

Houston Area HIV Services Ryan White Planning Council

Office of Support

1440 Harold St., Houston, Texas 77006

832 927-7926 telephone; <http://rwpchouston.org>

MEMORANDUM

To: Steering Committee Members:
Crystal R. Starr, Chair
Skeet Boyle, Vice Chair
Josh Mica, Secretary
Rodney Mills, Co-Chair, Affected Community Committee
Diana Morgan, Co-Chair, Affected Community Committee
Allen Murray, Co-Chair, Comprehensive HIV Planning Committee
Steven Vargas, Co-Chair, Comprehensive HIV Planning Committee
Ronnie Galley, Co-Chair, Operations Committee
Cecilia Ligons, Co-Chair, Operations Committee
Bobby Cruz, Co-Chair, Priority and Allocations Committee
Peta-gay Ledbetter, Co-Chair, Priority and Allocations Committee
Tana Pradia, Co-Chair, Quality Improvement Committee
Pete Rodriguez, Co-Chair, Quality Improvement Committee

Copy: Glenn Urbach
Mauricia Chatman
Francisco Ruiz
Tiffany Shepherd
Patrick Martin
Jason Black

Diane Beck
Mackenzie A. Hudson
EMAIL ONLY:
Ann Robison
David Williams
Sha'Terra Johnson

From: Tori Williams

Date: Tuesday, August 29, 2023

Re: Meeting Announcement

We look forward to seeing you for the following meeting:

Ryan White Steering Committee Meeting

12 noon, Thursday, September 7, 2023

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

In-Person: Please join us at Bering Church, 1440 Harold St., Houston, Texas 77006

Please park and enter from behind the building on Hawthorne Street.

Please contact Rod to RSVP, even if you cannot attend, and let her know if you prefer to participate virtually or in person. Rod can be reached by telephone at: 832 927-7926 or by email at: Rodriga.Avila@harriscountytexas.gov. Thank you!

HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



STEERING COMMITTEE

AGENDA

12 noon, Thursday, September 7, 2023

Join Zoom Meeting by clicking onto:

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

Meeting ID: 857 8218 9192 Passcode: 885832

Or, dial in by calling 346 248-7799

**In-Person: Please join us at Bering Church, 1440 Harold St., Houston, Texas 77006
Park and enter from behind the building on Hawthorne Street.**

- 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 Allen Murray and
Steven Vargas, Co-Chairs
Item: 2023 Houston Area HIV Needs Assessment
Recommended Action: FYI: The Committee approved the final version of the survey for the 2023 Houston Area HIV Needs Assessment.

 - B. Affected Community Committee Rodney Mills and
Diana Morgan, Co-Chairs
 FYI: The Committee met in August to sign up for the different workgroups under the Houston Area HIV Education Coalition, which is part of the 2022-26 Houston Area HIV Prevention and Care Integrated Plan. Committee members also signed up to be greeters at Council meetings. See the attached charts and legend.

 - C. Quality Improvement Committee Tana Pradia and
Pete Rodriguez, Co-Chairs
Item: Reports from the Administrative Agent – Part A/MAI*
Recommended Action: FYI: See the following reports:
 FY22 Part A & MAI* Procurement, dated 08/14/23

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 23/24 Part B Procurement, dated 08/03/23
- FY 22/23 DSHS SS** Procurement, dated 08/03/23
- FY 22/23 Part B Service Utilization, 1st Quarter, dated 07/31/23
- FY 22/23 Health Insurance Assistance Program, dated 07/05/23

Item: 2023 Assessment of the Administrative Mechanism

Recommended Action: **Motion:** Accept the 2023 Assessment of the Administrative Mechanism and, based upon the excellent results cited in the report, no corrective action is required.

Item: Mental Health Service Category Targeting Special Populations

Recommended Action: **Motion:** Approve the attached Mental Health Service Category Definition Targeting Special Populations with one addition: add that translation services at to be available at the site when appropriate.

D. Priority and Allocations Committee

Item: Ryan White Part B State-Rebate Funds Update

Recommended Action: FYI: See the attached memo regarding the consolidation of State-Rebate funds with DSHS* State Services funds.

Peta-gay Ledbetter and
Bobby Cruz, Co-Chairs

E. Operations Committee

Item: Project L.E.A.P. for Youth Pilot Project

Recommended Action: **Motion:** In FY 2023 conduct a Project L.E.A.P. (*Learning, Empowerment, Advocacy, Participation*) Program for Youth between the ages of 18 and 24 years of age with the goal of inviting graduates to initiate the 2024 Ryan White Youth Council. See attached details.

Ronnie Galley and
Cecilia Ligon, Co-Chairs

Item: Request for Food Forms

Recommended Action: FYI: Please submit this form to Rod asap.

V. Report from the Office of Support

Tori Williams, Director

VI. Report from Ryan White Grant Administration

Glenn Urbach, Manager

VII. Report from The Resource Group

Sha'Terra Johnson,
Health Planner

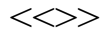
IX. Announcements

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, August 3, 2023

Meeting Location: Bering Church 1440 Harold Street; Houston, TX and Zoom teleconference

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Crystal Starr, Chair	Cecilia Ligons, excused	<i>Ryan White Grant Administration</i>
Skeet Boyle, Vice Chair	Rodney Mills, excused	Glenn Urbach
Josh Mica, Secretary	Diana Morgan	Jason Black
Allen Murray		Mauricia Chatman
Steven Vargas		Francisco Ruiz
Ronnie Galley		
Bobby Cruz		<i>The Resource Group</i>
Peta-gay Ledbetter		Sha'Terra Johnson
Tana Pradia		
Pete Rodriguez		<i>Office of Support</i>
		Tori Williams
		Mackenzie Hudson
		Diane Beck

Call to Order: Crystal Starr, Chair, called the meeting to order at 12:07 p.m. During the opening remarks, Starr said that in-person attendance at Council meetings is definitely going up. She thanked everyone for making that effort. August is historically our most difficult month to make quorum and she encouraged members to attend next week's meeting in person, if at all possible. All meetings will now be held at Bering Church. Today we will be reallocating over \$1.2 million in unspent funds from last year. For the last couple of years, ADAP has received large portions of these funds. This year, agencies have requested additional funding, hence all of the unspent funding will be assigned to agencies requesting an increase in their funding. Starr then called for a Moment of Reflection.

Those selected to represent their committee at today's meeting are: Boyle for Affected Community, Vargas for Comprehensive HIV Planning, Galley for Operations, Ledbetter for Priority and Allocations and Pradia for Quality Improvement.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Boyle, Pradia) to adopt the agenda with one change: move the Report from the Ryan White Grant Administration to after Public Comment.*
Motion carried.

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Pradia, Mica) to approve the July 6, 2023 minutes.* **Motion carried.** Abstentions: Cruz, Vargas.

Public Comment and Announcements: See attached written comments in the Quality Improvement section of the meeting packet.

Report from Ryan White Grant Administration: Glen Urbach, Manager, summarized the attached report.

Reports from Committees

Comprehensive HIV Planning Committee: Allen Murray, Co-Chair, reported on the following: 2022 Integrated HIV Prevention and Care Services Plan: The committee is looking at rewording some of the goals in the Integrated Plan so that they are SMART goals. If anyone enjoys this process, feel free to join the Comprehensive HIV Planning Committee meeting at 2 pm after the Council meeting has adjourned on Thursday, August 10th. All are welcome and all will be allowed to participate. Check the Council website at <http://rwpchouston.org> for the August meeting packet or, call Rod or Diane to request a packet.

Affected Community Committees: Skeet Boyle, Committee Vice Chair, reported on the following: The Committee met in July to review the different Council sponsored projects that need consumer input. And, members signed up to help distribute Project LEAP and Proyecto VIDA information at Ryan White funded agencies.

Quality Improvement Committee: Pete Rodriguez, Co-Chair, reported on the following: Mental Health Service Category: ***Motion #3:*** *Adopt two Mental Health Subcategories: Mental Health – General and Mental Health – Special Populations.* **Motion Carried.**

HIV and Aging: ***Motion #4:*** *Support the Baylor College of Medicine/AETC proposal to increase provider awareness of the needs and concerns of people living with HIV who are 50 years of age or older.* **Motion Carried.**

Priority and Allocations Committee: Bobby Cruz, Co-Chair, reported on the following: Reports from the Administrative Agent – Part A/MAI*: See the following reports:

- FY22 Part A & MAI Procurement, dated 07/24/23
- FY23 Part A & MAI Procurement, dated 07/23/23
- FY23 Part A & MAI Service Utilization, dated 07/23/23

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

- FY 23/24 Part B Procurement, dated 06/27/23
- FY 22/23 DSHS SS** Procurement, dated 06/27/23
- FY23/24 Part B Procurement, April 1, 2023 – March 31, 2024, dated 06/27/23
- FY22/23 DSHS SS Procurement, Sept. 1, 2022 – Aug. 31, 2023, dated 06/27/23
- FY22/23 DSHS SS Service Utilization, 09/01/22 – 05/31/23, dated 06/30/23

FY 2022 MAI* Carryover Funds: ***Motion #5:*** *Approve MAI* Request #1 in the amount of \$19,124, which reflects the re-allocation of projected FY 2022 MAI carryover funds in the amount of \$19,124. See attached request for details.* **Motion Carried.**

FY 2022 Ryan White Part A Carryover Funds: ***Motion #6:*** *Approve the attached chart which reflects the re-allocation of projected FY 2022 Ryan White Part A carryover funds in the amount of \$1,278,521.* **Motion Carried.**

Quarterly Committee Report: See the attached Quarterly Committee report.

2023 Steering Committee Voting Record for Meeting Date 08/03/23

C = Chaired the meeting, ja = Just arrived, lm = Left the meeting

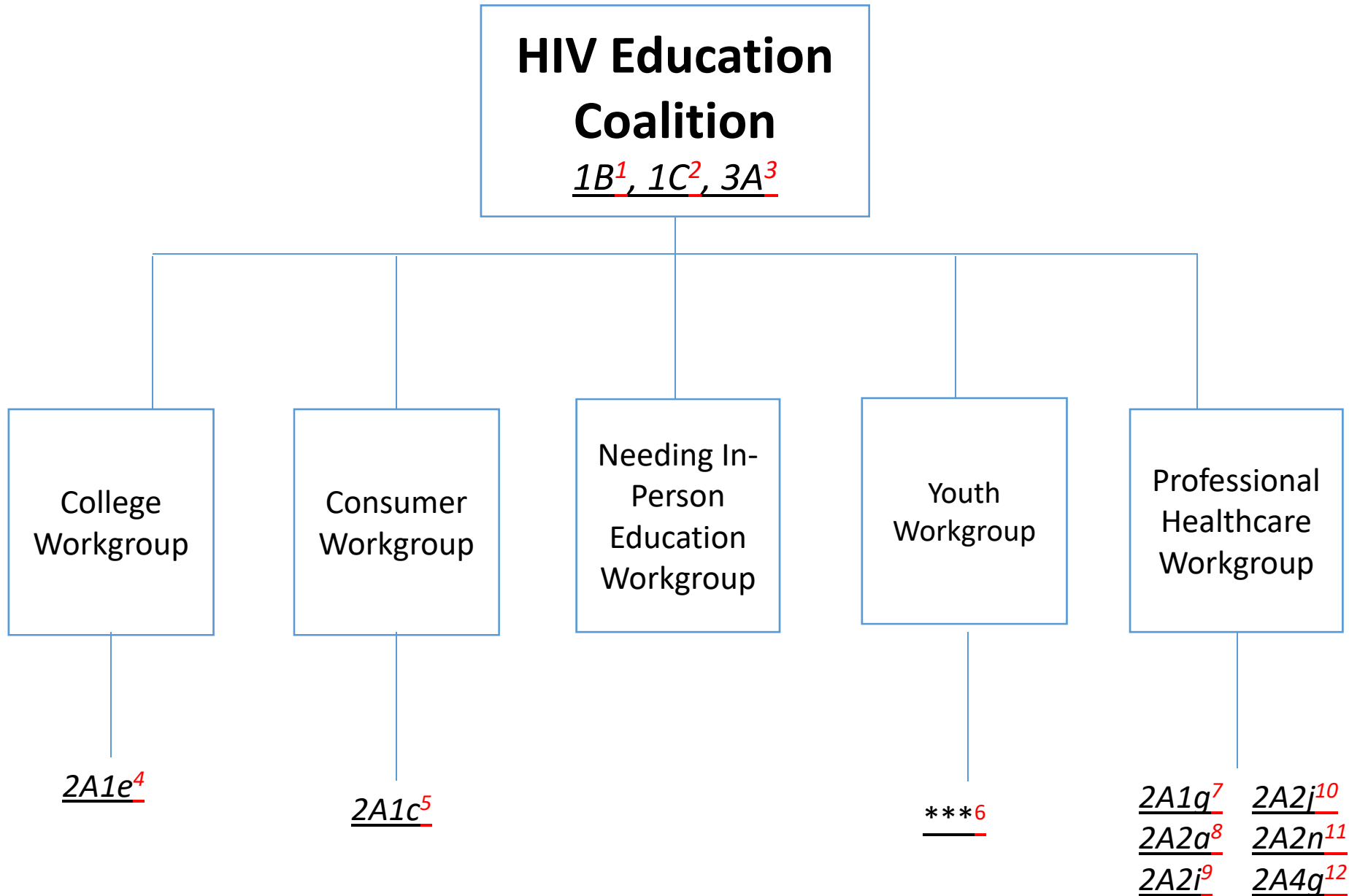
Aff-Affected Community Committee, Comp-Comprehensive HIV Planning Committee, Op-Operations Committee,
PA-Priority and Allocations Committee, QI-Quality Improvement Committee

MEMBERS	Motion #1 Agenda Carried				Motion #2 Minutes Carried				Motion #3 Mental Health Carried				Motion #4 HIV & Aging Carried				Motion #5 2022 MAI* Carryover funds Carried				Motion #6 2022 Part A Carryover funds Carried				Motion #7 Payroll/Debit Card pilot project 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	Absent	Yes	No	Abstain
Crystal Starr, Chair				C				C				C				C				C				C				C
Skeet Boyle, Vice Chair		X				X				X				X				X				X						X
Josh Mica, Secretary		X				X				X				X				X					X					
Allen Murray, 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					
Tana Pradia, QI		X				X				X				X				X					X					
Non-voting members at the meeting:																												
Steven Vargas, Comp																												
Bobby Cruz, PA																												
Pete Rodriguez, QI																												
Absent members:																												
Cecilia Ligons, Op																												
Rodney Mills, Aff																												
Diana Morgan, Aff																												

Affected Community Committee Report

Houston Area HIV Education Coalition

DRAFT-
8/18/23



Houston Area HIV Education Coalition Legend

Houston Area HIV Education Coalition – Overall Goals

1 Goal 1B:

- *Increase the capacity of the public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide whole-person care and treatment for individuals testing for HIV.*
 - *Identify, implement, and evaluate models of care that meet the needs of all people being tested for HIV and ensure quality of care across services.*
 - *Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.*
 - *Identify, engage, or reengage people with HIV who are not in care or not virally suppressed.*
 - *Provide low-barrier access to HIV prevention, care and/or treatment.*
 - *Provide same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons who test positive for HIV.*
- *Identify and address barriers for people who have never engaged in care or who have fallen out of care.*

2 Goal 1C:

- *Establish a Houston Area HIV Education Council to provide education for:*
 - *Individuals on prevention, treatment, and care services; and*
 - *Professionals on accurate medical information, training in referring clients to the local HIV prevention and care system, and customer service skills. See Goal 3A for more information. This educational goal will address Diagnose, Treat and Prevent.*
- *Increase knowledge of HIV among individuals and the health workforce in geographic areas disproportionately affected.*

3 Goal 3A:

- *Establish a Houston Area HIV Education Council sponsored by AETC, CPG and RWPC to provide education to the following: individuals who need prevention services and providers.*
- *Develop and implement informational programs that are tailored to priority populations and others, and describe HIV risks, options for prevention, testing, care and treatment, mental health and substance use disorder treatment; and HIV-related stigma reduction.*
- *Increase consumer input into developing educational materials about HIV risks, options for prevention, testing, care and treatment; and HIV-related stigma reduction.*
- *Increase consumer participation in delivering educational information to individuals and service providers about HIV risks, options for prevention, testing, care and treatment; and HIV-related stigma reduction, particularly for priority populations.*
- *Increase education about HIV among people who provide services to those who are at risk or living with HIV.*
- *Include comprehensive sexual health and substance use prevention and treatment information in curricula of medical and other health workforce education and training programs.*

- *Support the transition of health care systems, organizations, and consumers to become more health literate in the provision/receipt of HIV prevention, care, and treatment services.*
- *Provide resources, value-based and other incentives, training, and technical assistance to expand workforce and system capacity to provide or link clients to culturally competent and linguistically appropriate care, treatment, and supportive services especially in areas with shortages that are geographic, population, or facility based.*

College Workgroup

4 Goal 2A1e : *Expand community partnerships (e.g., churches and universities) to increase rapid linkage and ART availability at community-preferred gathering venues.*

Consumer Workgroup

5 Goal 2A1c : *Health literacy campaign to educate those diagnosed on benefits of rapid start and TasP.*

Needing In-Person Outreach

****Goals still being developed****

Youth Workgroup

6 Goal * :** *Create a Houston Area Youth Council supported by Ryan White staff and volunteers.*

Professional Healthcare Workgroup

7 Goal 2A1g : *Develop a provider outreach program focused on best HIV treatment-related practices and emphasizing resources options for clients (Ryan White care system) as well as peer-to-peer support resources for providers (e.g., Project ECHO, AETC, UCSF).*

8 Goal 2A2a : *Develop informative treatment navigation, viral suppression, and whole-health care support program including regularly held community forums designed to maximize ..*

9 Goal 2A2i : *Survey users of services to evaluate additional service-based training needs.*

10 Goal 2A2j : *Conduct provider outreach (100 initial/100 follow-up visits) to improve multidisciplinary holistic health practices including importance of trauma-informed approach, motivational interview-based techniques, preferred language, culturally sensitive staff/setting, behavior-based risk vs demographic/race, and routine risk assessment screenings (mental health, gender-based or domestic violence, need for other ancillary services related to SDOH).*

11 Goal 2A2n : *Partner community health workers with local community gathering places (e.g., churches) to recognize and reach individuals who may benefit from support and linkage to resources.*

12 Goal 2A4g : *Institute policies that require recurring trainings for staff/providers based on community feedback and focused on current preferred practices (emphasis on status-neutral approach, trauma-informed care, people first-language, cultural sensitivity, privacy/confidentiality, follow-up/follow-through*

Greeters for 2023 Council Meetings

(Revised: 08-25-23)

2023 Meeting Dates (Please arrive at 11:30 am unless otherwise noted. Meetings are held at Bering Church, 1440 Harold St in Montrose)	Greeter #1	Greeter #2	Greeter #3
Thurs. September 14 - CANCELLED			
Thurs. October 12	Allen	Johnny	Ryan?
Thurs. November 9 – LEAP & VIDA presentations & Affiliate Member Appreciation	Tony	Josh	Caleb
Thurs. December 14	Ronnie	Johnny	Deborah H.
2024			
Thurs. February 8			
Thurs. March 14			
Thurs. April 11 – HTBMN Training			
Thurs. May 9			
Thurs. June 13			
Thurs. July 11			
Thurs. August 8			

Quality Improvement Committee Report

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

FY 2023 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <small>RWPC Approved Level Funding Scenario</small>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	460,625	0	0	0	0	11,426,413	46.94%	11,426,413	0		1,873,232	16%	25%
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397					4,109,697	16.88%	4,109,697	0	3/1/2023	\$706,921	17%	25%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443					1,114,019	4.58%	1,114,019	0	3/1/2023	\$307,047	28%	25%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289					952,840	3.91%	952,840	0	3/1/2023	\$280,194	29%	25%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314					1,201,238	4.93%	1,201,238	0	3/1/2023	\$135,464	11%	25%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088					1,151,088	4.73%	1,151,088	0	3/1/2023	\$146,625	13%	25%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531					2,197,531	9.03%	2,197,531	0	3/1/2023	\$223,206	10%	25%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437					0	0.00%	0	0	3/1/2023	\$0	0%	0%
1.h	Vision	500,000	0					500,000	2.05%	500,000	0	3/1/2023	\$73,775	15%	25%
1.x	Primary Care Health Outcome Pilot	200,000	0					200,000	0.82%	200,000	0	3/1/2023	\$0	0%	25%
2	Medical Case Management	1,880,000	-97,859	0	0	0	0	1,782,141	7.32%	1,782,141	0		390,962	22%	25%
2.a	Clinical Case Management	531,025	0					531,025	2.18%	531,025	0	3/1/2023	\$183,560	35%	25%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.24%	301,129	0	3/1/2023	\$ 54,365	18%	25%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.75%	183,663	0	3/1/2023	\$49,603	27%	25%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0					183,665	0.75%	183,665	0	3/1/2023	\$15,782	9%	25%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.27%	66,491	0	3/1/2023	\$23,347	35%	25%
2.f	Med CM - Targeted to Rural (a)	297,496	0					297,496	1.22%	297,496	0	3/1/2023	\$20,473	7%	25%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.34%	81,841	0	3/1/2023	\$31,967	39%	25%
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0					86,964	0.36%	86,964	0	3/1/2023	\$1,509	2%	25%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2023	\$10,355	21%	25%
3	Local Pharmacy Assistance Program	2,067,104	0	0	0	0	0	2,067,104	8.49%	2,067,104	0		\$365,461	18%	25%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.51%	367,104	0	3/1/2023	\$51,382	14%	25%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0					1,700,000	6.98%	1,700,000	0	3/1/2023	\$314,079	18%	25%
4	Oral Health	166,404	0	0	0	0	0	166,404	0.68%	166,404	0		\$5,050	33%	25%
4.b	Oral Health - Targeted to Rural	166,404	0					166,404	0.68%	166,404	0	3/1/2023	\$55,050	33%	25%
5	Health Insurance (c)	1,383,137	223,222	0	0	0	0	1,606,359	6.60%	1,606,359	0		\$456,857	28%	25%
7	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	0	341,395	1.40%	341,395	0		\$112,987	33%	25%
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	0	0	0	45,677	0.19%	45,677	0		\$5,731	13%	25%
13	Non-Medical Case Management	1,267,002	0	0	0	0	0	1,267,002	5.20%	1,267,002	0		\$342,174	27%	25%
13.a	Service Linkage targeted to Youth	110,793	0					110,793	0.46%	110,793	0	3/1/2023	\$22,546	20%	25%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$24,829	25%	25%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.52%	370,000	0	3/1/2023	\$87,657	24%	25%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0					686,209	2.82%	686,209	0	3/1/2023	\$207,142	30%	25%
14	Medical Transportation	424,911	0	0	0	0	0	424,911	1.75%	424,911	0		\$6,610	16%	25%
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.04%	252,680	0	3/1/2023	\$47,150	19%	25%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.40%	97,185	0	3/1/2023	\$19,460	20%	25%
14.c	Transportation vouchers (bus passes & gas cards)	75,046	0					75,046	0.31%	75,046	0	3/1/2023	\$0	0%	25%
15	Emergency Financial Assistance	1,653,247	485,889	0	0	0	0	2,139,136	8.79%	2,139,136	0		\$97,676	19%	25%
15.a	EFA - Pharmacy Assistance	1,553,247	485,889					2,039,136	8.38%	2,039,136	0	3/1/2023	\$374,818	18%	25%
15.b	EFA - Other	100,000	0					100,000	0.41%	100,000	0	3/1/2023	\$22,859	23%	25%
17	Outreach	420,000	0	0	0	0	0	420,000	1.73%	420,000	0		\$47,682	11%	25%
FY23_RW_DIR	Total Service Dollars	20,614,665	1,071,877	0	0	0	0	21,686,542	89.09%	21,686,542	0		4,114,422	19%	25%
									Unallocated	Unobligated					25%
	Part A Grant Award:	24,342,151	Carryover:	0				Total Part A:	24,342,151	0	0				25%
		Original Allocation	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent	Award Category	Award Amount	Amount Spent	Balance
	Core (must not be less than 75% of total service dollars)	16,849,505	585,988	0	0	0	0	17,435,493	80.40%	3,260,280	79.24%	Formula			0

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

FY 2023 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD	
	Non-Core (may not exceed 25% of total service dollars)	3,765,160	485,889	0	0	0	0	4,251,049	19.60%	854,142	20.76%	Supplemen				0
	Total Service Dollars (does not include Admin and QM)	20,614,665	1,071,877	0	0	0	0	21,686,542		4,114,422		Carry Over	0			0
												Totals	0	0		0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,208,914	18,000	0	0	0	0	2,226,914	8.33%							
	Total QM (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	0	0	428,695	1.60%							
MAI Procurement Report																
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Date of Procurement	Expended YTD	Percent YTD	Percent Expected YTD	
1	Outpatient/Ambulatory Primary Care	2,107,819	-39,764	0	0	0	0	2,068,055	86.82%	2,068,055	0		473,635	23%	8%	
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106					1,045,669	43.90%	1,045,669	0	3/1/2023	\$225,795	22%	8%	
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658					1,022,386	42.92%	1,022,386	0	3/1/2023	\$247,840	24%	8%	
2	Medical Case Management	320,099	-6,038	0	0	0	0	314,061	13.18%	314,061	0		\$51,122	16%	8%	
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019					157,031	6.59%	157,031	0	3/1/2023	\$34,668	22%	8%	
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019					157,030	6.59%	157,030	0	3/1/2023	\$16,454	10%	8%	
	Total MAI Service Funds	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		524,757	22%	8%	
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%	
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%	
	Total MAI Non-service Funds	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%	
	Total MAI Funds	2,427,918	-45,802	0	0	0	0	2,382,116	100.00%	2,382,116	0		524,757	22%	8%	
	MAI Grant Award	2,382,116	Carry Over:	0				Total MAI:	2,382,116							8%
	Combined Part A and MAI Orginal Allocation Total	25,680,192								Unallocated	Unobligated					
										0	0	MAI Award	2,382,116			
Footnotes:								Total Part A & MAI	26,724,267							
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.															
(a)	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.															
(c)	Funded under Part B and/or SS															
(e)	10% rule reallocations															

Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2022-5/31/2023

Revised: 7/5/2023

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	711	\$84,078.18	309	0	\$0.00	0
Medical Deductible	257	\$192,370.69	185	0	\$0.00	0
Medical Premium	5629	\$1,980,798.64	876	0	\$0.00	0
Pharmacy Co-Payment	24364	\$1,632,800.04	1785	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	14	\$1,137.06	12	NA	NA	NA
Totals:	30975	\$3,888,910.49	3167	0	\$0.00	

Comments: This report represents services provided under all grants.

2022-2023 Ryan White Part B Service Utilization Report
4/1/2022 - 06/30/2023 Houston HSDA (4816)
1st Quarter

Revised 7/31/2023

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	1,450	968	82.00%	17.10%	0.21%	0.69%	38.40%	25.10%	31.40%	5.10%	0.00%	0.00%	1.34%	17.30%	20.44%	24.74%	30.00%	6.18%
Home & Community Based Health Services	25	20	80.00%	19.40%	0.00%	0.60%	45.00%	15.00%	35.00%	5.00%	0.00%	0.00%	0.00%	0.00%	10.00%	40.00%	30.00%	20.00%
Oral Health Care	4,700	3,046	75.10%	24.30%	0.00%	2.00%	35.41%	11.40%	30.00%	4.17%	0.00%	0.00%	2.00%	16.00%	22.40%	24.00%	24.34%	7.17%
Unduplicated Clients Served By RW Part B Funds:	NA	4,036	74.00%	24.00%	0.00%	2.00%	49.80%	14.40%	31.60%	4.20%	0.00%	1.00%	1.80%	17.64%	21.90%	24.30%	25.61%	7.75%

300.00%

Completed By: L.Ledezma

imported data for TRG
contracts in TCT

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



Reflects spending through June 2023

Spending Target: 23%

Revised

8/3/23

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General	\$1,833,318	53%	\$0	\$1,833,318	\$0	\$1,833,318	4/1/2023	\$410,429	22%
4	Oral Health Service -Prosthodontics	\$576,750	17%	\$0	\$576,750	\$0	\$576,750	4/1/2023	\$155,874	27%
5	Health Insurance Premiums and Cost Sharing (1)	\$1,028,433	30%	\$0	\$1,028,433	\$0	\$1,028,433	4/1/2023	\$505,670	49%
		\$0	0%	\$0	\$0					
Total Houston HSDA		3,438,501	100%	0	3,438,501	\$0	\$3,438,501		1,071,972	31%

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

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

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2223 DSHS State Services
Procurement Report
September 1, 2022 - August 31, 2023



Chart reflects spending through June 2023

Spending Target: 83%

Revised 8/3/2023

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing	\$864,506	47%	\$0	\$864,506	\$0	\$864,506	9/1/2022	\$769,352	89%
6	Mental Health Services (1)	\$300,000	16%	\$0	\$300,000	\$0	\$300,000	9/1/2022	\$96,041	32%
11	Hospice (2)	\$259,832	14%	\$0	\$259,832	\$0	\$259,832	9/1/2022	\$281,600	108%
13	Non Medical Case Management (3)	\$350,000	19%	\$0	\$350,000	\$0	\$350,000	9/1/2022	\$125,305	36%
16	Linguistic Services (4)	\$68,000	4%	\$0	\$68,000	\$0	\$68,000	9/1/2022	\$44,754	66%
Total Houston HSDA		1,842,338	100%	\$0	\$1,842,338	\$0	\$1,842,338		1,317,052	71%

Note

- (1) TRG will complete a fee schedule change which will increase expenditures
- (2) Service utilization has increased. TRG will reallocate funds to support care delivery
- (3) Staff vacancy has resulted in underspending
- (4) Slight decrease in utilization

**Houston Area
Ryan White HIV/AIDS Program
Assessment of the Administrative Mechanism**

**Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2022**

Prepared by
Houston Area Ryan White Planning Council
Office of Support
Approved: Pending

**Houston Area
Ryan White HIV/AIDS Program
Assessment of the Administrative Mechanism
Part A and Minority AIDS Initiative (MAI)
Fiscal Year 2022**

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Background

The Ryan White CARE Act requires local Planning Councils to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.”¹ To meet this mandate, a time-specific document review of local procurement, expenditure, and reimbursement processes for Ryan White HIV/AIDS Program funds is conducted annually by local Planning Councils.² 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.³ Instead, it produces information about procurement, expenditure, and reimbursement processes for the local *system* of Ryan White funding that can be used for overall quality assurance purposes.

In the Houston eligible area, the Ryan White Planning Council has conducted an assessment of the administrative mechanism for Ryan White Part A and Minority AIDS Initiative (MAI) funds each fiscal year beginning in 2006. In 2012, the Planning Council began assessing the administrative mechanism for Part B and Texas State General Funds (State Services) as well. Consequently, the assessment tool used to conduct the assessment was amended to accommodate Part B and State Services processes. The new tool was developed and approved by the Quality Assurance Committee of the Planning Council on March 21, 2013 and approved by the Full Council on April 11, 2013.

Methodology

In August 2023, the approved assessment tool was applied to the administrative mechanism for Part A and MAI funds. The approved assessment tool will be applied to the administrative mechanism for Part B and State Services funds in November 2023. The contract periods designated in the tool are:

- Part A and MAI: March 1, 2022 – February 28, 2023 (FY22)
- Part B: April 1, 2022 – March 31, 2023
- State Services: September 1, 2022 – August 31, 2023

The tool evaluated three areas of each administrative mechanism: (1) the procurement and Request for Proposals (RFP) process, (2) the reimbursement process, and (3) the contract monitoring process. As outlined in the tool, 10 data points and their respective data sources were assessed for each administrative mechanism for the specified time frames. Application of the checklist, including data collection, analysis, and reporting, was performed by the Ryan White Planning Council Office of Support staff. All data and documents reviewed in the process were publicly available. Findings from the assessment process have been reported for each administration mechanism independently and are accompanied by the respective completed assessment tool.

¹Ryan White Program Manual, Section V, Chapter 1, Page 4

²Ibid, Page 7

³Ibid, Page 8

Part A and Minority AIDS Initiative (MAI)
Contract Period: March 1, 2022 – February 28, 2023 (FY22)

Summary of Findings

I. Procurement/Request for Proposals Process

- a) Because the AA rapidly processed contract and position extensions, extension of positions for FY22 occurred prior to issuance of the FY22 NOGA. Thirty-six (36) business days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers. Twenty-eight (28) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Fifty-five (55) business days elapsed between receipt of the Carryover Award by the AA and contract execution.
- b) Due to the extensions of Part A and MAI contracts and positions described in (a) above, 100% of the FY22 Part A and MAI partial grant award was procured to funded service providers by the first day of the contract period (03/01/22).
- c) The AA procured funds in FY22 only to Planning Council-approved Service Categories, and the amounts of funds per Service Category procured matched allocations approved by the Planning Council once the Increase Funding Scenario was applied to the Level Funding Scenario. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories during the contract period, including the increase funding scenario, billing reconciliations and receipt of carryover funds.
- d) Multi-year contracts were introduced in Harris County starting in FY12. In FY22, Part A and MAI services could be contracted for up to five years, with Service Categories rotated for bidding every four years. According to this schedule, the Requests for Proposals (RFP) issued in 2022 were for FY 2023 Clinical Case Management, Medical Nutrition Therapy, Vision Care, Oral Health/Rural, Comprehensive Outpatient Primary Medical Care including Medical Case Management and Service Linkage Services – Pediatric for FY23 contracts. These Service Categories were competitively bid via a RFP process during 2022 for contracts that were to begin in FY 2023. The RFP issued by the AA for these services contains information about the grant application process, which took place via the Harris County Purchasing Agent. The AA also held a pre-proposal conference for the RFP. These steps indicate that the AA maintained a grant award process that provided potential bidders with information on applying for grants through the Purchasing Agent as well as the opportunity to address questions prior to submission.
- e) As described in (d) above, the AA issued an RFP during 2022 that included the FY 2023 Planning Council-adopted Service Category definitions. This indicates that the AA maintained a grant award process that adhered potential bidders to Planning Council-approved definitions for contracted Service Categories.
- f) The AA procured 100% of total service dollars for Part A and MAI by the end of the FY22 contract period, including the addition of reconciliations and carry-over funds.
- g) There were unspent service dollars in both Part A and MAI at the end of the FY22 contract period that occurred in Primary Care, Local Pharmacy Assistance Program, Substance Abuse Services, and Outreach, and Medical Case Management. There were \$1,297,645 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY22. Unspent funds represented 5.26% of the total FY22 Part A and MAI allocation for service dollars. Ninety-six percent (96%) of FY22 Part A service dollars and ninety-nine percent (99%) of MAI service dollars were expended by the end of the fiscal year. The substantial

percentage of unspent Part A service dollars was due to the impact of COVID-19 on health care delivery systems throughout the US in 2020, 2021 and 2022. The Houston EMA was able to reallocate all of these unspent dollars to current RW-funded agencies.

- h) The AA was required to and maintained a method of communicating back to the Planning Council the results of the procurement process, which included regularly presenting procurement reports to the Quality Improvement Committee, Priority and Allocations Committee and Full Council.
- i) The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds and the issuance of payment by the AA was 37 days. The AA paid all contracted Part A and/or MAI agencies within 53 days following receipt of an accurate invoice.
- j) The AA used the Standards of Care as part of the contract monitoring process and clearly indicated this in its quality management policies, procedures, and plans.

II. Reimbursement Process

- k) The average number of days elapsed between receipt of an accurate Contractor Reimbursement Report (**CER**) from contracted agencies and the issuance of payment by the AA for FY22 was 37 days. The AA paid all contracted Part A and/or MAI agencies within an average of 53 days following receipt of an accurate invoice.

III. Monitoring Process

- l) The monitoring process that took place in FY22 used Standards of Care and clearly indicated this in various quality management policies, procedures, and plans, including the AA's Policy and Procedure for Performing Site Visits and the AA's current Quality Management Plan.

Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>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)?</p>	<ul style="list-style-type: none"> The Administrative Agent (AA) for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with Commissioners Court prior to receipt of the Notice of Grant Award (NGA) in order to prevent lapses in services to consumers. For the FY22 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at the Commissioners Court meeting on 02/22/22. The Part A and MAI initial NGA was received on 01/19/2022 (partial) and executed at the Commissioner’s Court meeting on 02/22/22. Thirty-six (36) business days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers. The Part A and MAI final NGA was received on 05/18/22 and amended at the Commissioner’s Court meeting on 6/14/22. Twenty-eight (28) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. The Part A and MAI Carryover Award was received on 09/1/2022* and authorized for an amendment to accept the carryover funds at the Commissioner’s Court meeting on 10/25/22. Fifty-five (55) business days elapsed between receipt of the Carryover Award by the AA and contract execution. <p><u>Conclusion:</u> Because the AA rapidly processed contract and position extensions, extension of positions for FY22 occurred prior to issuance of the FY22 NGA. Thirty-six (36) business days elapsed between receipt of the initial NGA by the AA and contract execution with funded service providers. Twenty-eight (28) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Fifty-five (55) business days elapsed between receipt of the Carryover Award by the AA and contract execution.</p> <p>*Per report from the Administrative Agent</p>	<p>Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers</p>	<p>FY22 Part A and MAI NGA (issued 01/19/22 and 05/18/22)</p> <p>Carryover award (issued on 09/1/22)</p> <p>Commissioner’s Court Agendas (02/22/22, 06/14/22, 10/25/22)</p>

Section I: Procurement/Request for Proposals Process			
Method of Measurement	Summary of Findings	Data Point	Data Source(s)
b) What percentage of the grant award was procured by the: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1st quarter? <input type="checkbox"/> 2nd quarter? <input type="checkbox"/> 3rd quarter? 	<ul style="list-style-type: none"> • FY22 procurement reports from the AA indicate that all allocated funds in each Service Category were procured by 03/01/23, the first day of the contract period. This is due to the contract and position extensions processed by the AA prior to receipt of the NGA, as described in (a) above. <p><u>Conclusion:</u> Because of contract and position extensions processed by the AA in anticipation of the grant award, 100% of the Part A and MAI partial grant award was procured by the 1st quarter of the contract period.</p>	Time between receipt of partial NGA or funding contract by the AA and when funds are procured to contracted service providers	FY22 Part A and MAI Procurement Report provided by the AA to the PC (02/20/2023)

Section I: Procurement/Request for Proposals Process			
Method of Measurement	Summary of Findings	Data Point	Data Source(s)
c) Did the awarding of funds in specific categories match the allocations established by the Planning Council?	<ul style="list-style-type: none"> The Planning Council makes allocations per Service Category for each upcoming contract period based on the assumption of level funding. It then designs scenarios to be applied in the event of an increase or decrease in funding per the actual NGA. The Planning Council further permits the AA to re-allocate funds within Service Categories (up to 10%) without pre-approval throughout the contract period for standard business practice reasons, such as billing reconciliations, and to apply carry-over funds as directed. In addition, the Planning Council allows the AA to shift funds in the final quarter of the contract period in order to prevent the grantee from leaving more than 5% of its formula funds unspent. The most recent FY22 procurement report from the AA (dated 07/23/23) shows that the Service Categories and amounts of funds per Service Category procured matched the final Planning Council-approved allocations for FY22. Upon receipt of the final NGA, the Increase Scenario was applied to the \$1,184,524 (4.85%) increase in Part A Formula and Supplemental service dollars. The AA applied the Increase Scenario to the \$157,569 (6.94%) service dollar increase in MAI. As a result, final allocations for FY22 matched the allocations established by the Planning Council once the application of the Increase Funding Scenario was applied to the Level Funding Scenario. <p><u>Conclusion:</u> The AA procured funds in FY22 only to Planning Council-approved Service Categories, and the amounts of funds per Service Category procured matched allocations approved by the Planning Council once the Increase Funding Scenario was applied to the Level Funding Scenario. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories during the contract period, including the increase funding scenario, billing reconciliations and receipt of carryover funds.</p>	Comparison of the list of service categories awarded funds by the AA to the list of allocations made by the PC	<p>FY22 Part A and MAI Procurement Report provided by the AA to the PC (07/23/23)</p> <p>PC FY22 Allocations Level Funding Scenario (PC approved 07/08/21)</p> <p>PC FY22 Allocations Increase Scenario (PC approved 07/08/21)</p>

Section I: Procurement/Request for Proposals Process			
Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>d) Does the AA have a grant award process which:</p> <ul style="list-style-type: none"> ✓ Provides bidders with information on applying for grants? ✓ Offers a bidder's conference? 	<ul style="list-style-type: none"> • Multi-year contracts were introduced in Harris County starting in FY12. In FY22, Part A and MAI services could be contracted for up to five years, with Service Categories rotated for bidding every four years. According to this schedule, the following RFP's were issued in 2022 for FY 2023 contracts: <u>Service Category, Estimated Amount Available:</u> Clinical Case Management: \$488,656 Medical Nutrition Therapy: \$341,395 Oral Health/Rural: \$166,404 Vision Care: \$500,000 Comprehensive Outpatient Primary Medical Care including Medical Case Management and Service Linkage Services – Pediatric: <ul style="list-style-type: none"> a. Primary Medical Care: \$15,437 b. Medical Case Management: \$90,051 c. Service Linkage: \$28,100 <p><i>Conclusion:</i> Because there was an RFP in 2022 for FY 2023 contracts, the AA provided bidders with information on applying for grants and offered a bidders conference.</p>	Confirmation of communication by the AAs to potential bidders specific to the grant award process	Part A RFP issued in 2022 for FY23 contracts Courtesy Notice for Pre-Proposal Conference in 2022 for FY23 contracts
<p>e) Does the REQUEST FOR PROPOSALS incorporate service category definitions that are consistent with those defined by the Planning Council?</p>	<ul style="list-style-type: none"> • Yes, the Request for Proposals incorporates service category definitions that are consistent with those defined by the Planning Council. 	Confirmation of communication by the AAs to potential bidders specific to PC products	Part A RFP issued in 2022 for FY23 contracts

<p>f) At the end of the award process, were there still unobligated funds?</p>	<ul style="list-style-type: none"> The most recent procurement report produced on 7/21/23 shows that 100% of total service dollars for Part A and MAI were procured by the end of the contract period, including the addition of reconciliations and carry-over funds. <p><i>Conclusion:</i> There were no unobligated funds for the contract period.</p>	<p>Comparison of final amounts procured and total amounts allocated in each service category</p>	<p>FY22 Part A and MAI Procurement Report provided by the AA to the PC (07/21/23)</p>
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Section I: Procurement/Request for Proposals Process

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>g) At the end of the year, were there unspent funds? If so, in which service categories?</p>	<ul style="list-style-type: none"> • The most recent FY22 procurement report produced on 07/21/23 shows unspent service dollars as follows: <ul style="list-style-type: none"> ➢ Part A: \$1,278,521 in unspent Part A and MAI service dollars with less than 95% of the amount procured expended in the following Service Categories: <ul style="list-style-type: none"> ➢ Primary Care – 86% expended ➢ Local Pharmacy Assistance Program – 85% expended ➢ Substance Abuse Services – 27% expended ➢ Outreach – 90% expended ➢ MAI: \$19,124 in unspent service dollars with less than 95% of the amount procured expended in the following Service Categories: <ul style="list-style-type: none"> ➢ Medical Case Management – 94% expended • The total amount of unspent service funds for both Part A and MAI in FY22 was \$1,297,645 or 5.26% of the total service dollar allocation. <p><i>Conclusion:</i> There were \$1,297,645 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY22. Unspent funds represented 5.26% of the total FY22 Part A and MAI allocation for service dollars. Ninety-six percent (96%) of FY22 Part A service dollars and ninety-nine percent (99%) of MAI service dollars were expended by the end of the fiscal year. The substantial percentage of unspent Part A service dollars was due to the impact of COVID-19 on health care delivery systems throughout the US in 2020. The Houston EMA was able to reallocate all of these unspent dollars to current RW-funded agencies.</p>	<p>Review of final spending amounts for each service category</p>	<p>FY22 Part A and MAI Procurement Report provided by the AA to the PC (07/21/23)</p>

Section II: Reimbursement Process			
Method of Measurement	Summary of Findings	Data Point	Data Source(s)
<p>h) Does the ADMINISTRATIVE AGENT have a method of communicating back to the Planning Council the results of the procurement process?</p>	<ul style="list-style-type: none"> The Memorandum of Understanding (MOU) (signed 3/1/12) between the CEO, Planning Council, AA, and Office of Support requires the AA to “inform the Council no later than the next scheduled [.] Steering Committee meeting of any allocation changes” (page 4). In addition, FY22 Part A and MAI procurement reports from the AA were provided at Planning Council meetings and dated: 02/22/2022, 04/14/22, 06/09/22, 10/14/22, 12/08/22, 02/23/23, 03/21/23, 04/27/23, 07/21/23 and 08/10/23. Details related to the procurement process were further explained during the AA report. <p><u>Conclusion:</u> The AA was required to and maintained a method of communicating back to the Planning Council the results of the procurement process, which included regularly presenting procurement reports to the Quality Improvement Committee, Priority and Allocations Committee and Full Council.</p>	Confirmation of communication by the AAs to the PC specific to procurement results	<p>Houston EMA MOU (signed 3/1/12)</p> <p>PC Agendas (02/22/2022, 04/14/22, 06/09/22, 12/08/22, 08/10/23.)</p>
<p>i) 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?</p> <p>What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice:</p> <p><input type="checkbox"/> Within 20 days?</p> <p><input type="checkbox"/> Within 35 days?</p> <p><input checked="" type="checkbox"/> Within 50 days?</p>	<ul style="list-style-type: none"> The Annual Contractor Reimbursement Report (CER) Tracking Summary for FY22 produced by the AA showed an average of 37 days elapsing between receipt of an accurate CER from contracted agencies and the issuance of payment by the AA, compared to 36 days on average in FY21. 100% of contracted agencies were paid within an average of 37 days following the receipt of an accurate CER. In comparison, the AA paid 100% of contracted agencies within an average of 36 days in FY21. One contracted agency was paid within an average of 27 days, and 100% were paid within an average of 53 days. <p><u>Conclusion:</u> The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds and the issuance of payment by the AA was 37 days. The AA paid all contracted Part A and/or MAI agencies within 53 days following receipt of an accurate invoice.</p>	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	<p>FY22 Part A and MAI Contractor Reimbursement Report (CER) Tracking Summary (06/25/23)</p>

Section III: Contract Monitoring Process			
Method of Measurement	Summary of Findings	Data Point	Data Source(s)
j) Does the ADMINISTRATIVE AGENT use the Standards of Care as part of the contract monitoring process?	<ul style="list-style-type: none"> • Typical RFP language states that the AA will monitor for compliance with the Standards of Care during site monitoring visits of contracted agencies. Directions to current Standards of Care document are also provided. • In addition, the AA’s Site Visit Guidelines used during the FY22 contract period includes the process for reviewing compliance with Standards of Care. • The AA’s Quality Management Plan (dated 01/22) states that the RWGA Clinical Quality Improvement Project Coordinator and Quality Management Development Project Coordinator both “[conduct] onsite QM program monitoring of funded services to ensure compliance with RWGA Standards of Care and QM plan” (Page 6). The Plan also states that “Annual site visits are conducted by the RWGA Quality Assurance team at all funded agencies to ensure compliance with the standards of care.” (Page 7). <p><u>Conclusion:</u> The AA used the Standards of Care as part of the contract monitoring process and clearly indicated this in its quality management policies, procedures, and plans.</p>	Confirmation of use of adopted SOC in contract monitoring activities	<p>Part A RFP issued in FY22 for FY23 contracts</p> <p>HCPH/RWGA Policy and Procedures for Performing Ryan White Part A Site Visits (Revised 02/22)</p> <p>HCPH/RWGA Quality Management Plan (01/22)</p>

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Local Service Category:	Mental Health Services Targeting Special Populations
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). PLWH should also be a member of the following special populations: Transgender (including those who are

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	LatinX/Black and/or under the age of 25), individuals who exchange sex for money, and individuals born outside the US.
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.
Service Unit Definition(s) (TRG Only):	<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 be 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>
Financial Eligibility:	Income at or below 500% Federal Poverty Guidelines.
Eligibility for Services:	<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>The PLWH should be a member of the following special populations: Transgender (including those who are LatinX/Black and/or under the age of 25), individuals who exchange sex for money, and individuals born outside the US.</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>

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	<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 others are 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 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>
<p>Staff Requirements:</p>	<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>
<p>Special Requirements (TRG Only):</p>	<p>The agency must develop collaborative relationships with community partners that serve each of the identified special populations. These relationships should be documented via Memorandum of Understanding. MOUS will be submitted to TRG for review each year. Referrals should be tracked to evidence the success of these MOUs. Referrals will be reviewed by TRG on an annual basis.</p> <p>Staff should be adequately trained and/or experienced with each of the identified special populations. Training and/or experience should be documented. This documentation will be reviewed by TRG on an annual basis.</p> <p>Services are strongly encouraged to be community based where counseling can be provided in a safe and secure location. Services should be provided on days and at times that are conducive for participation of the identified special populations.</p> <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> <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</p> <p>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</p>

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.

Collapsed List of Priority Populations

Any combination of the following groups would be good for the first year. Tori has highlighted her suggestions for year 1 targeted populations since we are aware of support groups that have regular contact with these populations, or it is particularly difficult to find these populations.

2022 List of CPG and Planning Council priority populations:

- Transgender folks, esp. those who are LatinX/Black and/or under the age of 25
- Gay, bisexual MSM, esp. those who are LatinX/Black
- People who exchange sex for money, etc.
- People who inject drugs or use methamphetamine or crack
- Heterosexual cisgender women of color, esp. those living in high HIV or STI prevalence neighborhoods
- People who were born outside the US (Our HRSA Project Officer and the Council is particularly concerned about the high number of Hispanics who show up in Houston ER's and are considered to have a late diagnosis. Pete R. thinks that prevention workers should test in the parking lots of all Home Depots on a regular basis)
- Youth

Other populations:

- People who have known HIV+ partners (probably covered under other groups)
- People who are living in poverty (almost certainly covered in other groups)
- People who have experienced intimate partner violence (probably covered under other groups)
- Sex Offenders

**Priority and
Allocations
Committee
Report**

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 <small>RWPC Approved Level Funding Scenario</small>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments (to avoid UOB penalty)	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	-15,437	0	84,657	-239,401	10,795,607	44.82%	10,795,607	0	3/1/2022	9,332,199	86%	100%
1.a	Primary Care - Public Clinic (a)	3,927,300				-249,250	3,678,050	15.27%	3,678,050	0	3/1/2022	3,389,092	92%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576			90,574	9,849	1,164,999	4.84%	1,164,999	0	3/1/2022	1,383,157	119%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551			75,774		986,325	4.09%	986,325	0	3/1/2022	1,295,725	131%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924			16,300		1,164,224	4.83%	1,164,224	0	3/1/2022	731,455	63%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000				-97,990	1,002,010	4.16%	1,002,010	0	3/1/2022	866,195	86%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000					2,100,000	8.72%	2,100,000	0	3/1/2022	1,248,001	59%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437				0	0.00%	0	0	3/1/2022	0	0%	0%
1.h	Vision	500,000					500,000	2.08%	500,000	0	3/1/2022	404,505	81%	100%
1.x	Primary Care Health Outcome Pilot	200,000					200,000	0.83%	200,000	0	3/1/2022	14,069	7%	100%
2	Medical Case Management	1,730,000	-90,051	0	-15,000	-51,045	1,573,904	6.53%	1,573,904	0	3/1/2022	1,646,420	105%	100%
2.a	Clinical Case Management	488,656					488,656	2.03%	488,656	0	3/1/2022	557,172	114%	100%
2.b	Med CM - Public Clinic (a)	277,103				53,200	330,303	1.37%	330,303	0	3/1/2022	302,908	92%	100%
2.c	Med CM - Targeted to AA (a) (e)	169,009				-52,123	116,886	0.49%	116,886	0	3/1/2022	236,428	202%	100%
2.d	Med CM - Targeted to H/L (a) (e)	169,011				-52,123	116,888	0.49%	116,888	0	3/1/2022	88,986	76%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	61,186					61,186	0.25%	61,186	0	3/1/2022	87,788	143%	100%
2.f	Med CM - Targeted to Rural (a)	273,760					273,760	1.14%	273,760	0	3/1/2022	120,320	44%	100%
2.g	Med CM - Women at Public Clinic (a)	75,311					75,311	0.31%	75,311	0	3/1/2022	154,384	205%	100%
2.h	Med CM - Targeted to PEDI (a.1)	90,051	-90,051			0	0	0.00%	0	0	3/1/2022	0	0%	0%
2.i	Med CM - Targeted to Veterans	80,025			-15,000	0	65,025	0.27%	65,025	0	3/1/2022	40,737	63%	100%
2.j	Med CM - Targeted to Youth	45,888					45,888	0.19%	45,888	0	3/1/2022	57,697	126%	100%
3	Local Pharmacy Assistance Program	1,810,360	200,000	0	0	177,476	2,187,836	9.08%	2,187,836	0	3/1/2022	1,862,173	85%	100%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	310,360				196,050	506,410	2.10%	506,410	0	3/1/2022	393,778	78%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,500,000	200,000			-18,574	1,681,426	6.98%	1,681,426	0	3/1/2022	1,468,395	87%	100%
4	Oral Health	166,404	0	0	0	0	166,404	0.69%	166,404	0	3/1/2022	166,400	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				0	166,404	0.69%	166,404	0	3/1/2022	166,400	100%	100%
5	Health Insurance (c)	1,383,137	431,299	138,285	0	0	1,952,721	8.11%	1,952,721	0	3/1/2022	1,952,386	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	0	0	0	0	341,395	1.42%	341,395	0	3/1/2022	339,519	99%	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					0	0.00%	0	0	N/A	0	0%	0%
9.b	Facility Based	0					0	0.00%	0	0	N/A	0	0%	0%
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	-20,667	0	25,010	0.10%	25,010	0	3/1/2022	6,788	27%	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	0	0	43,000	112,783	1,422,785	5.91%	1,422,785	0	3/1/2022	1,513,553	106%	100%
13.a	Service Linkage targeted to Youth	110,793					110,793	0.46%	110,793	0	3/1/2022	114,507	103%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000			-7,000		93,000	0.39%	93,000	0	3/1/2022	95,171	102%	100%
13.c	Service Linkage at Public Clinic (a)	370,000				69,960	439,960	1.83%	439,960	0	3/1/2022	508,524	116%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209			50,000	42,823	779,032	3.23%	779,032	0	3/1/2022	795,351	102%	100%
13.e	SLW-Substance Use	0					0	0.00%	0	0	NA	0	0%	0%
14	Medical Transportation	424,911	0	0	0	0	424,911	1.76%	424,911	0	3/1/2022	423,874	100%	100%
14.a	Medical Transportation services targeted to Urban	252,680					252,680	1.05%	252,680	0	3/1/2022	269,988	107%	100%
14.b	Medical Transportation services targeted to Rural	97,185					97,185	0.40%	97,185	0	3/1/2022	79,874	82%	100%
14.c	Transportation vouchers (bus passes & gas cards)	75,046					75,046	0.31%	75,046	0	3/1/2022	74,012	99%	100%
15	Emergency Financial Assistance	1,545,439	189,168	750,000	-120,000	121,903	2,486,510	10.32%	2,486,510	0	3/1/2022	3,349,316	135%	100%
15.a	EFA - Pharmacy Assistance	1,305,439	189,168	750,000		121,903	2,366,510	9.82%	2,366,510	0	3/1/2022	3,272,986	138%	100%
15.b	EFA - Other	240,000			-120,000		120,000	0.50%	120,000	0	3/1/2022	76,331	64%	100%
16	Linguistic Services (c)	0	0	0	0	0	0	0.00%	0	0	NA	0	0%	0%
17	Outreach	420,000	0	0	30,030	-121,717	328,313	1.36%	328,313	0	3/1/2022	296,700	90%	100%
BEU27516	Total Service Dollars	20,100,113	714,979	888,285	2,020	-1	21,705,396	90.11%	21,705,396	0		20,889,328	96%	100%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments (to avoid UOB penalty)	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	Grant Administration	1,795,958	169,915	0	0	0	1,965,873	8.16%	1,965,873	0	N/A	1,643,101	84%	100%
BEU27517	HCPH/RWGA Section	1,271,050	169,915	0		0	1,440,965	5.98%	1,440,965	0	N/A	1,108,740	77%	100%
PC	RWPC Support*	524,908			0	0	524,908	2.18%	524,908	0	N/A	534,361	102%	100%
BEU27521	Quality Management	412,940		0	0	0	412,940	1.71%	412,940	0	N/A	263,362	64%	100%
		22,309,011	884,894	888,285	2,020	-1	24,084,209	99.99%	24,084,209	0		22,795,791	94.65%	100%
							2,847							
							24,087,056		Unallocated	Unobligated		Unspent		100%
	Part A Grant Award:	23,198,771	Carry Over:	888,285			Total Part A: 24,087,056		2,847	0		1,291,265	5.36%	100%
												As % of Formula award	8.29%	
		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	525,811	138,285	48,990	-112,970	17,155,847	79.04%	15,305,885	73.27%				Core Service Waiver needed for FY22
	Non-Core (may not exceed 25% of total service dollars)	3,657,352	189,168	750,000	-46,970	112,969	4,549,550	20.96%	5,583,443	26.73%				Reasons: Underspent Pcare (Public Clinic); Underspent MCM; EFA & SLW higher expenditures than Level alloc
	Total Service Dollars (does not include Admin and QM)	20,100,113	714,979	888,285	2,020	0	21,705,397		20,889,328					
	Total Admin (must be ≤ 10% of total Part A + MAI)	1,795,958	169,915	0	0	0	1,965,873	7.34%						
	Total QM (must be ≤ 5% of total Part A + MAI)	412,940	0	0	0	0	412,940	1.54%						
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	68,030	2,175,840	80.46%	2,175,840	0		2,173,325.00	100%	100%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,012,700	53,065			34,015	1,099,780	40.67%	1,099,780	0	3/1/2022	1,143,450.00	104%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	990,160	51,884			34,015	1,076,059	39.79%	1,076,059	0	3/1/2022	1,029,875.00	96%	100%
2	Medical Case Management	320,100	0	0	0	-68,030	252,070	9.32%	252,070	0		236,810.50	94%	100%
2.c (MAI)	MCM - Targeted to African American	160,050				-34,015	126,035	4.66%	126,035	0	3/1/2022	146,494.75	116%	100%
2.d (MAI)	MCM - Targeted to Hispanic	160,050				-34,015	126,035	4.66%	126,035	0	3/1/2022	90,315.75	72%	100%
3	DSHS ADAP	0	0	276,305	0	0	276,305	10.22%	276,305	0	3/1/2022	274,964.00	100%	100%
	Total MAI Service Funds	2,322,960	104,950	276,305	0	0	2,704,215	100.00%	2,704,215	0		2,685,099.50	99%	100%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0.00	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0.00	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0.00	0%	0%
	Total MAI Funds	2,322,960	104,950	276,305	0	0	2,704,215	100.00%	2,704,215	0		2,685,099.50	99%	100%
									Unallocated	Unobligated				
	MAI Grant Award	2,427,918	Carry Over:	276,305			Total MAI: 2,704,223		8	0		Unspent		100%
												19,123.50		100%
	Combined Part A and MAI Orginial 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 multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.													
(c)	Funded under Part B and/or SS													
(e)	10% rule reallocations													

FY 2022 RW PART MAI REQUESTS FOR ALLOCATION INCREASE (AUGUST 2023)

REVISED: 8/28/2023

Request Control Number	FY 23 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Agency	Amount of Request	Final Amount Reflecting FY22 FFR	FY 2022 Final Contract Amount	FY 2022 Final Contract Amount	Expended 2022	Percent Expended	FY 2023 Contract Amount	FY 2023 Expended YTD	FY 2023 Percent YTD	FY 2023 Percent Expected YTD	Notes Amount approved detail:
1	1.b. 2.c.	Outpatient/Ambulatory Health Services; Medical Case Managemen	Primary Medical Care targeted to African American, and Hispanic; Medical Case Management targeted to African American, and Hispanic	SHF	\$19,124	\$17,782	\$974,382	\$974,382	\$974,368	100%	\$704,304	\$78,950	11%	33%	Service priorities #1 and #2. To meet the increasing demand for same-day appointments for new patients, most of whom are coming from communities targeted in the request
					\$19,124	\$17,782	\$974,382	\$974,382	\$974,368		\$704,304	\$78,950			
Confirmed Funds Avail. for Reallocation															

FY 2022 RW PART MAI REQUESTS FOR ALLOCATION INCREASE (AUGUST 2023)

REVISED: 8/28/2023

Request Control Number	FY 23 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Agency	Amount of Request	Final Amount Reflecting FY22 FFR	FY 2022 Final Contract Amount	FY 2022 Final Contract Amount	Expended 2022	Percent Expended	FY 2023 Contract Amount	FY 2023 Expended YTD	FY 2023 Percent YTD	FY 2023 Percent Expected YTD	Notes Amount approved detail:	
Source of Funds Available for Reallocation:			MAI		Explanation:		Unspent MAI	Unspent MAI funds from FY 22 program year for both Primary Care and MCM								
	FY2022 Anticipated Unspent Funds		\$19,124													

FY 2022 RW PART A REQUESTS FOR ALLOCATION INCREASE (AUGUST 2023)

REVISED: 8/28/2023

Request Control Number	FY 2023 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	Final Amount Reflecting FY22 FFR	FY 2022 Final Contract Amount	Expended 2022	Percent Expended	FY 2023 Contract Amount	FY 2023 Expended YTD	FY 2023 Percent YTD	FY 2023 Percent Expected YTD	Notes Amount approved detail:
1	1.b-1.d 2.c-2.e 3.b 13.d 15.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$518,700	\$299,645	\$302,473	\$2,859,459	\$2,858,101	100%	\$2,965,948	\$597,211	20%	33%	Priority #1 and spent 100% of FY22 allocation. 24% (of remaining \$1,248,521)
2	5	Health Insurance Premium & Cost Sharing Assistance	Health Insurance Co-Payments & Co-Insurance	\$800,000	\$474,438	\$479,154	\$1,952,721	\$1,952,386	100%	\$1,606,359	\$336,287	21%	33%	This service saves RW money, private insurance provides in-patient care, clients having difficulty making co-pays creates a barrier to care and PLWH switching plans to access single regiment medication is causing more stress on this system. 38% (of remaining \$1,248,521)
3	2.a	Medical Case Management	Clinical Case Management	\$113,750	\$62,426	\$63,063	\$244,328	\$382,355	134%	\$224,328	\$89,451	37%	33%	In FY22, expended 134% of original allocation. Eligible for additional funds during the FY23 mid-year sweep of unspent funds. 5% (of remaining \$1,248,521)

FY 2022 RW PART A REQUESTS FOR ALLOCATION INCREASE (AUGUST 2023)

REVISED: 8/28/2023

Request Control Number	FY 2023 Priority Rank	HRSA Service Category	Local Service Category or Subcategory	Amount of Request	Amount Approved by RWPC	Final Amount Reflecting FY22 FFR	FY 2022 Final Contract Amount	Expended 2022	Percent Expended	FY 2023 Contract Amount	FY 2023 Expended YTD	FY 2023 Percent YTD	FY 2023 Percent Expected YTD	Notes Amount approved detail:
4	1.b-1.d 2.c-2.e 3.b 13.d 15.a; 17	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management; Outreach	Community-based Primary Medical Care targeted to African American, Hispanic and White; Community-based Medical Case Management targeted to African American, Hispanic and White; EFA - Pharmacy; LPAP; Outreach; SLW	\$690,115	\$412,012	\$416,146	\$2,048,352	\$2,048,343	100%	\$2,020,920	\$368,850	18%	33%	High need for EFA, which makes up \$300,000 of this request, and the rising demand for same-day appointments for new patients, #1 service priority. 33% (of remaining \$1,248,521)
5	1.e 2.f 3.b 13.d 15.a	Outpatient/Ambulatory Health Services; Medical Case Management; Emergency Financial Assistance; Local Pharmacy Assistance; Non-Medical Case Management;	Adult Comprehensive Primary Medical Care - Targeted to Rural	\$150,000	\$0		\$1,601,000	\$1,600,992	100%	\$1,648,244	\$255,659	16%	33%	Eligible for funds during the FY23 mid-year sweep of unspent funds.
6	4.b	Oral Health	Oral Health-Rural (North)	\$30,000	\$30,000	\$30,429	\$166,404	\$166,400	100%	\$166,404	\$55,050	33%	33%	Historically, Oral Health has a need for increased funds; difficult to get appointments, spent 100% of FY22 allocation and already spent 33% of FY23 allocation.
				\$2,302,565	\$1,278,521	\$1,291,265	\$8,872,264	\$9,008,577		\$8,632,203	\$1,702,508			
Confirmed Funds Avail. for Reallocation														
Source of Funds Available for Reallocation:				Part A Explanation:										
FY2022 Anticipated Unspent Funds				Unspent Admin, QM, and HIV Services										

The Houston Regional HIV/AIDS Resource Group, Inc.



Memorandum

To: Ryan White Planning Council

From: Tiffany Shepherd, MPH *TS*

CC: ShaTerra Johnson, LMSW

TOPIC: RWB/State-Rebate Update

Effective April 1, 2023, DSHS has eliminated State-Rebate funding. State-Rebate will be consolidated with DSHS State Services. TRG issued a gap contract 4/1/23-8/31/23 to utilize the 5-months of remaining DSHS State-Rebate funding. Effective September 1, all services supported by State-Rebate will be funded through DSHS State Services. Service categories being added to State Services include Medical Transportation-Targeted, Food Bank-Targeted, ADAP/Referral for Healthcare, EFA/Compassionate Care, and Health Insurance Assistance.

- ADAP Referral for Healthcare- These funds are earmarked for the THMP/ADAP process. This project is a DSHS targeted project and therefore will not be a component of the P&A process.
- EFA/Compassionate Care- These funds are earmarked for the DSHS project to increase access to patient assistance programs. This funding will not be a component of the P&A process.
- MT-targeted/FB-targeted- these funds are targeted to the HOPWA Post-Incarceration Project. Eligible clients must participate in the TRG HOPWA program.

Houston HSDA State Services Allocation (estimate): \$3,018,057 (restricted \$893,123)

Contract Effective Date: 09/01/2023

Operations Committee Report

FY 2023 Project L.E.A.P. Program for Youth

In FY 2023 conduct a Project L.E.A.P. (*Learning, Empowerment, Advocacy, Participation*) Program for Youth between the ages of 18 and 24 years of age with the intent of inviting graduates to initiate the 2024 Ryan White Youth Council.

If the AA allows, view year #1 as a pilot project – January and February 2024

Reallocate FY 2023 funds from the evening Project LEAP class to the Youth Project LEAP Program

Recruit students from a variety of youth programs

Training Goals: (Different from AIH Camp Hope classes, which are to transition youth to adult care)

1. Prepare youth to have input into HIV prevention & care planning
2. Teach planning skills 101 (**engage – use interactive teaching as much as possible**)
3. Model after the adult service definition as closely as realistic (survey students for class topics)

Use hybrid format with the majority of students on-site if possible

Minimum number of participants 10 with majority of participants living with HIV

Length of each class – 2 hours max including a meal time

Length of the course 6-8 weeks

Incentives: meal

\$20-25 gift card

Graduation certificate from Judge Hidalgo

Field trip(s) related to HIV prevention and care planning – survey students during class #1

Houston Ryan White Planning Council

Request for Food During Ryan White Meetings or Events

(05-09-23)

In 20_____, I was appointed to serve on the (check all that apply):

Committee(s):

_____	Affected Community	_____	Priority & Allocations
_____	Comprehensive HIV Planning	_____	Quality Improvement
_____	Operations	_____	Steering

Other:

_____ Ryan White Planning Council
_____ Project LEAP Class
_____ Proyecto VIDA Class
_____ Integrated Planning Workgroup(s): _____
_____ Other: _____

When one of my meetings takes place during a mealtime,

I, (print your name) _____

request a meal because I have medication that must be taken with food.

Signature: _____

Date: _____