnover. The AA should divide the \$150,000 among all subcategories appropriately.
2.a	CCM-Mental/Substance	\$638,656					\$638,656	CARIN PLEASE NOTE: The \$150,000 was added to CCM-Mental Health/Substance Use. The \$150,000 must be redistributed among all subcategories.
2.b	MCM-Public Clinic	\$277,103					\$277,103	
2.c	MCM-AA	\$169,009	\$160,050				\$329,059	
2.d	MCM-Hisp	\$169,011	\$160,050				\$329,061	
2.e	MCM-White	\$61,186					\$61,186	
2.f	MCM-Rural	\$273,760					\$273,760	
2.g	MCM-Women	\$75,311					\$75,311	
2.h	MCM-Pedi	\$90,051					\$90,051	
2.i	MCM-Veterans	\$80,025					\$80,025	
2.j	MCM-Youth	\$45,888					\$45,888	
3	Local Pharmacy Assistance Program	\$2,067,104	\$0	\$0	\$0	\$0	\$2,067,104	
3.a	LPAP-Public Clinic	\$367,104					\$367,104	FY23 Part A: Increase by \$56,744 to address ADAP issues.
3.b	LPAP-Untargeted	\$1,700,000					\$1,700,000	
4	Oral Health	\$166,404	\$0	\$2,218,878	\$0		\$2,385,282	
4.a	General Oral Health			\$1,758,878				
4.b	Prosthodontics			\$460,000				
4.c	Rural Dental	\$166,404					\$166,404	

FY2023 - Level Funding Scenario - DRAFT 4 - 06-24-22

	Part A	MAI	Part B	State Services	State Rebate	Total	FY 2023 Allocations & Justification
Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
5 Health Insurance Co-Pays & Co-Ins	\$1,583,137	\$0	\$1,028,433	\$864,506	\$0	\$3,476,076	
6 Mental Health Services	\$0	\$0	\$0	\$300,000	\$0	\$300,000	
7 Early Intervention Services	\$0	\$0	\$0	\$0	\$0	\$0	FY23 SS: Move \$175,000 to Referral for Healthcare and Services (RHSS) since the service fits better within RHSS.
8 Medical Nutritional Therapy	\$341,395	\$0	\$0	\$0	\$0	\$341,395	
9 Home & Community Based Health Services	\$0	\$0	\$113,315	\$0	\$0	\$113,315	
9.a In-Home (skilled nursing & health aide)						\$0	
9.b Facility-based (adult day care)			\$113,315			\$113,315	
10 Substance Abuse Treatment - Outpatient	\$45,677	\$0	\$0	\$0	\$0	\$45,677	
11 Hospice	\$0	\$0	\$0	\$259,832	\$0	\$259,832	
12 Referral for Health Care & Support Services	\$0	\$0	\$0	\$175,000		\$175,000	FY23 SS: Move \$175,000 from EIS to Referral to Healthcare & Support Services (RHSS) since service fits better within RHSS.
13 Non-Medical Case Management	\$1,267,002	\$0	\$0	\$350,000	\$0	\$1,617,002	FY23 Pt A: Per a request from Quality Improvement Committee, increase the average allocation per FTE in order to encourage higher case management salaries and address high turnover. Due to underspending in FY21, Priority & Alloc. Committee feels that level funding will be enough to allow all SLW FTE positions to be increased if agencies wish to make this change.
13.a SLW-Youth	\$110,793					\$110,793	
13.b SLW-Testing	\$100,000					\$100,000	
13.c SLW-Public	\$370,000					\$370,000	
13.d SLW-CBO, includes some Rural	\$686,209					\$686,209	
13.e SLW-Substance Use	\$0			\$350,000		\$350,000	
14 Transportation	\$424,911	\$0	\$0	\$0	\$0	\$424,911	
14.a Van Based - Urban	\$252,680					\$252,680	
14.b Van Based - Rural	\$97,185		\$0			\$97,185	
14.c Bus Passes & Gas Vouchers	\$75,046					\$75,046	
15 Emergency Financial Assistance	\$1,645,439	\$0	\$0	\$0	\$0	\$1,645,439	
15.a EFA - Pharmacy Assistance	\$1,545,439					\$1,545,439	FY23 Part A: Increase by \$240,000 to address ADAP issues.
15.b EFA - Other	\$100,000					\$100,000	FY23 Part A: Decreased by \$140,000 due to underspending in FY21.

FY2023 - Level Funding Scenario - DRAFT 4 - 06-24-22

	Part A	MAI	Part B	State Services	State Rebate	Total	FY 2023 Allocations & Justification
Remaining Funds to Allocate	\$0	\$0	\$0	\$0	\$0	\$0	
16 Linguistic Services	\$0	\$0	\$0	\$68,000	\$0	\$68,000	
17 Outreach Services	\$420,000	\$0	\$0	\$0	\$0	\$420,000	
Total Service Allocation	\$20,806,857	\$2,427,918	\$3,360,626	\$2,017,338	\$0	\$28,612,739	
NA Quality Management	\$412,940					\$412,940	
NA Administration - RWGA + RWPC Support	\$1,809,059					\$1,809,059	
NA HCPH Indirect Cost	\$169,915					\$169,915	
Total Non-Service Allocation	\$2,391,914	\$0	\$0	\$0	\$0	\$2,391,914	
Total Grant Funds	\$23,198,771	\$2,427,918	\$3,360,626	\$2,017,338	\$0	\$31,004,653	

Remaining Funds to Allocate (exact same as the yellow row on top)	\$0	\$0	\$0	\$0	\$0	\$0
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Tips:

- * Do not make changes to any cells that are underlined. These cells represent running totals. If you make a change to these cells, then the formulas throughout the sheet will become "broken" and the totals will be incorrect.
- * It is useful to keep a running track of the changes made to any service allocation. For example, if you want to change an allocation from \$42,000 to \$40,000, don't just delete the cell contents and type in a new number. Instead, type in "=42000-2000". This shows that you

Core medical \$17,049,505 82%

[For Staff Only]

If needed, use this space to enter base amounts to be used for calculations

	RW/A Amount Actual	MAI Amount Actual	Part B actual	State Service est.	State Rebate est.	
Total Grant Funds	\$23,198,771	\$2,427,918	\$3,360,626	\$2,017,338	\$0	\$31,004,653

2022 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted May 2022)

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

1. Conduct training to familiarize committee members with decision-making tools.
Status: *DONE*
2. Review the final quarter allocations made by the administrative agents.
Status: *ONGOING*
3. *Improve the processes for and strengthen accountability in the FY 2023 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
Status: *ONGOING*
4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
Status: *ONGOING*
5. *Determine the FY 2023 priorities, allocations and subcategory allocations for Ryan White Parts A and B and State Services funding.
Status: *TO BE COMPLETED*
6. *Review the FY 2022 priorities as needed.
Status: *ONGOING/DONE*
7. *Review the FY 2022 allocations as needed.
Status: *DONE*
8. Evaluate the processes used.
Status: *ONGOING*
9. Annually, review the status of Committee activities identified in the current Comprehensive Plan.
Status: *ONGOING*

Status of Tasks on the Timeline:



Committee Chairperson

5/26/2022

Date

FYI

In an effort to save paper, most of the following pages are two sided.



CELEBRATE LGBT PRIDE MONTH - Facts about LGBT Elder People and Eldercare

LGBT OLDER PEOPLE

- 2X as likely to be single and live alone than non-LGBT people.
- 4X less likely to have children than non-LGBT people.
- More likely to face poverty and homelessness and have poor physical and mental health.

CAREGIVING

- 21% of older LGBT people have provided care to friends, compared to only 6% of non-LGBT older adults.
- LGBT people become caregivers at a higher rate than non-LGBT people and make up 9% of the caregivers in the U.S.
- LGBT caregivers are more likely to be caring in isolation, which can exacerbate stress and lead to caregiver burnout.
- 54% of LGBT eldercare recipients receive care from their partners.
- 24% of LGBT eldercare recipients receive care from a friend.

CULTURAL COMPETENCY

- Many LGBT people have reported delaying or avoiding necessary medical care because they fear discrimination or mistreatment by health care staff.
- Nearly 1 in 4 transgender people report having to teach their health care provider about transgender issues in order to receive appropriate care, and 15% report being asked invasive or unnecessary questions unrelated to the health care they are seeking at the time.
- 88% of LGBT older people say they would feel more comfortable with long-term care services if they knew staff had been specifically trained about the needs of LGBT patients. More than two thirds say this would make them feel much more comfortable.

SOCIAL ISOLATION

- 59% of LGBT older people report feeling a lack of companionship and 53% report feeling isolated from others.
- Research has shown that loneliness and isolation are associated with poor physical health. Some experts have equated the health risks of prolonged isolation to those of smoking 15 cigarettes a day.
- 25% of SAGE care management clients in New York City report having no one to call in case of an emergency.

WELLNESS

- Nearly one in three LGBT people smoke, a rate that is more than 50% higher than the general population.
- LGBT older people are significantly more likely to drink alcohol excessively than heterosexual older adults, and transgender older adults are more likely to drink excessively than their non transgender counterparts.
- 39% of LGBT older adults have had suicidal thoughts, 48 and 2 of every 5 transgender people have attempted suicide in their lifetime.

DISCRIMINATION

- About two-thirds of LGBT older people have experienced victimization at least three times in their lives.
- More than half of LGBT older people report being discriminated against in employment and/or housing.
- It's been reported that LGBT older people have received inferior, neglectful health care or have been denied health care altogether.
- Research has shown that repeated experiences of discrimination can lead to long-term negative health outcomes.

HEALTHCARE

- Research has repeatedly shown that LGBT people have higher rates of poor physical health and mental distress.
- 41% of LGBT older people report having a disability, compared to 35% of heterosexual older adults.
- A national study of transgender people found that in the prior year, 23% of respondents avoided going to a doctor when they needed to because they feared being mistreated, and 33% did not go because they could not afford it.

HIV/AIDS

- In 2018, 17% of all new HIV diagnoses in the U.S. were in people aged 50 and older.
- Researchers estimate more than 50% of patients with HIV have an HIV associated neurocognitive disorder, which can impact memory, motor skills, and other aspects of cognitive function, as well as cause depression or psychological distress.
- 50% of all Americans living with HIV are over 50 years old.

HOUSING

- 34% of LGBT older people worry about having to hide their identity in order to access senior housing
- In a matched-pair test across 10 states, 48% of same-sex couples experienced adverse treatment when seeking senior housing.
- Nearly one-quarter (23%) of transgender individuals report having experienced some form of housing discrimination in the past year.
- 21 states and 5 territories have no explicit laws prohibiting housing discrimination based on sexual orientation and/or gender identity.

FINANCIAL SECURITY

- Transgender people in the U.S. are more than twice as likely to be living in poverty as non-transgender people. Transgender people of color are more than three times as likely.
- In general, LGBT people are poorer and have fewer financial resources than their non-LGBT counterparts.
- Research has shown that LGBT people are likelier to be subject to employment discrimination, making their earnings—and their Social Security payments—lower. One-third of LGBT elders live at or below 200% of the federal poverty level.

BRIDGE SOLUTION SERVICES:

MEDICARE & PRIVATE SKILLED CARE SERVICES:



Nursing, Certified Nursing Assistants, Physical Therapy, Occupational Therapy, Speech Therapy, Social Work

PVT NON-MEDICAL CAREGIVER SERVICES:

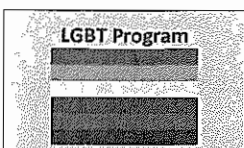


Personal Care, Medication Assistance, House Keeping, Meal Preparation, Activities and appointment coordination, Transportation, Social Engagements, Other duties depending on the

GERIATRIC/DISABILITY CARE MANAGEMENT SERVICES:



Licensed Social Workers to assist you and your family in navigating the healthcare system and everyday needs.



FOR MORE INFORMATION ABOUT OUR SERVICES CONTACT:
 TONY FERNANDEZ, LCSW-S, CCM
 713-882-9373