

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL



## STEERING COMMITTEE

### AGENDA

12 noon, Thursday, August 1, 2024

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

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

Join 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

- I. Call to Order Josh Mica, he/him/él, Chair  
RW\* Planning Council
- A. Welcoming Remarks and Moment of Reflection
  - B. Select the Committee Co-Chair who will be voting today
  - C. Adoption of the Agenda
  - D. 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 Kenia Gallardo, she/her/hers &  
Robert Sliepka, he/him/they,  
Co-Chairs
    - Item:* FY 2025 EIIHA Plan Populations
    - Recommended Action:* **Motion:** Approve following populations for inclusion in the FY 2025 EIIHA Plan:
      - 1. Black/African Americans
      - 2. Hispanics/Latinx Individuals
      - 3. Male-Male Sexual Contact/Men who have Sex with Men
- Office of Support staff is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data consistently fail to assess the need for testing, referral, and linkage in vulnerable populations such as among those who are transgender, intersex, homeless, and those released from incarceration. Moving forward, the Houston Ryan White Planning Council will look to other sources, in addition to that provided by the Texas Department of Health Services, to document the needs of these vulnerable populations.

- B. Affected Community Committee  
*Item:* General Check In with Committee Members  
*Recommended Action:* FYI: The Committee Chair invited members to talk about their experiences during Hurricane Beryl and share any needs they might have.
- Item:* EHE/Integrated Planning Body  
*Recommended Action:* FYI: Members of the Affected Community Committee in conjunction with the Consumer and Community Engagement Workgroup continue working on an inventory of HIV Resources of Houston area colleges and universities.
- Item:* 2024 Project LEAP and Proyecto VIDA  
*Recommended Action:* FYI: Members of the Affected Community Committee have been recruiting students for the 2024 Project LEAP and Proyecto VIDA classes, which will start on Wednesday, August 7<sup>th</sup>. Many thanks to all Council members for posting information on social media, sharing the applications with friends and more. We want to send special thanks to the Ryan White volunteers who staffed tables at agencies and to Ronnie Galley for working with volunteers and staff at the agencies. It was a big job!
- C. Quality Improvement Committee  
*Item:* FY 2023 Assessment of the Administrative Mechanism  
*Recommended Action:* **TENTATIVE: Motion:** Approve the FY 2025 Assessment of the Administrative Mechanism. (The Quality Improvement Committee is meeting on 07/25/24 to review the report and decide if they wish to approve it.)
- Item:* Other Professional Services  
*Recommended Action:* FYI: Since John Nechman is tentatively scheduled to present information to the Council about the process of expunging criminal records, members of the Committee were encouraged to attend the presentation.
- D. Priority and Allocations Committee  
*Item:* Reports from the Administrative Agent – Part A/MAI\*  
*Recommended Action:* FYI: See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:
- FY23 Procurement Report – Part A/MAI, dated 06/17/24
  - FY23 Service Utilization – Part A/MAI, dated 04/15/24
- Item:* Reports from the Administrative Agent – Part B/SS\*\*  
*Recommended Action:* FYI: See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:
- FY23-24 Procurement Report – Part B, dated 07/11/24
  - FY23-24 Procurement Report – SS\*\*, dated 07/11/24
  - FY23-24 HIAP SUR Report, dated 05/29/24

(continued on next page)

*Item: FY 2025 Ryan White Service Priorities*

*Recommended Action:* Motion: Based upon need, use, and a special concern for making medication easy to access, the Priority and Allocations Committee recommends approval of the attached FY 2025 service priorities for Ryan White Part A, MAI\*, Part B and SS\*\* funded service categories.

*Item: 2024 Ryan White Part A & MAI\* Allocation Increases*

*Recommended Action:* **Motion:** Approve the 2024 Ryan White Part A and MAI\* Allocation Increases. See the attached chart, which includes justification.

- |      |  |   |
|------|--|---|
| E.   | Operations Committee<br>No report due to Hurricane Beryl | Cecilia Ligons, she/her/hers &<br>Crystal R. Starr, she/her/hers, |
| V.   | Report from the Office of Support                        | Tori Williams, she/her/hers,<br>Director                          |
| VI.  | Report from Ryan White Grant Administration              | Glenn Urbach, he/him/his,<br>Manager                              |
| VII. | Report from The Resource Group                           | Sha'Terra Johnson, she/her/hers,<br>Health Planner                |
| IX.  | Announcements  |   |
| X.   | Adjournment  |   |

\*MAI = *Minority AIDS Initiative funding*

\*\* SS = *State Services funding*

# HOUSTON AREA HIV SERVICES RYAN WHITE PLANNING COUNCIL

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## STEERING COMMITTEE

### MINUTES

12 noon, Thursday, July 3, 2024

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

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Josh Mica, he/him/él, Chair	Johnny Deal	<i>Ryan White Grant Administration</i>
Skeet Boyle, Vice Chair	Kenia Gallardo	Glenn Urbach
Ryan Rose, Secretary	Rodney Mills, excused	Eric James
Robert Sliepka	Carol Suazo	Mauricia Chatman
Cecilia Ligons		
Crystal R. Starr	<b>OTHERS PRESENT</b>	<i>The Resource Group</i>
Peta-gay Ledbetter	Carin Martin, Harris Health	Sha'Terra Johnson
Tana Pradia	Roxanne Palmer, Montrose Center	
Pete Rodriguez	Eloise Westlake, Hou Food Bank	<i>Office of Support</i>
		Tori Williams
		Diane Beck

**Call to Order:** Josh Mica, he/him/él, Chair, called the meeting to order at 12:04 p.m.

During the opening remarks, Mica thanked the Council members who have been out in the community recruiting Project LEAP and Proyecto VIDA applicants. We appreciate their valuable time and efforts. All Ryan White volunteers are eligible to win the \$50 gift certificate for sending the highest number of applicants that are interviewed. See Tori or Diane for application forms and please post the information on social media.

HRSA has made recent announcements about allowing Ryan White Programs to pay for security deposits and the cost of expunging criminal records for people who are eligible for Ryan White services but their criminal record is a barrier to care. John Nechman is going to meet with the Council next week to provide details about how a program like this would have to be set up. In the meantime, the Priority and Allocations Committee has added this service to the recommended FY 2025 allocations and put a small amount of money into the service so that it can be prioritized. Additional funding can be added later if needed. The Priority and Allocations Committee had to manage a number of last minute surprises during their process. Mica thanked the committee for their thoughtful deliberations and flexibility in accommodating these surprises. In July, they will set service priorities and reallocate carryover funds from FY23.

Mica then called for a Moment of Reflection.

Those selected to represent their committee at the meeting were: Sliepka for Comprehensive HIV Planning, Starr for Operations, and Rodriguez for Quality Improvement.

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

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Sliepka, Boyle) to approve the June 6, 2024 minutes.* **Motion carried.** Abstentions: Rodriguez.

**Public Comment and Announcements:** See attached comments received yesterday.

Roxanne Palmer, the Montrose Center, provided information about why their service category underspent their funds in FY 2023. They were short staffed regarding Non-Medical CM with a Substance Use focus but are currently interviewing for the position and hope to have someone hired very soon. The population served by the program are more likely to fall out of care and the requirement that eligibility is required every 6 months for this program, unlike for Part A which is annually, is a barrier for consumers.

Eloise Westlake, Houston Food Bank, said that everyone eats and would like to see funds put toward providing meals for people living with HIV who have diabetes, hypertension, etc. and are older and/or have limited mobility. Studies show this can reduce hospitalizations and skilled nursing admissions, as well as increase quality of life and medication compliance.

### **Reports from Committees**

**Comprehensive HIV Planning Committee:** Robert Sliepka, Co-Chair, reported on the following: 2024 Houston Area HIV Epidemiological Profile: Beth Allen, the Interim Health Planner continues to work with City Health Department staff and Nithya Lakshmi Mohem Dass from Ryan White Grant Administration to produce the 2024 Epidemiological Supplement.

EHE/Integrated Planning Body: The Leadership Team of the Joint Planning body met on June 27, 2024. Eliot Davis gave an update on all activities in the Houston Ending the HIV Epidemic Plan.

**Affected Community Committee:** Skeet Boyle, Committee Member, reported on the following: EHE/Integrated Planning Body: Members of the Affected Community Committee in conjunction with the Consumer and Community Engagement Workgroup are creating an inventory of HIV resources on Houston area colleges and universities. See attached form.

2024 Project LEAP and Proyecto VIDA: Members of the Affected Community Committee are recruiting students for the 2024 Project LEAP and Proyecto VIDA classes, which will start in early August. Once again, Ronnie will coordinate recruitment tables at local Ryan White funded agencies. Please see Ronnie or Tori if you want to help at a table. And, please be sure to post materials on your social media pages to help spread the word about the program.

**Quality Improvement Committee:** Tana Pradia, Co-Chair, reported on the following: Ryan White Legal or Other Professional Services: Williams said that her office received the attached letter from HRSA dated June 6, 2024 after the big Priority and Allocations meeting on June 10<sup>th</sup>. HRSA indicates in the letter that this is a very important service so the committee allocated a small amount of funding so that the appropriate service category can be re-opened for expungement services only. John Nechman will give a presentation on the nuts and bolts of expunging records at the Planning Council meeting next week. **Motion #3:** *it was moved and seconded (Starr, Rodriguez) to bring back and fund the appropriate service definition that will allow the Houston Ryan White Program to support HRSA's efforts to remove barriers to HIV care services through the expungement of criminal records.* **Motion Carried.**

Sliepka assumed the position of Chair so that Mica could give the committee report for the Priority and Allocations Committee.

**Priority and Allocations Committee:** Josh Mica, he/him/él, RWPC Chair, reported on the following: See the attached reports from the Part A/Minority AIDS Initiative (MAI) Administrative Agent:

- FY23 Procurement Report – Part A/MAI, dated 06/17/24
- FY23 Service Utilization – Part A/MAI, dated 04/15/24

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

- FY 23/24 Procurement Report – Part B, dated 06/12/24
- FY 23/24 Service Utilization Report – Part B, dated 05/01/24
- FY 23/24 Procurement Report – State Services, dated 06/12/24
- FY 23/24 Health Insurance Assistance Program, dated 06/12/24

Proposed New Services: Please see the attached information on the 3 proposed new services:

- New Idea Form regarding Medically Tailored Meals, dated 04/26/24;
- New Orleans Service Definition for “Assisted Living Residential Services”
- (line 12); and
- Durable Medical Equipment – not eligible with RW funding

FY 2025 Level Funding Scenario – All Funding Streams: **Motion 4:** *Approve the attached FY 2025 Level Funding Scenario for Ryan White Part A/Minority AIDS Initiative (MAI), Part B and State Services funding. See attached chart for details. Motion Carried.*

FY 2025 Minority AIDS Initiative Increase/Decrease Funding Scenarios: **Motion 5:** *Approve the attached FY 2025 Increase and Decrease Funding Scenarios for Ryan White MAI funds. Motion Carried.*

FY 2025 Part A Increase/Decrease Funding Scenarios: **Motion 6:** *Approve the attached FY 2025 Increase and Decrease Funding Scenarios for Ryan White Part A funds. Motion Carried.* Abstention: Starr.

FY 2025 Part B & State Services Increase/Decrease Funding Scenarios: **Motion 7:** *Approve the attached FY 2025 Increase and Decrease Funding Scenarios for Ryan White Part B and State Services funding. Motion Carried.*

Mica resumed the position of Chair for the remainder of the meeting.

**Operations Committee:** Cecilia Ligons, Co-Chair, reported on the following:  
No report since the Committee did not meet in June.

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

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

**Report from The Resource Group:** Sha’Terra Johnson, Health Planner, said they did not have much to report but will provide the regular reports to the Planning Council.

**Announcements:** Boyle said that Bread of Life will be distributing hurricane supplies this Saturday, July 6th.

**Adjournment:** **Motion:** *it was moved and seconded (Starr, Boyle) to adjourn the meeting at 1:06 p.m. Motion Carried.*

Submitted by:

Approved by:

\_\_\_\_\_  
Tori Williams, Director                      Date

\_\_\_\_\_  
Committee Chair                                      Date

## 2024 Steering Committee Voting Record for Meeting Date 07/03/24

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 Expungement service Carried				Motion #4 FY25 Level funding scenario Carried				Motion #5 FY25 MAI incr/decr scenario Carried				Motion #6 FY25 Pt A incr/decr scenario Carried				Motion #7 FY25 Pt B/SS incr/decr scenario 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
Josh Mica, Chair				C				C				C				C				C				C				C
Skeet Boyle, Vice Chair		X				X			X					X				X				X				X		
Ryan Rose, Secretary		X				X				X				X				X				X				X		
Robert Sliepka, Comp		X				X				X				X				X				X				X		
Crystal Starr, Op		X				X				X				X				X						X		X		
Pete Rodriguez, QI		X					X				X			X				X				X				X		
Non-voting members at the meeting:																												
Cecilia Ligons, Op																												
Peta-gay Ledbetter, PA ja 1:05 pm																												
Tana Pradia, QI																												
Absent members:																												
Johnny Deal, Aff																												
Rodney Mills, PA																												
Carol Suazo, Aff																												
Kenia Gallardo, Comp																												

# PROPOSED

## Ryan White Comprehensive HIV Planning Committee FY 2025 EIIHA Populations

The EIIHA Workgroup met on July 11, 2024 and selected the FY 2025 populations. Participants included representatives from prevention and care, community members, and consumers.

*Item:* FY 2025 EIIHA Plan Populations

*Recommended Action:* **MOTION:** Approve the following populations for inclusion in the FY 2025 EIIHA Plan:

1. Black/African Americans
2. Hispanics/Latinx Individuals
3. Male-Male Sexual Contact/Men who have Sex with Men

Office of Support staff is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data consistently fail to assess the need for testing, referral, and linkage in vulnerable populations such as among those who are transgender, intersex, homeless, and those released from incarceration. Moving forward, the Houston Ryan White Planning Council will look to other sources, in addition to that provided by the Texas Department of Health Services, to document the needs of these vulnerable populations.

All are welcome to provide public comment before the populations listed above are finalized at the Thursday, August 8, 2024 Council meeting. Those unable to attend are encouraged to provide input via phone or email **no later than Friday, July 26, 2024 at 10 a.m.** Those submitting input via email are encouraged to text Diane to confirm receipt.

Input can be submitted via:

Phone: 832 927-7926  
Email: [Diane.Beck@harriscountytexas.gov](mailto:Diane.Beck@harriscountytexas.gov)  
Confirm: 936 933-8523

Thank you very much. We look forward to receiving your input!

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

**Part A and Minority AIDS Initiative (MAI)  
Fiscal Year 2023**

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

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

Fiscal Year 2023  
Contract Period: March 1, 2023 – February 29, 2024

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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.”<sup>1</sup> To meet this mandate, local planning councils conduct a time-specific documented observation of the local procurement, expenditure, and reimbursement process for Ryan White funds by evaluating “how efficiently providers are selected and paid (assessment of the efficiency of the administrative mechanism)”.<sup>2</sup> 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. 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.

In the six-county Houston Eligible Metropolitan Area (EMA), an assessment of the local administrative mechanism is performed for each fiscal year (FY) of Ryan White funding. The present assessment reviews FY 2023, March 1, 2023, through February 29, 2024, and was approved by the Ryan White Planning Council on March 14, 2024. Taken together, the information generated by the checklist is intended to measure the overall efficacy of local procurement, reimbursement, and the contract monitoring processes of the administrative agent (AA) for Ryan White Part A and Minority AIDS Initiative (MAI) funds. The checklist is reviewed and approved annually by the Quality Improvement Committee of the Houston Area 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 staff. All data and documents reviewed in the process are publicly available. Later in the year, the approved assessment tool will be applied to the administrative mechanism for Part B and State Services funds. Findings from the two assessments are reported independently and are named in the narrative and checklist.

## Methodology

In July 2024, the approved assessment tool was applied to the administrative mechanism for Part A and MAI funds. The designated contract period in this report is March 1, 2023 – February 29, 2024.

The tool evaluates three areas of the 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 are assessed for the administrative mechanism for the specified time frame. Application of the checklist, including data collection, analysis, and reporting, is performed by the Ryan White Planning Council Office of Support staff.

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<sup>1</sup> Public Health Service Act, Title XXVI—HIV Health Care Services Program, Part A, 42 U. S. C. § 2604 (2015). <https://ryanwhite.hrsa.gov/about/legislation>.

<sup>2</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, *Part A Manual: Ryan White HIV/AIDS Program* (Rockville, Maryland: HRSA, 2023), p. 31.

**Part A and Minority AIDS Initiative (MAI)**  
Contract Period: March 1, 2023–February 29, 2024 (FY23)

**Summary of Findings**

**I. Procurement/Request for Proposals Process**

- a) Because the AA processed contract and position extensions prior to initiation of FY23, only twenty-four (24) business days elapsed between receipt of the first partial NGA and acceptance by the Commissioners Court and contract execution with funded service providers. Thirty-four (34) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Twenty (20) business days elapsed between receipt of the carryover funds approval notice and approval by the Commissioners Court and contract execution.
- b) Because of position extensions and contract awards being processed by the AA in anticipation of the grant award, 100% of the Part A and MAI partial grant award was procured by the first day of the first quarter of FY23.
- c) The AA supplied funds in FY23 only to Planning Council–approved Service Categories, and the amounts of funds per Service Category are shown in the monthly procurement reports presented to the Planning Council. The AA applied Planning Council–approved policies for the shifting of funds within Service Categories. Minutes of Planning Council meetings show that the AA appeared monthly on the agenda to present up-to-date procurement reports.
- d) Because the AA initiated the RFP process early, bidders were able to access the RFP before the conference, and they had time before and after the conference to secure answers to questions. The conference for bidders was held online on Microsoft Teams, and bidders could access the meeting by video or audio.
- e) The RFP incorporates Service Category definitions that are consistent with those defined by the Planning Council.
- f) There were no unobligated funds for the contract period.
- g) There were \$310,534 in unspent funds in Part A and MAI. The Service Categories listed above had expended more than 95% of the amount procured expended in FY23. Unspent funds represented 1.34% of the total FY23 Part A and MAI allocation for service dollars, according to the 6/17/2024 procurement report. Overall, 99% of FY23 Part A service dollars and 98% of MAI service dollars were expended. The Houston EMA was able to reallocate all unspent dollars to current RW-funded agencies.
- h). The AA was required to and did maintain a method of communicating with the Planning Council the results of the procurement process, which included regularly presenting procurement reports to the Quality Improvement Committee and the Priority and Allocations Committee as well as the Planning Council.

**II. Reimbursement Process**

- a) The AA's *FY23 Ryan White Part A and MAI Contractor Reimbursement Tracking Summary* indicated that 27 days was 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) After submission of an accurate contractor reimbursement request or invoice, the percentage of contractors paid within 20 days or less was 22%, the percentage paid within 35 days was 45%, and the percentage paid within 50 days was 33% (range, 9–39 days). According to the

report, no contractor was issued payment more than 39 days after submission of an accurate reimbursement request or invoice.

### **III. Monitoring Process**

- a) 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.

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Sources
a) How much time elapsed between receipt of the Notice of Grant Award or funding contract by the AA and contract execution with funded service providers?	<ul style="list-style-type: none"> <li>The AA for Part A and MAI typically processes extensions of Part A and MAI contracts and positions with the Commissioners Court prior to receipt of the Notice of Grant Award (NGA) in order to prevent lapses in services to consumers.</li> <li>For the FY23 contract period, extensions of positions and contract renewals for Part A and MAI service providers were approved at the Commissioners Court meeting on 01/31/2023.</li> <li>The Part A and MAI initial NGA was received on 01/11/2023 (partial) and executed at the Commissioner's Court meeting on 02/14/23. Twenty-four (24) business days elapsed between receipt of the initial NGA and acceptance by the Commissioners Court and contract execution with funded service providers.</li> <li>The Part A and MAI final NGA was received on 03/29/23, and the Commissioners Court took final action on the award on 05/16/23. Thirty-four (34) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers.</li> <li>The Part A and MAI carryover approval for FY23 was received on 10/17/23, and the Commissioners Court approved the request to accept the carryover award from FY 2022 Ryan White Part A and MAI funds on 11/14/23, which is 20 business days.</li> </ul> <p><u>Conclusion:</u> Because the AA processed contract and position extensions prior to initiation of FY23, only twenty four (24) business days elapsed between receipt of the first partial NGA and acceptance by the Commissioners Court and contract execution with funded service providers. Thirty-four (34) business days elapsed between receipt of the final NGA by the AA and contract execution with funded service providers. Twenty (20) business days elapsed between receipt of the carryover funds approval notice and approval by the Commissioners Court and contract execution.</p>	Time between receipt of NGA or funding contract by the AA and when contracts are executed with funded service providers	<p>Notices of Grant Awards (issued 01/11/2023 and 03/29/23)</p> <p>Commissioners Court Agendas (01/31/2023, 02/14/23, 05/16/23, 11/14/2023)</p> <p><i>FY 2023 Ryan White Part A and MAI Procurement Report (dated May 21, 2023)</i></p> <p>Carryover (issued 10/17/2023)</p>

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Sources
b) What percentage of the grant award was procured by the: <input checked="" type="checkbox"/> 1st quarter? <input type="checkbox"/> 2nd quarter? <input type="checkbox"/> 3rd quarter?	<ul style="list-style-type: none"> <li>FY23 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 grant award period. This is due to the position extensions and contract awards processed by the AA prior to receipt of the NCA, as described above in a).</li> </ul> <p><u>Conclusion:</u> Because of position extensions and contract awards being processed by the AA in anticipation of the grant award, 100% of the Part A and MAI partial grant award was procured by the first day of the first quarter of FY23.</p>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	<i>FY 2023 Ryan White Part A and MAI Procurement Reports (dated May 21, 23)</i>
c) Did the awarding of funds in specific categories match the allocations established by the Planning Council?	<ul style="list-style-type: none"> <li>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 award. The Planning Council further permits the AA to reallocate funds within Service Categories (up to 10%) without preapproval throughout the contract period for standard business practice reasons, such as billing reconciliations and to apply carryover 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.</li> <li>The AA maintains a column across procurement reports that includes all original allocations per Service Category by the Planning Council.</li> <li>The first FY23 procurement report (dated May 21, 2023) indicates that the AA applied Planning Council-approved policies for the shifting of funds within service categories during the contract period, including all funding scenarios, billing reconciliations, and carryover funds. Furthermore, Planning Council minutes show the AA presented an updated procurement report monthly at its meetings for scrutiny by the council.</li> </ul> <p><u>Conclusion:</u> The AA supplied funds in FY23 only to Planning Council–approved Service Categories, and the amounts of funds per Service Category are shown in the monthly procurement reports presented to the Planning Council. The AA applied Planning Council-approved policies for the shifting of funds within Service Categories. Minutes of Planning Council meetings show that the AA appeared monthly on the agenda to present up-to-date procurement reports.</p>	Time between receipt of NGA or funding contract by the AA and when funds are procured to contracted service providers	<i>FY 2023 Ryan White Part A and MAI Procurement Reports (May 21, 2023 – June 17, 2024)</i>  Minutes of Planning Council monthly meetings (May 2023 through June 2024)

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Sources
<p>d) Does the AA have a grant award process which:</p> <ul style="list-style-type: none"> <li>✓ Provides bidders with information on applying for grants?</li> <li>✓ Offers a bidder's conference?</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-year contracts were introduced in Harris County starting in FY12. These contracts are for a maximum of four one-year renewals, renewable one year at a time. In FY23, 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 Service Categories were scheduled for FY23 contracts in the RFP issued October 28, 2022: <ul style="list-style-type: none"> <li>--Dental Services</li> <li>--Home Health Care Services</li> <li>--Case Management</li> </ul> </li> <li>• As part of the process, an open pre-submission conference was held for bidders on November 10, 2022 and was advertised through Bonfire, the Harris County purchasing portal. Before and after the conference, bidders could pose questions to the RWGA.</li> </ul> <p><u>Conclusion:</u> Because the AA initiated the RFP process early, bidders were able to access the RFP before the conference, and they had time before and after the conference to secure answers to questions. The conference for bidders was held online on Microsoft Teams, and bidders could access the meeting by video or audio.</p>	<p>Confirmation of communication by the AA to potential bidders specific to the grant award process</p>	<p>Part A RFP issued in 2022 for FY23 contracts</p> <p>Courtesy Notice for Pre-Proposal Conference in 2022 for FY23 contracts</p> <p>The Harris County purchasing department portal (Bonfire)—  <a href="https://harriscountytexas.bonfirehub.com/opportunities/73144">https://harriscountytexas.bonfirehub.com/opportunities/73144</a></p>
<p>e) Does the RFP incorporate service category definitions that are consistent with those defined by the Planning Council?</p>	<ul style="list-style-type: none"> <li>• Yes, the RFP incorporates Service Category definitions that are consistent with those defined by the Planning Council.</li> </ul>	<p>Confirmation of communication by the AAs to potential bidders specific to PC products</p>	<p>Part A RFP issued in 2022 for FY23 contracts</p>

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
f) At the end of the award process, were there still unobligated funds?	<ul style="list-style-type: none"> <li>From Day 1 of the grant period, all services were procured, and procurement reports from May 2023 to June 2024 have identified no unobligated funds.</li> </ul> <p><u>Conclusion:</u> There were no unobligated funds for the contract period.</p>	Comparison of final amounts procured and total amounts allocated in each Service Category	FY23 Part A and MAI procurement reports provided by the AA to the PC from May 2023 to June 2024
g) At the end of the year, were there unspent funds? If so, in which service categories?	<ul style="list-style-type: none"> <li>The most recent FY23 procurement report (dated June 17, 2024) shows unspent service dollars as follows:  <b>Part A:</b> \$263,074 in unspent Part A service dollars with 99% of the amount procured expended and 100% forecast to be spent. The following Service Categories were YTD underspent by 2% or less:            98% expended—Primary Care and Outreach            99% expended—Medical Case Management and Medical Nutritional Therapy  <b>MAI:</b> \$47,460 in unspent MAI service dollars with 98% of the amount procured and expended overall. Underspending occurred in the follow Service Category:            58% expended—Medical Case Management</li> <li>The total unspent service funds for both Part A and MAI in FY23 was \$310,534, or 1.34%</li> </ul> <p><u>Conclusion:</u> There were \$310,534 in unspent funds in Part A and MAI. The Service Categories listed above had less than 95% of the amount procured expended in FY23. Unspent funds represented 1.34% of the total FY23 Part A and MAI allocation for service dollars, according to the 6/17/2024 procurement report. Overall, 99% of FY23 Part A service dollars and 98% of MAI service dollars were expended. The Houston EMA was able to reallocate all unspent dollars to current Ryan White-funded agencies.</p>	Review of final spending amounts for each service category	FY23 Part A and MAI Procurement Report provided by the AA to the PC (06/17/24)

**Section I: Procurement/Request for Proposals Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
h) Does the AA have a method of communicating back to the PC the results of the procurement process?	<ul style="list-style-type: none"> <li>A Memorandum of Understanding was signed in 2012 that requires the AA to “inform the Council no later than the next scheduled . . . Steering Committee meeting of any allocation changes” (p. 4). Those who signed included the CEO, the AA, and representatives of the Planning Council and Office of Support.</li> <li>In addition, FY23 Part A and MAI procurement reports were presented at Planning Council Meetings monthly, according to meeting minutes (May 2023–June 2024).</li> </ul> <p><u>Conclusion:</u> The AA was required to and did maintain a method of communicating with the Planning Council the results of the procurement process, which included regularly presenting procurement reports to the Quality Improvement Committee and the Priority and Allocations Committee as well as the Planning Council.</p>	Confirmation of communication by the AA to the PC specific to procurement results	Houston EMA MOU (signed 3/1/12)  Planning Council meeting minutes (March 2023–June 2024)

**Section II: Reimbursement Process**

a) What is the average number of days that elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA?  b) What percent of contractors were paid by the AA after submission of an accurate contractor reimbursement request or invoice:  Within 20 days? Within 35 days? Within 50 days?	<ul style="list-style-type: none"> <li>For a): The AA's <i>FY23 Ryan White Part A and MAI Contractor Reimbursement Tracking Summary</i> indicated that 27 days was 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.</li> <li>For b): After submission of an accurate contractor reimbursement request or invoice, the percentage of contractors paid within 20 days or less was 22%, the percentage paid within 35 days was 45%, and the percentage paid within 50 days was 33% (range, 9–39 days). According to the report, no contractor was issued payment more than 39 days after submission of an accurate reimbursement request or invoice.</li> </ul> <p><u>Conclusion:</u> Payment was issued to contractors no more than 39 days and no less than 9 days after presentation of an accurate reimbursement request or invoice. The average number of days elapsing between receipt of an accurate contractor reimbursement request for Part A and/or MAI funds was 27 days: about two thirds were paid within 35 days, and the remaining third was paid within 39 days.</p>	Time elapsed between receipt of an accurate contractor reimbursement request or invoice and the issuance of payment by the AA	<i>FY23 Ryan White Part A and MAI Contractor Reimbursement Tracking Summary</i>
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**Section III: Contract Monitoring Process**

Method of Measurement	Summary of Findings	Data Point	Data Source(s)
a) Does the AA use the Standards of Care as part of the contract monitoring process?	<ul style="list-style-type: none"> <li>The RFP guidelines distributed by the RWGA to potential bidders assert that those applying for service contracts must “assure that services provided to People Living With HIV/AIDS will be of the highest possible quality, consistent with all Harris County Public Health/Ryan White Grant Administration standards of care and quality management guidelines, Public Health Service guidelines and/or rules and regulations from all applicable licensing entities” (p.16). Included is mention of and link to the 72-page RWGA’s <i>Ryan White Care Act Part A Standards of Care for HIV Services</i>, which “applies to Part A funded HRSA defined core and support services” (p. 2).</li> <li>The RWGA’s <i>Quality Management Plan</i> (revised and made available in the last month of the grant year) describes the nexus of clinical quality improvement and standards of care.</li> <li>The RWGA’s guide to conducting site visits includes the process for reviewing compliance with Standards of Care.</li> </ul> <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><i>General Requirements and Specifications for Invitation for Request for Proposals</i></p> <p>Ryan White Grant Administration, Harris County Public Health:          &gt;&gt;<i>Ryan White Care Act Part A Standards of Care for HIV Services</i>          &gt;&gt;<i>Ryan White Care Act Part A Quality Management Plan</i>          &gt;&gt; <i>Policy and Procedures for Performing Ryan White Part A Site Visits</i></p>

Abbreviations: AA, administrative agent; EMA, Eligible Metropolitan Area; FY, fiscal year; MAI, Minority AIDS Initiative; NGA, notice of grant award; PC, Ryan White Planning Council; RFP, Request for Proposal; RWGA, Ryan White Grant Administration, Harris County Public Health; SOC, Standards of Care.

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procurement Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	10,965,788	460,625	535,679	0	-283,680	-1,008,494	10,669,918	41.63%	10,669,918	0		10,438,095	98%	100%
1.a	Primary Care - Public Clinic (a)	3,927,300	182,397				-300,691	3,809,006	14.86%	3,809,006	0	3/1/2023	\$3,769,988	99%	100%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,064,576	49,443	182,131			34,283	1,330,433	5.19%	1,330,433	0	3/1/2023	\$1,335,561	100%	100%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	910,551	42,289	155,347			29,323	1,137,510	4.44%	1,137,510	0	3/1/2023	\$1,799,191	158%	100%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,147,924	53,314	198,201			-92,969	1,306,470	5.10%	1,306,470	0	3/1/2023	\$596,155	46%	100%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,100,000	51,088			-228,730	-16,713	905,645	3.53%	905,645	0	3/1/2023	\$1,041,307	115%	100%
1.f	Primary Care - Women at Public Clinic (a)	2,100,000	97,531				-508,137	1,689,394	6.59%	1,689,394	0	3/1/2023	\$1,442,442	85%	100%
1.g	Primary Care - Pediatric (a.1)	15,437	-15,437				0	0	0.00%	0	0	3/1/2023	\$0	0%	0%
1.h	Vision	500,000	0			-54,950	-9,200	435,850	1.70%	435,850	0	3/1/2023	\$397,840	91%	100%
1.x	Primary Care Health Outcome Pilot	200,000	0			0	-144,390	55,610	0.22%	55,610	0	3/1/2023	\$55,610	100%	100%
2	Medical Case Management	1,880,000	-97,859	63,063	0	-96,974	-216,412	1,531,818	5.98%	1,531,818	0		1,509,374	99%	100%
2.a	Clinical Case Management	531,025	0	63,063		35,176	-60,806	568,458	2.22%	568,458	0	3/1/2023	\$568,458	100%	100%
2.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.17%	301,129	0	3/1/2023	\$289,596	96%	100%
2.c	Med CM - Targeted to AA (a) (e)	183,663	0					183,663	0.72%	183,663	0	3/1/2023	\$152,594	83%	100%
2.d	Med CM - Targeted to H/L (a) (e)	183,665	0				-117,995	65,670	0.26%	65,670	0	3/1/2023	\$65,670	100%	100%
2.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2023	\$63,450	95%	100%
2.f	Med CM - Targeted to Rural (a)	297,496	0			-62,150	-24,851	210,495	0.82%	210,495	0	3/1/2023	\$131,538	62%	100%
2.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2023	\$178,704	218%	100%
2.h	Med CM - Targeted to Pedi (a.1)	97,859	-97,859					0	0.00%	0	0	3/1/2023	\$0	0%	0%
2.i	Med CM - Targeted to Veterans	86,964	0			-70,000	-12,760	4,204	0.02%	4,204	0	3/1/2023	\$4,204	100%	100%
2.j	Med CM - Targeted to Youth	49,867	0					49,867	0.19%	49,867	0	3/1/2023	\$55,161	111%	100%
3	Local Pharmacy Assistance Program	2,067,104	0	0	-37,920	12,178	286,140	2,327,502	9.08%	2,327,502	0	3/1/2023	\$2,327,502	100%	100%
3.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.43%	367,104	0	3/1/2023	\$247,873	68%	100%
3.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0		-37,920	12,178	286,140	1,960,398	7.65%	1,960,398	0	3/1/2023	\$2,079,629	106%	100%
4	Oral Health	166,404	0	30,429	0	0	0	196,833	0.77%	196,833	0		196,800	100%	100%
4.b	Oral Health - Targeted to Rural	166,404	0	30,429				196,833	0.77%	196,833	0	3/1/2023	\$196,800	100%	100%
5	Health Insurance (c)	1,383,137	223,222	479,154	0	94,004	0	2,179,517	8.50%	2,179,517	0	3/1/2023	\$2,179,276	100%	100%
7	Medical Nutritional Therapy (supplements)	341,395	0					341,395	1.33%	341,395	0	3/1/2023	\$338,531	99%	100%
10	Substance Abuse Services - Outpatient (c)	45,677	0	0	0	-20,677	0	25,000	0.10%	25,000	0	3/1/2023	\$25,000	100%	100%
13	Non-Medical Case Management	1,267,002	0	0	0	-72,790	329,938	1,524,150	5.95%	1,524,150	0		\$1,524,148	100%	100%
13.a	Service Linkage targeted to Youth	110,793	0			-15,500		95,293	0.37%	95,293	0	3/1/2023	\$93,766	98%	100%
13.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0			-46,500		53,500	0.21%	53,500	0	3/1/2023	\$46,838	88%	100%
13.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.44%	370,000	0	3/1/2023	\$480,088	130%	100%
13.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			-10,790	329,938	1,005,357	3.92%	1,005,357	0	3/1/2023	\$903,455	90%	100%
14	Medical Transportation	424,911	0	0	0	-70,024	0	354,887	1.38%	354,887	0		354,885	100%	100%
14.a	Medical Transportation services targeted to Urban	252,680	0					252,680	0.99%	252,680	0	3/1/2023	\$247,270	98%	100%
14.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.38%	97,185	0	3/1/2023	\$102,594	106%	100%
14.c	Transportation vouchersing (bus passes & gas cards)	75,046	0			-70,024		5,022	0.02%	5,022	0	3/1/2023	\$5,021	100%	100%
15	Emergency Financial Assistance	1,653,247	485,889	180,337	37,920	665,735	800,691	3,823,819	14.92%	3,823,819	0		3,823,819	100%	100%
15.a	EFA - Pharmacy Assistance	1,553,247	485,889	180,337	37,920	690,735	800,691	3,748,819	14.63%	3,748,819	0	3/1/2023	\$3,758,841	100%	100%
15 b	EFA - O her	100,000	0			-25,000		75,000	0.29%	75,000	0	3/1/2023	\$64,979	87%	100%
17	Outreach	420,000	0				-191,863	228,137	0.89%	228,137	0	3/1/2023	\$222,472	98%	100%
FY23_RW_DIR	Total Service Dollars	20,614,665	1,071,877	1,288,662	0	227,772	0	23,202,976	90.53%	23,202,976	0		22,939,902	99%	100%
		Original Allocation	Award Reconciliation	July Adjusments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent	Award Category	Award Amount	Amount Spent	Balance
	Core (must not be less than 75% of total service dollars)	16,849,505	585,988	1,108,325	-37,920	-295,149	-938,766	18,210,749	78.48%	17,014,578	74.17%	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	3,765,160	485,889	180,337	37,920	522,921	938,766	4,992,227	21.52%	5,925,325	25.83%	Supplemen			0
	Total Service Dollars (does not include Admin and QM)	20,614,665	1,071,877	1,288,662	0	227,772	0	23,202,976		22,939,902		Carry Over	0		0
												Totals	0	0	0

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)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,208,914	18,000	0	0	-171,947	-22,458	2,032,509	7.25%						
	Total QM (must be ≤ 5% of total Part A + MAI)	428,695	0	0	0	-55,825	23,088	395,958	1.41%						
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)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,107,819	-39,764	17,664	0	0	0	2,085,719	86.91%	2,085,719	0		2,170,575	104%	100%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,065,775	-20,106	8,832	0			1,054,501	43.94%	1,054,501	0	3/1/2023	\$1,193,260	113%	100%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,042,044	-19,658	8,832	0			1,031,218	42.97%	1,031,218	0	3/1/2023	\$977,315	95%	100%
2	Medical Case Management	320,099	-6,038	116	0	0	0	314,177	13.09%	314,177	0		\$181,861	58%	100%
2.c (MAI)	MCM - Targeted to African American	160,050	-3,019	58				157,089	6.55%	157,089	0	3/1/2023	\$126,576	81%	100%
2.d (MAI)	MCM - Targeted to Hispanic	160,049	-3,019	58				157,088	6.55%	157,088	0	3/1/2023	\$55,285	35%	100%
	Total MAI Service Funds	2,427,918	-45,802	17,780	0	0	0	2,399,896	100.00%	2,399,896	0		2,352,436	98%	100%
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Funds	2,427,918	-45,802	17,780	0	0	0	2,399,896	100.00%	2,399,896	0		2,352,436	98%	100%
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.														
(a)	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.														
(c)	Funded under Part B and/or SS														
(e)	10% rule reallocations														

FY 2023 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR (3/1/2023-2/29/2024)																		
Priority	Service Category	Goal	Unduplicated Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65 plus
1	Outpatient/Ambulatory Primary Care (excluding Vision)	8,643	8,916	75%	22%	2%	42%	11%	2%	45%	0%	0%	4%	28%	27%	22%	15%	3%
1.a	Primary Care - Public Clinic (a)	2,959	3,055	70%	28%	1%	43%	9%	2%	47%	0%	1%	3%	18%	26%	26%	22%	5%
1.b	Primary Care - CBO Targeted to AA (a)	2,417	2,311	70%	26%	4%	99%	0%	1%	0%	0%	0%	6%	37%	28%	18%	9%	2%
1.c	Primary Care - CBO Targeted to Hispanic (a)	1,916	2,397	83%	14%	3%	0%	0%	0%	100%	0%	1%	6%	33%	28%	21%	10%	2%
1.d	Primary Care - CBO Targeted to White and/or MSM (a)	774	732	86%	12%	1%	0%	84%	15%	0%	0%	0%	3%	27%	26%	23%	18%	3%
1.e	Primary Care - CBO Targeted to Rural (a)	683	1,030	70%	29%	1%	44%	15%	2%	40%	0%	0%	4%	27%	28%	24%	13%	3%
1.f	Primary Care - Women at Public Clinic (a)	793	870	0%	99%	1%	53%	6%	1%	40%	0%	1%	2%	14%	26%	31%	21%	6%
1.g	Primary Care - Pediatric (a)	5	0															
1.h	Vision	2,815	2,186	74%	25%	2%	44%	12%	3%	41%	0%	0%	3%	20%	25%	26%	21%	6%
2	Medical Case Management (f)	5,429	3,722															
2.a	Clinical Case Management	936	728	71%	27%	2%	56%	15%	2%	27%	0%	0%	3%	22%	27%	22%	18%	7%
2.b	Med CM - Targeted to Public Clinic (a)	569	558	92%	6%	2%	50%	12%	1%	37%	0%	1%	2%	26%	22%	22%	23%	4%
2.c	Med CM - Targeted to AA (a)	1,625	885	70%	26%	4%	99%	0%	1%	0%	0%	0%	6%	28%	28%	18%	15%	6%
2.d	Med CM - Targeted to H/L(a)	813	558	83%	13%	4%	0%	0%	0%	100%	0%	1%	5%	31%	27%	21%	13%	3%
2.e	Med CM - Targeted to White and/or MSM (a)	504	267	87%	12%	1%	0%	91%	9%	0%	0%	0%	2%	23%	20%	23%	23%	9%
2.f	Med CM - Targeted to Rural (a)	548	409	64%	35%	1%	51%	26%	2%	21%	0%	0%	4%	19%	22%	25%	22%	9%
2.g	Med CM - Targeted to Women at Public Clinic (a)	246	273	0%	100%	0%	68%	6%	1%	25%	0%	0%	2%	26%	30%	23%	15%	4%
2.h	Med CM - Targeted to Pedi (a)	0	0															
2.i	Med CM - Targeted to Veterans	172	31	94%	6%	0%	74%	19%	0%	6%	0%	0%	0%	0%	0%	26%	23%	52%
2.j	Med CM - Targeted to Youth	15	13	77%	23%	0%	46%	15%	0%	38%	0%	31%	69%	0%	0%	0%	0%	0%
3	Local Drug Reimbursement Program (a)	5,775	6,512	76%	21%	3%	43%	11%	2%	43%	0%	0%	4%	28%	28%	23%	14%	3%
4	Oral Health	356	349	70%	30%	1%	40%	25%	1%	34%	0%	0%	2%	20%	24%	27%	17%	9%
4.a	Oral Health - Untargeted (d)	NA	NA															
4.b	Oral Health - Rural Target	356	349	70%	30%	1%	40%	25%	1%	34%	0%	0%	2%	20%	24%	27%	17%	9%
5	Mental Health Services (d)	0	NA															
6	Health Insurance	1,918	2,268	79%	19%	2%	44%	23%	3%	30%	0%	0%	2%	14%	19%	22%	27%	15%
7	Home and Community Based Services (d)	NA	NA															
8	Substance Abuse Treatment - Outpatient	17	22	91%	5%	5%	27%	41%	5%	27%	0%	0%	0%	36%	36%	23%	5%	0%
9	Early Medical Intervention Services (d)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	546	461	77%	22%	2%	45%	18%	3%	33%	0%	0%	1%	8%	14%	25%	34%	19%
11	Hospice Services (d)	NA	NA															
12	Outreach	1,042	827	72%	25%	3%	60%	9%	3%	27%	0%	0%	5%	31%	27%	18%	14%	4%
13	Non-Medical Case Management	8,657	8,727															
13.a	Service Linkage Targeted to Youth	175	170	73%	25%	2%	51%	7%	2%	41%	0%	16%	84%	0%	0%	0%	0%	0%
13.b	Service Linkage at Testing Sites	100	80	79%	20%	1%	51%	4%	4%	41%	0%	0%	0%	48%	30%	15%	3%	5%
13.c	Service Linkage at Public Clinic Primary Care Program (a)	3,546	3,495	67%	31%	1%	51%	9%	2%	39%	0%	0%	0%	18%	25%	25%	23%	8%
13.d	Service Linkage at CBO Primary Care Programs (a)	4,537	4,982	75%	23%	2%	50%	11%	2%	37%	0%	0%	4%	28%	27%	21%	15%	4%
14	Transportation	2,366	1,773															
14.a	Transportation Services - Urban	796	430	65%	33%	2%	57%	7%	3%	33%	0%	0%	3%	23%	24%	25%	16%	9%
14.b	Transportation Services - Rural	237	134	66%	33%	1%	31%	31%	1%	38%	0%	0%	3%	17%	19%	31%	21%	8%
14.c	Transportation vouchering	1,333	1,209	72%	25%	2%	67%	9%	2%	22%	0%	0%	2%	13%	19%	25%	33%	8%
15	Linguistic Services (d)	NA	NA															
16	Emergency Financial Assistance (e)	1,830	2,125	76%	22%	2%	45%	8%	2%	45%	0%	0%	4%	27%	27%	23%	16%	2%
17	Referral for Health Care - Non Core Service (d)	NA	NA															
Net unduplicated clients served - all categories*		12,941	14,991	74%	23%	2%	48%	13%	2%	37%	0%	0%	4%	25%	25%	21%	18%	7%
Living AIDS cases + estimated Living HIV non-AIDS (from FY19 App) (b)		NA	30,198	75%	25%		48%	17%	5%	30%	0%	4%		21%	23%	25%	20%	7%

FY 2023 Ryan White Part A and MAI Service Utilization Report

RW MAI Service Utilization Report (03/01/2023-02/29/2024)																		
Priority	Service Category MAI unduplicated served includes clients also served under Part A	Goal	Unduplicated MAI Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
	Outpatient/Ambulatory Primary Care (excluding Vision)																	
1.b	Primary Care - MAI CBO Targeted to AA (g)	1,664	2,201	72%	25%	3%	99%	0%	1%	0%	0%	0%	6%	36%	27%	18%	10%	2%
1.c	Primary Care - MAI CBO Targeted to Hispanic (g)	1,380	1,770	83%	14%	3%	0%	0%	0%	100%	0%	1%	6%	34%	27%	21%	10%	2%
	2 Medical Case Management (f)	0																
2.c	Med CM - Targeted to AA (a)	967	575	78%	18%	3%	46%	10%	2%	42%	0%	1%	8%	37%	25%	17%	9%	2%
2.d	Med CM - Targeted to H/L(a)	735	370	80%	20%	0%	60%	16%	2%	22%	0%	0%	11%	22%	25%	18%	18%	6%
RW Part A New Client Service Utilization Report (03/01/2023-02/29/2024)																		
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months (3/1/22- 2/28/23)																		
Priority	Service Category	Goal	Unduplicated New Clients Served YTD	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65 plus
1	Primary Medical Care	1,871	2,101	77%	21%	2%	48%	10%	2%	40%	0%	1%	9%	37%	25%	16%	2%	10%
2	LPAP	954	1048	78%	18%	3%	46%	10%	2%	42%	0%	1%	8%	37%	25%	17%	2%	9%
3.a	Clinical Case Management	95	95	80%	20%	0%	60%	16%	2%	22%	0%	0%	11%	22%	25%	18%	6%	18%
3.b-3.h	Medical Case Management	1,097	854	73%	25%	2%	50%	12%	1%	37%	0%	2%	7%	34%	24%	18%	4%	11%
3.i	Medical Case Manangement - Targeted to Veterans	33	3	67%	33%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	33%	67%	0%
4	Oral Health	50	46	80%	20%	0%	43%	26%	2%	28%	0%	0%	7%	24%	26%	17%	4%	22%
12.a.	Non-Medical Case Management (Service Linkage)		1,989	70%	28%	2%	54%	11%	1%	33%	0%	1%	7%	29%	25%	18%	14%	6%
12.c.																		
12.d.		1,870																
12.b	Service Linkage at Testing Sites	92	83	72%	23%	5%	49%	4%	5%	42%	0%	7%	11%	35%	27%	13%	2%	5%
Footnotes:																		
(a)	Bundled Category																	
(b)	Age groups 13-19 and 20-24 combined together; Age groups 55-64 and 65+ combined together.																	
(d)	Funded by Part B and/or State Services																	
(e)	Total MCM served does not include Clinical Case Management																	
(f)	CBO Pcare targeted to AA (1.b) and HL (1.c) goals represent combined Part A and MAI clients served																	

**The Houston Regional HIV/AIDS Resource Group, Inc.**  
**FY 2324 Ryan White Part B**  
**Procurement Report**  
**April 1, 2024 - March 31, 2025**



Reflects spending through May 2024

Spending Target: 16.7%

Revised

7/11/24

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General	\$2,101,048	59%		\$2,101,048		\$2,101,048	4/1/2023	\$226,756	11%
4	Oral Health Service -Prosthodontics	\$631,145	18%		\$631,145		\$631,145	4/1/2023	\$102,030	16%
5	Health Insurance Premiums and Cost Sharing (1)	\$805,845	23%		\$805,845		\$805,845	4/1/2023	\$504,780	63%
				\$0	\$0		\$0			
		\$0	0%	\$0	\$0					
<b>Total Houston HSDA</b>		3,538,038	100%	0	3,538,038	\$0	\$3,538,038		833,566	24%

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

(1) Increase due to costs in spending

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



Chart reflects spending through May 2024

Spending Target: 75%

Revised 7/11/2024

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$892,101	29%	\$141,000	\$1,033,101	\$0	\$1,033,101	9/1/2023	\$997,596	97%
6	Mental Health Services (5)	\$300,000	10%	\$0	\$300,000	\$0	\$300,000	9/1/2023	\$194,797	65%
11	Hospice	\$293,832	10%	\$57,388	\$351,220	\$0	\$351,220	9/1/2023	\$172,040	49%
13	Non Medical Case Management (2)	\$350,000	12%	-\$57,388	\$292,612	\$0	\$292,612	9/1/2023	\$109,312	37%
16	Linguistic Services (3)	\$68,000	2%	\$0	\$68,000	\$0	\$68,000	9/1/2023	\$6,880	10%
	Referral for Healthcare-Incarcerated (6)	\$141,000	5%	-\$141,000	\$0	\$0	\$0	9/1/2023	\$0	0%
	ADAP/Referral for Healthcare (4)	\$525,000	17%	\$0	\$525,000	\$0	\$525,000	9/1/2023	\$251,624	48%
	Food Bank	\$5,400	0.2%	\$0	\$5,400	\$0	\$5,400	9/1/2023	\$2,378	44%
	Medical Transportation	\$84,600	3%	\$0	\$84,600	\$0	\$84,600	9/1/2023	\$50,114	59%
	Emergency Financial Assistance (Compassionate Care)	\$368,123	12%	\$0	\$368,123	\$0	\$368,123	9/1/2023	\$168,379	46%
		<b>3,028,056</b>	<b>100%</b>	<b>\$0</b>	<b>\$3,028,056</b>	<b>\$0</b>	<b>\$3,028,056</b>		<b>1,953,118</b>	<b>65%</b>

Note

- (1) HIP- Funded by Part A, B and State Services/. Provider spends grant funds by ending dates Part A -2/28; B-3/31;SS-8/31.
- (2) Reallocation approved due to a change in provider.
- (3) Delayed billing
- (4) Delayed billing
- (5) Delayed billing
- (6) Service was eliminated; reallocation approved by RWPC

# Houston Ryan White Health Insurance Assistance Service Utilization Report



**Period Reported:**

09/01/2023-4/30/2024

**Revised:** 5/29/2024

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1052	\$163,425.56	436	0	\$0.00	0
Medical Deductible	6	\$8,326.12	6	0	\$0.00	0
Medical Premium	4973	\$1,802,648.95	813	0	\$0.00	0
Pharmacy Co-Payment	21316	\$928,084.93	1980	0	\$0.00	0
APTC Tax Liability	0	\$0.00	0	0	\$0.00	0
Out of Network Out of Pocket	0	\$0.00	0	0	\$0.00	0
ACA Premium Subsidy Repayment	0	\$0.00	0	NA	NA	NA
Totals:	27347	\$2,902,485.56	3235	0	\$0.00	

**Comments:** This report represents services provided under all grants.

## Worksheet for Determining FY 2025 Service Priorities – 07-16-24

**MOTION:** Based upon need, use, and a special concern for making medication easy to access, the Priority and Allocations Committee recommends approval of the following FY25 service priorities.

Core Services—FUNDED	FY2025		FY2023	FY2024	FY2025	Justification
	HL Scores	HL Rank	Approved Priorities	Approved Priorities	Proposed Priorities	
Ambulatory/Outpatient Medical Care*	HHH	2	1	1	1	
Medical Case Management	HHH	2	2	2	3	
Local Pharmacy Assistance Program	HHH	2	3	3	2	
Oral Health Services	HHH	2	4	4	4	
Health Insurance	HLH	4	5	5	5	
Mental Health Services	LLL	8	6	6	6	
Medical Nutritional Therapy	LLL	8	7	7	7	
Substance Use Disorder Treatment	LLL	8	9	8	8	
Hospice**	—	—	10	9	9	

Support Services—FUNDED	FY2025		FY2023	FY2024	FY2025	Justification
	HL Scores	HL Rank	Approved Priorities	Approved Priorities	Proposed Priorities	
Emergency Financial Assistance	HHH	2	14	10	10	
Non-medical case management	HHH	2	12	12	11	
Housing—Temporary Assisted Living	H–L	2			13	New service in FY25
Medical Transportation	HLH	4	13	13	12	
Outreach	L–H	6	16	15	14	
Food Bank/Home-Delivered Meals	L–L	7			15	New service in FY25
Linguistics Services	L–L	7	15	14	16	
Other Professional Services	—	—			17	New service in FY25

(Continued on next page)

## Worksheet for Determining FY 2025 Service Priorities – 07-16-24

**MOTION:** Based upon need, use, and a special concern for making medication easy to access, the Priority and Allocations Committee recommends approval of the following FY25 service priorities.

Core Services—UNFUNDED	FY2025		FY2023	FY2024	FY2025	Justification
	HL Scores	HL Rank	Approved Priorities	Approved Priorities	Proposed Priorities	
Home and Community-Based Health Services***	H–H	3	9		19	
Home Health Care	H–H	3			18	
Early Intervention Services (Incarcerated)	L–L	7	7	7	20	

Support Services—UNFUNDED	FY2025		FY2023	FY2024	FY2024	Justification
	HL Scores	HL Rank	Approved Priorities	Approved Priorities	Proposed Priorities	
Rehabilitation Services	H–L	2			22	
Substance Use Disorder Treatment (Residential)	H–L	2			21	
Health Education/Risk Reduction	H–H	3			24	
Psychosocial Support Services	H–H	3			23	
Childcare Services	L–L	7			25	
Respite Care	—	—			26	

Note: When HL scores have a dash in the middle, the rank is calculated by adding together two scores, one substituting H for the middle letter and one substituting L. An average, calculated from the two values, is rounded up to the next whole number when necessary. Abbreviations: ADAP, AIDS Drug Assistance Program; HL, High and Low.

\*Services include vision care.

\*\*Hospice does not have HL score or rank.

\*\*\*Characterized as “Day Treatment” in *2024 Needs Assessment*.

—, Unknown.

**Worksheet— FY2025 Need, Use, and Accessibility Service Priorities- as of 07/16/24**

**MOTION:** Based upon need, use, and a special concern for making medication easy to access, the Priority and Allocations Committee recommends approval of the following FY25 service priorities.

Core Services—FUNDED	Data			HL			HL		Proposed FY25 Priorities	Notes
	Need	Use	Ease of Access	Need	Use	Ease of Access	Score	Rank		
Ambulatory/Outpatient Medical Care*	95	10,282	88	H	H	H	HHH	2	1	
Medical Case Management	73	3,893	64	H	H	H	HHH	2	3	
Local Pharmacy Assistance Program	81	6,707	75	H	H	H	HHH	2	2	
Oral Health Services	69	3,062	52	H	H	H	HHH	2	4	
Health Insurance	66	2,660	58	H	L	H	HLH	4	5	
Mental Health Services	49	103	43	L	L	L	LLL	8	6	
Medical Nutritional Therapy	35	478	30	L	L	L	LLL	8	7	
Substance Use Disorder Treatment	23	21	19	L	L	L	LLL	8	8	
Hospice**	4		4		—	—	—	—	9	
Proposed MIDPOINTS	66	3,062	52							

Support Services—FUNDED	Data			HL			HL		Proposed FY25 Priorities	Notes
	Need	Use	Ease of Access	Need	Use	Ease of Access	Score	Rank		
Emergency Financial Assistance	81	3,642	75	H	H	H	HHH	2	10	
Non-medical case management	73	8,855	64	H	H	H	HHH	2	11	
Housing—Temporary Assisted Living	48	—	26	H	—	L	H–L	2	13	New
Medical Transportation	53	1,774	50	H	L	H	HLH	4	12	
Outreach	42	1,001	40	L	—	H	L–H	6	14	
Food Bank/Home-Delivered Meals	47	—	28	L	—	L	L–L	7	15	New
Linguistics Services	6		5	L	—	L	L–L	7	16	
Other Professional Services	—	—	—	—	—	—	—	—	17	New
Proposed MIDPOINTS	48	2,708	40							

*(Continued on next page)*

**Worksheet— FY2025 Need, Use, and Accessibility Service Priorities- as of 07/16/24**

<b>Core Services—UNFUNDED</b>	<b>Data</b>			<b>HL</b>			<b>HL</b>		<b>Proposed FY25 Priorities</b>	<b>Notes</b>
	<b>Need</b>	<b>Use</b>	<b>Ease of Access</b>	<b>Need</b>	<b>Use</b>	<b>Ease of Access</b>	<b>Score</b>	<b>Rank</b>		
<b>Home and Community-Based Health Services***</b>	16	—	13	H	—	H	H—H	3	19	
<b>Home Health Care</b>	17	—	13	H	—	H	H—H	3	18	
<b>Early Intervention Services (Incarcerated)</b>	12	—	8	L	—	L	L—L	7	20	
<b>Proposed MIDPOINTS</b>	16	—	13							

<b>Support Services—UNFUNDED</b>	<b>Data</b>			<b>HL</b>			<b>HL</b>		<b>Proposed FY25 Priorities</b>	<b>Notes</b>
	<b>Need</b>	<b>Use</b>	<b>Ease of Access</b>	<b>Need</b>	<b>Use</b>	<b>Ease of Access</b>	<b>Score</b>	<b>Rank</b>		
<b>Rehabilitation Services</b>	15	—	12	H	—	L	H—L	2	22	
<b>Substance Use Disorder Treatment (Residential)</b>	15	21	13	H	—	L	H—L	2	21	
<b>Health Education/Risk Reduction</b>	35	—	32	H	—	H	H—H	3	24	
<b>Psychosocial Support Services</b>	35	—	27	H	—	H	H—H	3	23	
<b>Childcare Services</b>	8	—	6	L	—	L	L—L	7	25	
<b>Respite Care</b>	—	—	—	—	—	—	—	—	26	
<b>Proposed MIDPOINTS</b>	15	—	13							

Note: When HL scores have a dash in the middle, the rank is calculated by adding together two scores, one substituting H for the middle letter and one substituting L. An average, calculated from the two values, is rounded up to the next whole number when necessary. Abbreviations: ADAP, AIDS Drug Assistance Program; HL, High and Low.

\*Services include vision care.

\*\* Hospice does not have HL scores or rank.

\*\*\*Characterized as “Day Treatment” in 2024 Needs Assessment.

—, Unknown.

## Ryan White Allocation Increases as of 07-17-24: Ryan White Part A Funding

### A - Part A Funds Available for Reallocation: \$ 491,204

Control No. / Priority No.	Yes, No or Maybe	Service Category	Amount Requested	Recommended Reallocations	Justification
<b>RYAN WHITE PART A FUNDS</b>					
Control 1 Priorities 1.e, 2.f, 3.b, 10.b, 12.c	Yes	Community-based Primary Medical Care targeted to Rural; Medical Case Management, Emergency Financial Assistance – Pharmacy; LPAP, and Service Linkage Workers	\$ 47,460	\$0	Returned \$228,730 in unspent funds in FY23.
Control 2 Priority 5	Yes	Health Insurance Assistance	\$ 491,204	\$311,204	#5 service priority and public comment dated 06/25/24. Per funding request, fill back billing in the amount of \$255,102 as of 05/01/24 and provide an additional \$56,102. See addition motion to allocate \$150,000 in State Service funds.
Control 3 Priorities 1.b–1.d, 2.c- 2.e, 3.b, 10.a, 13.d, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	\$ 491,204	\$120,000	#1 service priority and history of spending 100% their allocation annually.
Control 4 Priorities 1.b–1.d, 2.c- 2.e, 3.b, 10.a, 13.d, 17	Yes	Community-based Primary Medical Care for AA, H & W; Medical Case Management for the same populations, Emergency Financial Assistance – Pharmacy; LPAP, Outreach and Service Linkage Workers	3 228,934	\$60,000	#1 service priority and history of spending 100% of their allocation annually.
		<b>TOTALS</b>	<b>\$1,258,802</b>	<b>\$ 491,204</b>	

### MAI - Funds Available for Reallocation: \$ 47,459

#### RYAN WHITE MAI FUNDS

Control 1 Priorities 1.b, 2.c		Community-based Primary Medical Care for African American and Hispanic; Medical Case Management for the same populations	\$ 47,459	\$ 47,459	#1 service priority and only request for MAI increase allocation.
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