

**Houston Area HIV Services Ryan White Planning Council  
Office of Support**

**Meeting Location: 1440 Harold Street, Houston, Texas 77006  
832 927-7926 telephone; <http://rwpchouston.org>**

**Memorandum**

To: Members, Quality Improvement Committee  
Georgina German, Co-Chair Ana Sanchez  
Pete Rodriguez, Co- Chair Carol Suazo  
Yvonne Arizpe Isis Torrente  
Caleb Brown *Kevin Aloysius*  
Johnny Deal *Kendall Brooks*  
Kathryn Fergus *Breanna Foster*  
Denis Kelly *Charlotte Jack*  
William López *Leslie Lira*  
Yolanda Ross *Josie Rodriguez Jimenez*  
Ryan Rose *Gloria Sierra*  
Evelio Salinas Escamilla *Justin Strader*

Copy: Glenn Urbach Naomi Madrid  
Eric James Jeff Benavides  
Francisco Ruiz Nancy Garcia  
James Supak Rod Avila  
Tiffany Shepherd Gary Grier  
Sha'Terra Johnson

From: Richon Ohafia  
Date: Monday, March 9, 2026  
Re: Meeting Notice

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

**Friday, March 20, 2026**

**12:00 p.m. – Joint Meeting to Determine Criteria Used to Select the FY 2027  
Ryan White Services**

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

**To participate virtually, click on this link:**

<https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhldz09>

Meeting ID: 811 4450 9622 Passcode: 125672

Or, call in by dialing: 346 248 7799

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

Please RSVP to Rod and let her know if you will be in attendance or not. She can be reached by telephone at 832 927-7926 or by email at: [Rodriga.Avila@harriscountytexas.gov](mailto:Rodriga.Avila@harriscountytexas.gov). And, if you have questions for your committee mentor, do not hesitate to contact Yvonne Arizpe.

## Houston Area HIV Services Ryan White Planning Council

### Joint Committee Meeting

12:00 p.m., Tuesday, March 20, 2026

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

Join the meeting via Zoom:

<https://us02web.zoom.us/j/81519929661?pwd=cXZPdzkzdjJwWnJPeFRJc1RwOStYUT09>

Meeting ID: 811 4450 9622 Passcode: 125672

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

### Agenda

Purpose of the Joint Meeting: To determine the criteria used to select the FY 2027 Service Categories.

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- I. Call to Order Georgina German & Pete Rodriguez
  - A. Moment of Reflection Co-Chairs, Quality Improvement
  - B. Adoption of the Agenda Committee
  
- II. Public Comment  
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)
  
- III. HRSA Service Categories Richon Ohafia, Office of Support
  - A. Review HRSA service definitions
  - B. HRSA Defined Core Services
  - C. Review list of FY 2026 Houston Part A, B and State Service-funded services
  
- VI. Justification Tools Georgina German & Pete Rodriguez
  - A. FY 2027 Justification Chart
  
- VII. Next Meeting (if necessary)
  - A. Date and time
  - B. Agenda items
  
- VIII. Adjournment

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

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

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18, Grant Policy Update 9/15/25, Revised 1/28/26)*

*Replaces Policy #10-02*

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

## **Purpose of PCN**

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

## **Background**

The Office of Management and Budget (OMB) has consolidated, at [2 CFR Part 200](#), the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) at [2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#), and modifications at [2 CFR Part 300](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with [2 CFR Part 200](#) and modifications at 2 CFR Part 300. Recipients are required to monitor the activities of a subrecipient as necessary to ensure that the subrecipient complies with Federal statutes, regulations, and the terms and conditions of the subaward. (see [2 CFR § 200.332\(e\)](#)).

[2 CFR Part 200, Subpart E – Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

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

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, the regulations at [2 CFR Part 200](#), modifications at 2 CFR Part 300, the [HHS Grants Policy Statement](#), and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

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

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

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

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

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<sup>1</sup> See sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(I) of the Public Health Service Act.

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

### **Eligible Individuals:**

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

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

- a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.
- b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.
- c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.
- d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

### **Unallowable Costs:**

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

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

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

Other unallowable costs include:

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

Allowable Costs:

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

## **Service Category Descriptions and Program Guidance**

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

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<sup>2</sup> Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.

<sup>3</sup> General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

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

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

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

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

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

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

## **RWHAP Core Medical Services**

AIDS Drug Assistance Program Treatments

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<sup>4</sup> <https://aidsinfo.nih.gov/guidelines>

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

**RWHAP Support Services**

Child Care Services  
Emergency Financial Assistance  
Food Bank/Home Delivered Meals  
Health Education/Risk Reduction  
Housing  
Legal Services  
Linguistic Services  
Medical Transportation  
Non-Medical Case Management Services  
Other Professional Services  
Outreach Services  
Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

### **Effective Date**

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

### **Summary of Changes**

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

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

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

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*

Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services.*

## Appendix

### ***RWHAP Legislation: Core Medical Services***

#### **AIDS Drug Assistance Program Treatments**

*Description:*

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

*Program Guidance:*

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

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

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

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

#### **AIDS Pharmaceutical Assistance**

*Description:*

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

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

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<sup>5</sup> <https://aidsinfo.nih.gov/guidelines>

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

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

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

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

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

*Program Guidance:*

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

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

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

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

### **Early Intervention Services (EIS)**

*Description:*

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

*Program Guidance:*

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

- HRSA RWHAP Parts A and B EIS services must include the following four components:
  - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
    - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
    - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
  - Referral services to improve HIV care and treatment services at key points of entry
  - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
  - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis
- HRSA RWHAP Part C EIS services must include the following four components:
  - Counseling individuals with respect to HIV
  - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
    - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
    - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
  - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

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

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

*Description:*

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

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

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

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

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

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

when determined to be cost effective.

*Program Guidance:*

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

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

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

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

## **Home and Community-Based Health Services**

*Description:*

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

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

*Program Guidance:*

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

## **Home Health Care**

*Description:*

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

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

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

*Program Guidance:*

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

**Hospice Services**

*Description:*

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

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

*Program Guidance:*

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

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

**Medical Case Management, including Treatment Adherence Services**

*Description:*

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

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

Key activities include:

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

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

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

*Program Guidance:*

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

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

**Medical Nutrition Therapy**

*Description:*

Medical Nutrition Therapy includes:

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

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

*Program Guidance:*

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

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

*See also* Food-Bank/Home Delivered Meals

### **Mental Health Services**

#### *Description:*

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

#### *Program Guidance:*

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

*See also* Psychosocial Support Services

### **Oral Health Care**

#### *Description:*

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

#### *Program Guidance:*

None at this time.

### **Outpatient/Ambulatory Health Services**

#### *Description:*

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

Allowable activities include:

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

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

*Program Guidance:*

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

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

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

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

See also Early Intervention Services

### **Substance Abuse Outpatient Care**

*Description:*

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

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
  - Pretreatment/recovery readiness programs
  - Life-saving overdose prevention and response services or supplies such as opioid reversal supplies, substance test kits, and overdose reversal education and training services<sup>1</sup>
  - Behavioral health counseling associated with substance use disorder
  - Outpatient drug-free treatment and counseling
  - Medication assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention

*Program Guidance:*

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

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<sup>1</sup> <https://www.samhsa.gov/sites/default/files/dear-colleague-letter-executive-order-ending-crime-disorder-americas-streets-07302025.pdf>

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

See also Substance Abuse Services (residential)

### *RWHAP Legislation: Support Services*

#### **Child Care Services**

##### *Description:*

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

Allowable use of funds include:

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

##### *Program Guidance:*

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

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

#### **Emergency Financial Assistance**

##### *Description:*

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

##### *Program Guidance:*

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

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

#### **Food Bank/Home Delivered Meals**

*Description:*

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

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

*Program Guidance:*

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

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

**Health Education/Risk Reduction**

*Description:*

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

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

*Program Guidance:*

Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

**Housing**

*Description:*

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

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

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

*Program Guidance:*

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

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

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,<sup>7</sup> although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

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

**Legal Services**

See Other Professional Services

**Linguistic Services**

*Description:*

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

*Program Guidance:*

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

**Medical Transportation**

*Description:*

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

*Program Guidance:*

Medical transportation may be provided through:

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<sup>7</sup> See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

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

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

Unallowable costs include:

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

### **Non-Medical Case Management Services**

*Description:*

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

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

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

*Program Guidance:*

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

**Other Professional Services**

*Description:*

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

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

*Program Guidance:*

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

See [2 CFR § 200.459](#)

## **Outreach Services**

### *Description:*

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

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

Outreach Services must:

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

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

### *Program Guidance:*

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

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

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

See *also* Early Intervention Services

### **Permanency Planning**

See Other Professional Services

### **Psychosocial Support Services**

*Description:*

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

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

*Program Guidance:*

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

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

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

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

See *also* Respite Care Services

### **Rehabilitation Services**

*Description:*

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

*Program Guidance:*

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

vocational therapy.

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

### **Referral for Health Care and Support Services**

#### *Description:*

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

#### *Program Guidance:*

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

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

See *also* Early Intervention Services

### **Respite Care**

#### *Description:*

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

#### *Program Guidance:*

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

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

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

See also Psychosocial Support Services

### **Substance Abuse Services (residential)**

*Description:*

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

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

*Program Guidance:*

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

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

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

*“that funds received under a grant awarded under this subpart will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service-”*

### **Core Medical Services**

- ADAP Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice Services
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Disorder<sup>15</sup> Outpatient Care

### **Support Services**

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

### **Waiver of Core Medical Services Requirement**

Section 2604(c)(2) of the PHS Act allows recipients to request a waiver of the 75 percent core medical services requirement if the recipient can demonstrate the availability of HIV core medical services for all identified and eligible people with HIV in the service area, and if there is not an ADAP waiting list in the state/territory.

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<sup>15</sup> “Substance Use Disorder” is HRSA HAB’s preferred terminology.

## FY 2026 Part A Funded Service Categories

\*\* = HRSA-defined core service

### **Part A Funded Service Categories:**

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

### **HRSA Services NOT Funded by Part A:**

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

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

## **FY 2026 Part B/State Services Funded Service Categories**

\*\* = HRSA-defined core service

### **Part B Funded Service Categories:**

- \*\*Health Insurance Assistance
- \*\*Oral Health Care (untargeted and prosthodontics)  
Referral for Health Care and Support Services (ADAP Eligibility Workers)

### **State Services Funded Service Categories:**

- Case Management – Non-Medical, Targeting Substance Use Disorders
- \*\*Health Insurance Assistance
- \*\*Hospice Services  
Linguistics Services
- \*\*Mental Health (untargeted and special populations)

### **HRSA Services NOT Funded by Part B/State Services:**

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

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals <i>not in care*</i> to access primary care?  *EIIHA: <i>Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care  *Unmet Need: Individuals diagnosed with HIV but with no evidence of care for 12 months  *Continuum of Care: The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.  *Ending the HIV Epidemic: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need  (Sources of data include: America's HIV Epidemic Analysis (AHEAD.HIV.gov), Ryan White HIV/AIDS Program Compass Dashboard (targetshiv.org/RWHAPCompass), 2025 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2023 Outcome Measures, 2020 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.  Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service.  Is this a duplicative service or activity?  Is this service culturally responsive for clients living with HIV?	Service Efficiency  Can we make this service more efficient? For: a) Clients b) Providers  Can we bundle this service?  Is this service being integrated appropriately with other services?  Has a recent capacity issue been identified?  Does this service assist special populations to access primary care? <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	Recommendation(s)  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted.
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**Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 3-12-26**

**Ambulatory/Outpatient Primary Medical Care (incl. Vision):**

<p><b>CBO, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach &amp; Service Linkage</b> (Includes OB/GYN) <i>See below for Public Clinic, Rural, and Vision.</i></p>	<p>___ Yes ___ No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> EHE <input checked="" type="checkbox"/> Unmet Need  <b>Continuum of Care (CoC)</b> <input checked="" type="checkbox"/> CoC RW eligible consumers <input checked="" type="checkbox"/> CoC all PLWH in EMA/HSDA</p>		<p>Covered under QHP? <input checked="" type="checkbox"/> Yes ___ No</p>	<p>Justify the use of funds:  Is this a duplicative service or activity?  Is this service culturally responsive for clients living with HIV?</p>	<p>Can we make this service more efficient?  Can we bundle this service?  Is this service being integrated appropriately with other services?  Has a recent capacity issue been identified?  Does this service assist special populations to access primary care?</p>	
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‡ Service Category for Part B/State Services only.

## Houston Area HIV Services Ryan White Planning Council

### Quality Improvement Committee

12:30 p.m., Tuesday, March 20, 2026

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

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

**Join the meeting via Zoom:**

<https://us02web.zoom.us/j/81519929661?pwd=cXZPdzkzdjJwWnJPeFRJc1RwOStYUT09>

Meeting ID: 811 4450 9622 Passcode: 125672

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

### Agenda

\* = Handout to be distributed at the meeting

- 
- I. Call to Order Georgina German and  
Pete Rodriguez, Co-Chairs
- A. Welcoming Remarks and Moment of Reflection
- B. Introductions
- C. Adoption of Agenda
- D. Approval of Minutes
- II. Public Comments and Announcements  
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing 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. Criteria for Determining the FY 2027 HIV Service Categories
- A. Vote on the recommendation from the Joint Committee Meeting
- IV. Reports from the Administrative Agents (AA)
- A. Ryan White Part A/MAI Administrative Agent Glenn Urbach, RWGA
1. Update on the FY 2026 grant
2. Review monthly reports: Service Utilization Report Dated 3.11.26
3. Standards Care (To be provided at meeting) Bob Taylor & Kevin Lara, RWGA
- B. Ryan White Part B/SS\* Administrative Agent Sha'Terra Johnson,  
The Resource Group
1. Review of Service Utilization Reports
- V. New Business
- A. Service Line Name Change for FY 26 Temporary Assisted Living (See attached email)
- B. Checklist for Administrative Mechanism
- C. New Idea – Substance Use Services Outpatient
- VI. Announcements
- VII. Adjourn
- Optional: New members meet with committee mentor Yvonne Arizpe

\* SS = State Services funded

# Houston Area HIV Services Ryan White Planning Council

## Quality Improvement Committee

12:00 p.m., Tuesday, February 20, 2026

Meeting location: Bering Church 1440 Harold St, Houston, TX 77006 and Zoom Teleconference

### Minutes

<u>MEMBERS PRESENT</u>	<u>MEMBERS PRESENT</u>	<u>OTHERS PRESENT</u>
Georgina German, Co- Chair	Isis Torrente	Glenn Urbach, RWGA
Pete Rodriguez, Co-Chair	<i>Charlotte Jack</i>	Francisco Ruiz, RWGA
Yvonne Arizpe	<i>Josie-Rodriguez Jimenez</i>	James Supack, RWGA
Johnny Deal	<i>Gloria Sierra</i>	Jason Black, RWGA
Kathryn Fergus		Jacynth Melendez, RWGA
William Lopez	<u>MEMBERS ABSENT</u>	Eric James, RWGA
Yolanda Ross	Caleb Brown, excused	Princy Sam, RWGA
Carol Suazo	Ryan Rose, excused	Sha'Terra Johnson, TRG
Evelio Salinas Escamilla	Kevin Aloysius, excused	Richon Ohafia, RWOS
Ana Sanchez	Breanna Foster, excused	Nancy Garcia, RWOS
		Rod Avila, RWOS

**Call to Order:** Pete Rodriguez, Co-Chair, called the meeting to order at 12:30 p.m. and asked for a moment of reflection. He then invited committee members and staff to introduce themselves.

**Adoption of the Agenda:** **Motion #1:** *It was moved and seconded (Torrente, Arizpe) to approve the February 20, 2026 agenda with the update to table Item 3- 2026 Standards of Care. **Motion carried.***

**Approval of the Minutes:** **Motion #2:** *It was moved and seconded (German, Arizpe) to approve the December 02, 2025 minutes. **Motion carried.*** Abstentions: Rodriguez, Deal, Ross, Torrente, and Lopez

**Public Comment:** none

**Committee Orientation:** Ohafia informed the members of the meeting logistics: how meeting packets are mailed one week in advance, how to access packets online, and asked members to send their RSVP to help track in-person & virtual attendance. Ohafia reviewed the attached documents: Nuts and Bolts for New Members, End of Year Petty Cash Procedures, and Texas Open Meetings Act Training. She also reviewed the Committee Description, Conflict of Interest Statement, Voting Policy, and 2026 Committee Goals; **Motion #3:** *it was moved and seconded (Torrente, Suazo) to accept the 2026 Committee goals as presented. **Motion carried.***

**Elect a Vice Chair:** The following individual was elected by ballot: *Committee Vice Chair - Torrente.*

**Committee Meeting Schedule:** Ohafia reviewed the attached documents: Committee Meeting Date and Time, Timeline of Critical 2026 Council Activities and invited everyone to participate on the Integrated Plan & How To Best Meet the Need meetings.

**Training in How to Read Reports from the Administrative Agents:**

Johnson presented information via PowerPoint on how to review Part B and State Services Procurement, Service Utilization, and Health Insurance Assistance reports. See attached Schedule of Reports, How to Read TRG Reports, State Services Procurement Report, Part B Procurement Report, Part B Service Utilization Report, State Services Service Utilization Report, and Health Insurance Program Report.

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

**Criteria for FY 2027 Service Categories:** See attached. Ohafia said that the March committee meeting will be a joint meeting with the other committees and those in attendance will make recommendations regarding the Criteria for FY 2027 Service Categories.

**Announcements:** Torrente announced that early voting has started and it is important to make your voice heard.

**Adjourn: Motion #4:** *It was moved and seconded (Suazo, Jack) to adjourn the meeting at 2:01 p.m. Motion Carried.*

Submitted by:

Approved by:

\_\_\_\_\_  
Richon Ohafia, Director

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

**Quality Improvement Meeting Voting Record for Meeting Date 02/20/26**

<b>MEMBERS:</b>	<b>Motion #1 Agenda carries</b>			<b>Motion #2 Minutes carries</b>				<b>Motion #3 2026 Committee goals Carried</b>				<b>Motion #4 Adjourn Carried</b>				
	ABSENT	YES	NO	ABSENT	YES	NO	ABSTAIN	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Georgina German, Co- Chair		X				X				X				X		
Pete Rodriguez, Co-Chair				C				C				C				C
Yvonne Arizpe		X				X				X				X		
Johnny Deal		X				X				X				X		
Kathryn Fergus		X				X				X				X		
William Lopez		X				X				X				X		
Yolanda Ross		X				X				X				X		
Ryan Rose		X				X				X				X		
Carol Suazo		X				X				X				X		
Evelio Salinas Escamilla		X				X				X				X		
Ana Sanchez la@12:50pm	X				X				X					X		
Isis Torrente		X				X				X				X		
Charlotte Jack la@12:40pm	X				X					X				X		
Josie Rodriguez Jimenez		X				X				X				X		
Gloria Sierra		X				X				X				X		
<b>ABSENT</b>																
Caleb Brown	X				X				X				X			
Kevin Aloysius	X				X				X				X			
Breanna Foster	X				X				X				X			

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals <i>not in care*</i> to access primary care?  *EIIHA: <i>Early Identification of Individuals with HIV/AIDS</i> seeks to identify the status-unaware and link them into care  *Unmet Need: Individuals diagnosed with HIV but with no evidence of care for 12 months  *Continuum of Care: The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.  *Ending the HIV Epidemic: The local plan to end new HIV transmissions by addressing four strategies – diagnose, treat, prevent, and respond.	Documentation of Need  (Sources of data include: America's HIV Epidemic Analysis (AHEAD.HIV.gov), Ryan White HIV/AIDS Program Compass Dashboard (targetshiv.org/RWHAPCompass), 2025 Needs Assessment, 2022-2026 Integrated Plan, 2021 Ending the HIV Epidemic Plan, 2023 Outcome Measures, 2020 Chart Reviews, Clinical Quality Management Committee reports, Special Studies, Surveys and HIV and COVID-19 related documents and more)  Which populations experience disproportionate need for and/or barriers to accessing this service?	Identify non-Ryan White Part A, Part B/non-State Services, or Ending the HIV Epidemic initiative funding sources to identify if there is duplicate/alternative funding or the need to fill in a gap.  Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service.  Is this a duplicative service or activity?  Is this service culturally responsive for clients living with HIV?	Service Efficiency Can we make this service more efficient? For: a) Clients b) Providers  Can we bundle this service?  Is this service being integrated appropriately with other services?  Has a recent capacity issue been identified?  Does this service assist special populations to access primary care? <i>Examples:</i> a) Youth transitioning into adult care b) Recently released individuals c) Postpartum individuals no longer needing OB care d) Transgender individuals e) Aging adults (50+) f) Other marginalized populations	Recommendation(s)  As part of the 2022 Integrated HIV Prevention and Care Services Plan, it is recommended that the Racial Justice Health Services Assessment and the Quality of Life Assessment be developed and piloted.
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**Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 3-12-26**

**Ambulatory/Outpatient Primary Medical Care (incl. Vision):**

<p><b>CBO, Adult – Part A, Including LPAP, MCM, EFA-Pharmacy, Outreach &amp; Service Linkage</b> (Includes OB/GYN) <i>See below for Public Clinic, Rural, and Vision.</i></p>	<p>___ Yes ___ No</p>	<p><input checked="" type="checkbox"/> EIIHA <input checked="" type="checkbox"/> EHE <input checked="" type="checkbox"/> Unmet Need  Continuum of Care (CoC) <input checked="" type="checkbox"/> CoC RW eligible consumers <input checked="" type="checkbox"/> CoC all PLWH in EMA/HSDA</p>		<p>Covered under QHP? <input checked="" type="checkbox"/> Yes ___ No</p>	<p>Justify the use of funds:  Is this a duplicative service or activity?  Is this service culturally responsive for clients living with HIV?</p>	<p>Can we make this service more efficient?  Can we bundle this service?  Is this service being integrated appropriately with other services?  Has a recent capacity issue been identified?  Does this service assist special populations to access primary care?</p>	
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‡ Service Category for Part B/State Services only.

### FY 2025 Ryan White Part A and MAI Service Utilization Report

Date Range: 03/01/2025 - 2/28/2026 23:59:00

RW PART A Service Utilization Report																				Expected YTD	YTD
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+			
<b>1</b>	<b>Outpatient/Ambulatory Primary Care (including Vision)</b>	<b>9,780</b>	<b>9,170</b>	<b>74%</b>	<b>23%</b>	<b>2%</b>	<b>43%</b>	<b>10%</b>	<b>2%</b>	<b>45%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>26%</b>	<b>29%</b>	<b>22%</b>	<b>16%</b>	<b>4%</b>	<b>100%</b>	<b>94%</b>	
1.a	Primary Care - Public Clinic (A)	3,113	2,985	69%	30%	1%	42%	8%	2%	49%	0%	0%	3%	16%	26%	27%	22%	6%	100%	96%	
1.b	Primary Care - CBO Targeted to AA (A)	2,335	2,522	71%	26%	3%	98%	0%	1%	0%	0%	0%	5%	33%	31%	18%	11%	2%	100%	108%	
1.c	Primary Care - CBO Targeted to Hispanic (A)	1,934	2,488	82%	14%	4%	0%	0%	0%	100%	0%	0%	5%	32%	30%	20%	11%	2%	100%	129%	
1.d	Primary Care - CBO Targeted to White and/or MSM (A)	774	733	85%	14%	2%	4%	80%	15%	1%	0%	0%	3%	22%	30%	18%	21%	6%	100%	95%	
1.e	Primary Care - CBO Targeted to Rural (A)	752	696	70%	29%	1%	37%	21%	4%	38%	0%	0%	3%	25%	30%	21%	17%	4%	100%	93%	
1.f	Primary Care - Women at Public Clinic (A)	872	890	0%	99%	1%	53%	5%	2%	40%	0%	0%	3%	14%	25%	30%	20%	7%	100%	102%	
1.h	Vision	2,663	2,351	72%	26%	2%	45%	11%	2%	41%	0%	0%	2%	19%	25%	25%	23%	6%	100%	88%	
<b>2</b>	<b>Local Drug Reimbursement Program (A)</b>	<b>5,732</b>	<b>6,900</b>	<b>76%</b>	<b>21%</b>	<b>3%</b>	<b>42%</b>	<b>10%</b>	<b>2%</b>	<b>46%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>25%</b>	<b>30%</b>	<b>22%</b>	<b>16%</b>	<b>3%</b>	<b>100%</b>	<b>120%</b>	
<b>3</b>	<b>Medical Case Management</b>	<b>4,801</b>	<b>4,399</b>	<b>68%</b>	<b>30%</b>	<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>92%</b>	
3.a	Clinical Case Management	895	525	73%	25%	2%	58%	16%	2%	24%	0%	0%	2%	26%	27%	18%	19%	7%	100%	59%	
3.b	Med CM - Targeted to Public Clinic (A)	440	740	93%	5%	2%	46%	10%	1%	43%	0%	0%	3%	20%	26%	24%	20%	6%	100%	168%	
3.c	Med CM - Targeted to AA (A)	1,127	1,086	67%	30%	3%	98%	0%	1%	0%	0%	0%	3%	25%	30%	21%	16%	5%	100%	96%	
3.d	Med CM - Targeted to H/L (A)	555	487	79%	17%	4%	1%	0%	0%	99%	0%	0%	4%	26%	28%	22%	14%	5%	100%	88%	
3.e	Med CM - Targeted to White and/or MSM (A)	350	187	82%	17%	1%	0%	87%	10%	3%	0%	0%	2%	19%	24%	20%	23%	12%	100%	53%	
3.f	Med CM - Targeted to Rural (A)	513	708	67%	32%	0%	44%	27%	2%	28%	0%	0%	2%	19%	23%	23%	21%	10%	100%	138%	
3.g	Med CM - Targeted to Women at Public Clinic (A)	239	371	1%	99%	1%	63%	5%	2%	31%	0%	0%	2%	22%	25%	26%	18%	6%	100%	155%	
3.h	Med CM - Targeted to Geriatrics	532	269	62%	36%	1%	53%	7%	1%	38%	0%	0%	0%	0%	0%	19%	54%	27%	100%	51%	
3.i	Med CM - Targeted to Veterans	137																			
3.j	Med CM - Targeted to Youth	13	26	85%	12%	4%	73%	4%	0%	23%	0%	4%	96%	0%	0%	0%	0%	0%	100%	200%	
<b>4</b>	<b>Oral Health</b>	<b>348</b>	<b>314</b>	<b>62%</b>	<b>37%</b>	<b>1%</b>	<b>44%</b>	<b>23%</b>	<b>2%</b>	<b>32%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>15%</b>	<b>21%</b>	<b>31%</b>	<b>20%</b>	<b>10%</b>	<b>100%</b>	<b>90%</b>	
4.b	Oral Health - Rural Target	348	314	62%	37%	1%	44%	23%	2%	32%	0%	0%	3%	15%	21%	31%	20%	10%	100%	90%	
<b>5</b>	<b>Health Insurance (D)</b>	<b>2,034</b>	<b>2,731</b>	<b>77%</b>	<b>20%</b>	<b>2%</b>	<b>46%</b>	<b>20%</b>	<b>3%</b>	<b>31%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>15%</b>	<b>21%</b>	<b>21%</b>	<b>26%</b>	<b>16%</b>	<b>100%</b>	<b>134%</b>	
<b>6</b>	<b>Mental Health Services (D)</b>																				
<b>7</b>	<b>Medical Nutritional Therapy/Nutritional Supplements</b>	<b>515</b>	<b>467</b>	<b>75%</b>	<b>24%</b>	<b>1%</b>	<b>40%</b>	<b>15%</b>	<b>4%</b>	<b>41%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>6%</b>	<b>11%</b>	<b>24%</b>	<b>34%</b>	<b>24%</b>	<b>100%</b>	<b>91%</b>	
<b>8</b>	<b>Substance Abuse Treatment - Outpatient</b>	<b>22</b>	<b>3</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>67%</b>	<b>0%</b>	<b>0%</b>	<b>33%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>33%</b>	<b>67%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>14%</b>	
<b>9</b>	<b>Hospice Services</b>																				
<b>10</b>	<b>Emergency Financial Assistance</b>	<b>1,718</b>	<b>1,416</b>	<b>73%</b>	<b>25%</b>	<b>2%</b>	<b>48%</b>	<b>8%</b>	<b>2%</b>	<b>42%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>23%</b>	<b>29%</b>	<b>25%</b>	<b>15%</b>	<b>3%</b>	<b>100%</b>	<b>82%</b>	
10.a	Emergency Financial Assistance-Pharmacy Assistance	1,605	1,334	73%	25%	2%	46%	8%	2%	44%	0%	0%	4%	24%	30%	25%	14%	3%	100%	83%	
10.b	Emergency Financial Assistance - Other	113	97	66%	30%	4%	75%	9%	0%	15%	0%	0%	1%	13%	24%	23%	26%	13%	100%	86%	
<b>11</b>	<b>Non-Medical Case Management</b>	<b>7,243</b>	<b>6,233</b>																		
11.a	Service Linkage Targeted to Youth	151	127	66%	33%	1%	46%	6%	4%	45%	0%	9%	91%	0%	0%	0%	0%	0%	100%	84%	
11.b	Service Linkage at Testing Sites	112	103	70%	29%	1%	59%	2%	3%	36%	0%	0%	0%	40%	31%	17%	9%	4%	100%	92%	
11.c	Service Linkage at Public Clinic Primary Care Program (A)	3,061	2,982	65%	33%	1%	48%	8%	1%	43%	0%	0%	0%	16%	25%	27%	25%	8%	100%	97%	
11.d	Service Linkage at CBO Primary Care Programs (A)	3,919	3,021	71%	27%	2%	55%	7%	3%	35%	0%	0%	3%	26%	30%	22%	14%	5%	100%	77%	
<b>12</b>	<b>Transportation</b>	<b>1,946</b>	<b>1,489</b>	<b>71%</b>	<b>26%</b>	<b>3%</b>	<b>62%</b>	<b>10%</b>	<b>1%</b>	<b>27%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>14%</b>	<b>22%</b>	<b>25%</b>	<b>29%</b>	<b>8%</b>	<b>100%</b>	<b>77%</b>	
12.a	Transportation Services - Urban	375	316	66%	31%	3%	59%	7%	2%	32%	0%	0%	1%	18%	28%	28%	18%	7%	100%	84%	
12.b	Transportation Services - Rural	195	156	68%	31%	1%	34%	30%	2%	34%	0%	0%	2%	12%	22%	28%	26%	10%	100%	80%	
12.c	Transportation vouchering	1,376	1,177	71%	26%	3%	66%	8%	1%	24%	0%	0%	1%	14%	19%	24%	32%	9%	100%	86%	
<b>13</b>	<b>Temporary Assisted Living</b>	<b>11</b>																			
<b>14</b>	<b>Outreach Services</b>	<b>712</b>	<b>555</b>	<b>59%</b>	<b>37%</b>	<b>4%</b>	<b>63%</b>	<b>6%</b>	<b>1%</b>	<b>30%</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>19%</b>	<b>26%</b>	<b>22%</b>	<b>23%</b>	<b>6%</b>	<b>100%</b>	<b>78%</b>	
<b>15</b>	<b>Home Delivered Meals</b>	<b>200</b>	<b>1</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>1%</b>	



RW MAI Service Utilization Report																				Expected YTD	YTD
Priority	Service Category	Goal	Unduplicated	Male	Female	Trans	AA (non -	White (non	Other (non -	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65+			
1	Outpatient/Ambulatory Primary Care (excluding Vision)	3,852	3,779	77%	20%	4%	51%	0%	1%	48%	0%	0%	5%	32%	29%	19%	12%	2%	100%	98%	
1.b	Primary Care - MAI CBO Targeted to AA (F)	2,063	1,956	71%	26%	3%	99%	0%	1%	0%	0%	0%	5%	33%	29%	18%	12%	3%	100%	95%	
1.c	Primary Care - MAI CBO Targeted to HL (F)	1,789	1,823	82%	14%	4%	0%	0%	0%	100%	0%	0%	5%	31%	29%	20%	13%	2%	100%	102%	
2	Medical Case Management (E)	951	675	71%	25%	3%	67%	0%	1%	32%	0%	0%	4%	30%	34%	17%	13%	2%	100%	71%	
2.c	Med CM - MAI Targeted to AA (A)	598	462	65%	31%	3%	98%	0%	2%	0%	0%	0%	3%	31%	34%	18%	12%	2%	100%	77%	
2.d	Med CM - MAI Targeted to H/L (A)	353	213	85%	13%	3%	0%	0%	0%	100%	0%	0%	5%	29%	35%	15%	15%	2%	100%	60%	

RW Part A New Client Service Utilization Report																				Expected YTD	YTD
Report reflects the number & demographics of clients served during the report period who did not receive services during previous 12 months																					
Priority	Service Category	Goal	Unduplicated	Male	Female	Trans	AA (non -	White (non -	Other (non -	Hispanic	0-12	13-19	20-24	25-34	35-44	45-54	55-64	65+			
1	Primary Medical Care	1,929	1,719	77%	21%	2%	50%	11%	3%	35%	0%	1%	6%	34%	30%	16%	11%	3%	100%	89%	
2	LPAP	969	1,131	80%	18%	2%	50%	12%	3%	35%	0%	1%	5%	34%	30%	18%	10%	2%	100%	117%	
3.a	Clinical Case Management	75	74	78%	20%	1%	54%	20%	1%	24%	0%	0%	4%	27%	34%	19%	11%	5%	100%	99%	
3.b-3.h	Medical Case Management (E)	850	723	72%	26%	2%	60%	12%	3%	25%	0%	0%	6%	30%	27%	19%	14%	4%	100%	85%	
3.i	Medical Case Management - Targeted to Veterans	28																			
4	Oral Health	39	33	61%	39%	0%	48%	18%	3%	30%	0%	0%	6%	30%	18%	21%	15%	9%	100%	85%	
12.a.	Non-Medical Case Management (Service Linkage)	1,481	1,065	70%	28%	2%	59%	11%	3%	28%	0%	1%	5%	28%	27%	19%	15%	6%	100%	72%	
12.b	Service Linkage at Testing Sites	100	97	73%	25%	2%	58%	3%	1%	38%	0%	0%	14%	38%	28%	10%	6%	3%	100%	97%	

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

**2025-2026 Ryan White Part B Service Utilization**  
**4/1/2025- 3/31/2026 Houston HSDA (4816)**  
**3rd Quarter 4-1-25 to 12-31-25**

Revised 1/20/2026

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	759	668	83.55%	15.71%	0.00%	0.74%	32.63%	26.04%	37.74%	3.59%	0.00%	0.00%	0.74%	12.42%	22.75%	23.53%	29.64%	10.92%
Oral Health Care	3,465	2,421	69.86%	27.63%	0.00%	2.51%	48.94%	9.58%	39.09%	2.39%	0.00%	0.04%	1.56%	15.20%	23.46%	23.94%	23.83%	11.97%
Unduplicated Clients Served By State Services Funds:	4,224	3,089	76.71%	21.67%	0.00%	1.62%	38.80%	17.81%	38.42%	4.97%	0.00%	0.02%	1.15%	13.81%	23.11%	23.74%	26.74%	11.43%

Completed By: C.Aguries

**2025 - 2026 DSHS State Services Service Utilization Report**  
**9/1/2025 thru 8/31/2026 Houston HSDA**  
**1st Quarter - 9/1/2025 to 11/30/2025**

Revised 4/3/2025

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	2,050	587	82.12%	17.20%	0.00%	0.68%	32.19%	27.45%	36.79%	3.57%	0.00%	0.00%	0.70%	10.90%	19.76%	23.33%	33.39%	11.92%
Hospice	15	9	77.78%	22.22%	0.00%	0.00%	44.45%	33.33%	22.22%	0.00%	0.00%	0.00%	0.00%	11.11%	11.11%	11.11%	44.45%	22.22%
Linguistic Services	65	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Mental Health Services	205	51	100.00%	0.00%	0.00%	0.00%	21.56%	41.19%	37.25%	0.00%	0.00%	0.00%	3.95%	15.68%	27.45%	9.80%	21.56%	21.56%
Mental Health Services - Special Populations	110	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Non-Medical Case Management	185	34	91.18%	8.82%	0.00%	0.00%	47.05%	17.66%	35.29%	0.00%	0.00%	0.00%	2.97%	14.70%	26.47%	23.52%	23.52%	8.82%
Unduplicated Clients Served By State Services Funds:	2,630	681	58.51%	8.04%	0.00%	0.11%	24.21%	19.94%	21.93%	0.00%	0.00%	0.00%	1.27%	8.73%	14.13%	11.29%	20.49%	10.75%

Completed By: cvaguries

# Houston Ryan White Health Insurance Assistance Service Utilization Report



Period Reported:

09/01/2025-12/31/2025

Revised:

1/26/2025

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	99	\$21,162.37	74	0	\$0.00	0
Medical Deductible	47	\$7,164.69	39	0	\$0.00	0
Medical Premium	2248	\$959,137.58	673	0	\$0.00	0
Pharmacy Co-Payment	4653	\$233,577.97	880	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:	7047	\$1,221,042.61	1666	0	\$0.00	

Comments: This report represents services provided under all grants.

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## Temporary Assisted Living Service Category Naming – FY26

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**From** Urbach, Glenn (PHS) <Glenn.Urbach@phs.hctx.net>  
**Date** Thu 2/12/2026 8:49 AM  
**To** Ohafia, Richon (County Judge's Office) <Richon.Ohafia@harriscountytexas.gov>

Hi Richon,

Avenue 360 has asked whether, for marketing and other public-facing purposes (e.g., website updates), the service name *Temporary Assisted Living* could be changed to *Temporary Medical Respite Care* beginning in FY26.

I recognize that the PC/HBTMN–approved local service category is *Temporary Assisted Living*. However, based on the current scope of the service, Avenue 360 is receiving referrals strictly for housing-related assistance, including emergency housing assistance. They believe the existing service name may be contributing to referrals that are inconsistent with the program’s actual function.

From HACS’ perspective, would it be permissible to approve a service category title change to *Temporary Medical Respite Care* for FY26 in lieu of the existing HBTMN local service definition? Alternatively, would this change need to go through the current HBTMN approval process, with any approved name change taking effect in FY27?

I realize this is one of those cases where current operational needs intersect with future planning, so guidance on the appropriate path forward would be appreciated.

Please advise at your earliest convenience.

Best regards,  
Glenn



**Glenn Urbach, LMSW | Program Manager**

*Ryan White Grant Administration  
Community Health & Wellness Division*

**Phone: (713) 274-5790**

**Email: [glenn.urbach@phs.hctx.net](mailto:glenn.urbach@phs.hctx.net)**

1111 Fannin Street

Houston, TX 77002



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**2026 Assessment Checklist**  
**Houston Ryan White Planning Council**  
**Assessment of the FY2024 Houston EMA**  
**Ryan White Administrative Mechanism**  
(Council approved : \_\_\_\_\_)

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

**Process**

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

**Checklist**

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

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

**2026 Checklist for the Assessment of the FY 2025 Ryan White Administrative Mechanism**

(Council approved the checklist \_\_\_\_\_)

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

**Checklist for the Assessment of the Ryan White Administrative Mechanism in the Houston Area**

(Council approved the checklist: \_\_\_\_\_ )

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

2025-2026 Proposed Idea

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

THIS BOX TO BE COMPLETED BY RWPC SUPPORT STAFF ONLY

\_\_\_\_\_ Control Number Date Received\_\_\_\_\_

Proposal will be reviewed by the: Quality Improvement Committee on:\_\_\_\_\_ (date)
Priority & Allocation Committee on:\_\_\_\_\_ (date)

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

1. SERVICE CATEGORY: Substance Abuse Services Outpatient
(The service category must be one of the Ryan White Part A or B service categories as described in the HRSA Glossary of HIV-Related Service Categories.)

This will provide 22 clients with 22 units of service.

2. ADDRESS THE FOLLOWING:

A. DESCRIPTION OF SERVICE:

Recovery coaching provides non-clinical, strengths-based support delivered by trained recovery coaches or peers with lived experience. Services focus on helping individuals identify personal recovery goals, build coping strategies, and access resources that support long-term wellness and engagement in HIV medical care. These services complement clinical treatment by providing additional support for individuals who choose treatment as their pathway to recovery from substance use. Recovery coaches help individuals navigate treatment, reinforce recovery plans, and support the transition from treatment back into the community, helping clients sustain recovery, remain engaged in care, and strengthen overall stability.

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

Persons living with HIV with Substance Use Disorder living in the Houston EMA.

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

Goal 1: Support individuals living with HIV in achieving and sustaining recovery from substance use.
Objective: Assist clients in developing and implementing individualized recovery plans that reflect their personal goals and preferred recovery pathways.

Goal 2: Improve engagement and retention in HIV medical care.

Objective: Support clients in addressing barriers to care, attending medical appointments, and maintaining adherence to antiretroviral therapy.

Goal 3: Strengthen access to recovery and behavioral health resources.

Objective: Connect clients to appropriate treatment, harm reduction, and recovery support services within the community.

Goal 4: Promote long-term stability and wellness.

Objective: Help clients build supportive networks, develop coping strategies, and access resources that support housing stability, mental health, and overall quality of life.

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

**DRAFT**

Recovery Coaching services supported through the Ryan White HIV/AIDS Program are intended to improve health outcomes for people living with HIV by addressing substance use–related barriers that can impact engagement in care and overall wellness. Through peer-based support, clients gain a better understanding of recovery pathways, harm reduction strategies, and the connection between substance use and HIV health outcomes. Recovery coaching helps individuals build confidence and motivation to pursue recovery goals while reducing stigma related to both HIV and substance use.

These services support individuals at multiple stages of the recovery continuum, including those currently engaged in substance use treatment as well as individuals transitioning out of treatment and working to sustain long-term recovery. Recovery coaches provide guidance and encouragement during treatment and help clients navigate the transition back into the community by reinforcing recovery plans, strengthening coping strategies, and connecting individuals to ongoing recovery supports.

As clients engage in recovery planning and supportive services, they are more likely to participate in recovery activities, maintain engagement in HIV medical care, and adhere to treatment. Over time, these supports contribute to improved retention in care, progress toward viral suppression, and greater overall stability. Recovery coaching also supports improvements in quality of life by helping individuals strengthen support networks and connect to resources that address housing, behavioral health, and other social needs. By promoting early intervention, care coordination, and sustained engagement in services, recovery coaching can also help reduce reliance on more costly crisis or emergency care while improving long-term health outcomes.

3. ATTACH DOCUMENTATION IN ORDER TO JUSTIFY THE NEED FOR THIS NEW IDEA. AND, DEMONSTRATE THE NEED IN AT LEAST ONE OF THE FOLLOWING PLANNING COUNCIL DOCUMENTS:		
___	Current Needs Assessment (Year: <u>2025</u> )	Page(s): 19, 36, 45 Paragraph: 3,2,1&2 ___
___	Current HIV Comprehensive Plan (Year: <u>2022-26</u> )	Page(s): 62,63 ___ Paragraph: 1,1 ___
___	Health Outcome Results: Date: _____	Page(s): ___ Paragraph: ___
___	Other Ryan White Planning Document:	
___	Name & Date of Document: _____	Page(s): ___ Paragraph: ___

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

(Continue on Page 2 of this application form)

**Proposed Idea**

**DRAFT**

**THIS PAGE IS FOR THE PRIORITY AND ALLOCATIONS COMMITTEE**  
*(See Criteria and Principles to Guide Decision Making)*

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

CURRENTLY APPROVED RELATED SERVICE CATEGORY ALLOCATION/UTILIZATION:

Allocation: \$ \_\_\_\_\_

Expenditure: \$ \_\_\_\_\_ Year-to-Date

Utilization: \_\_\_\_\_ Unduplicated Clients Served Year-to-Date  
\_\_\_\_\_ Units of Service Provided Year-to-Date

AMOUNT OF FUNDING REQUESTED:

\$ \_\_\_\_\_ This will provide funding for the following purposes which will further the objectives in this service category: (describe how):

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

RECOMMENDATION OF PRIORITY AND ALLOCATIONS COMMITTEE:

Recommended for Funding in the Amount of: \$ \_\_\_\_\_

Not Recommended for Funding

Other:

REASON FOR RECOMMENDATION:

difficulty accessing these services, respondents most frequently reported barriers related to education and awareness (particularly not knowing the availability or the location of the service provided), interactions with staff (most often lack of correspondence/follow-up), and wait times (primarily being placed on a wait list). Housing issues (homelessness or intimate partner violence) were cited least often as barriers to funded services. The 2020 NA also analyzed need and accessibility for allowable services not currently RW-funded in the Houston EMA. Among unfunded services, respondents reported the highest need for housing, food bank, and health education/risk reduction, and the lowest accessibility for housing, food bank, and other professional services.

- The three most commonly reported reasons for delayed entry into HIV medical care (> 1 month) among all needs assessment respondents were denial about HIV status, fear of HIV status disclosure, and not knowing of resources available to pay for HIV medical care. Among newly diagnosed respondents, the most commonly cited reasons for delayed entry were denial about HIV status, fear of HIV status disclosure, and cost of HIV medical care.
- Respondents reporting a history of unmet need (falling out of care for any 12-month period since diagnosis) most commonly identified substance abuse, moving/relocating, and having other priorities at the time as primary barriers to retention in care.
- While 87% of 2020 NA respondents reported that they were taking ART medication at the time of the survey, the most commonly cited reasons for not currently taking ART medication were experiencing side effects, missing a refill, or having expired eligibility.

The Houston EMA's *2017-2018 Out of Care Special Study* identified several emerging themes regarding service gaps for PLWH who were not in HIV medical care, or who had a history of being out of care on multiple occasions. Participants in the special study indicated there was a need in the community for proactive education and service linkage in Houston area emergency departments. Though Ryan White Part A-contracted providers are required to maintain "Point of Entry" (POE) agreements with such sites, many local private, rural, or free-standing emergency departments are typically not included in POE agreements. Participants also identified a need for more proactive or "warm hand-off" coordination between pre-discharge planners and service linkage workers (SLW) and medical case managers (MCM) for those being released from incarceration. Culture shifts for newly diagnosed PLWH or those new to Ryan White funded care were reported as contributing to the lack of awareness of services as observed in the 2020 NA. These individuals were not aware of support services available to them as they moved from non-HIV private or public care to the Ryan White Program care system. One participant shared, "I didn't know [about gas cards]. I thought it was like a regular doctor's office. You don't ask for gas at the doctor." Among participants who were out of care while employed, stigma and fear of stigma in the workplace prevented them from accessing or using their employer-sponsored health insurance. Participants who experienced persistent homelessness or housing instability reported entering or returning to care because a knowledgeable peer directed them to support services. However, these participants reported that both they and their peers used support services as survival resources, rather than with the intent of accessing and staying in care. Participants described this as a survival resource cycle for PLWH experiencing homelessness that resulted in consumers accessing care to receive support services for multiple years, but rarely returning for follow-up appointments, not adhering to medications, and experiencing decreasing health and quality of life issues.

**General system and social barriers to HIV care services included:**

1. Experiencing stigma, violence, and poverty;
2. Health care coverage issues, including the absence of Medicaid expansion in the State of Texas and coverage gaps;
3. Substance use, co-morbid health conditions, diagnosed and undiagnosed co-morbid mental health conditions; and
4. Housing instability and lack of transportation.

**Challenges:** Geographic and environmental factors such as an EMA area of almost 6,000 square miles, temperatures that often exceed 100°F in the summer, poor mass transit options, and frequent widespread flooding in low-lying areas create barriers for those who rely on public transportation to access medical care. While 64% of 2020 NA respondents reported having some form of health care coverage, analysis revealed that most health insurance-related barriers occurred because participants were experiencing coverage gaps for needed services or medications and were uninsured or underinsured. Additionally, respondents reported difficulty paying for HIV medications (29%), non-HIV medications (33%) and medications to treat mental health concerns (25%), even when receiving some form of medication assistance. With Houston/Harris County as one of the most ethnically diverse communities in the United States, it is surprising that language barriers are rarely identified as common barriers to care. Per Houston EMA Standards of Care (SOC), Ryan White-funded providers are required to have interpretive services available, Spanish bilingual staff, and staff trained in cultural competence available to serve individuals with limited English proficiency.

**Strengths:** Long-term Centers for Disease Control and Prevention (CDC), State and Ryan White funding has enabled the development of an extensive system of services throughout the 10-county area that include: testing, counseling, linkage to care, PrEP and PEP, primary medical care, local pharmacy assistance, medical case management, oral health care, health insurance assistance, substance use disorder, psychiatric, outreach, medical nutritional therapy, medical transportation, referral for healthcare and support services (ADAP eligibility workers) services and more. By bundling services into single contracts, many of the clinic sites provide “one stop shopping” for consumers. Because Ryan White funded primary care clinics have also received CDC, and now EHE funding, the existing care system has been a strong springboard for launching status neutral, Rapid Start Programs with long-term pharmacy assistance and transportation embedded in most of the Ryan White funded clinic locations.

From the 2020 NA, the 2022 HIV Prevention Needs Assessment, priority population focus groups, provider focus groups, stakeholder interviews, the 2022 crosswalk of comprehensive plans, community meetings, and other data sources, the following were selected as priority areas to emphasize within the 2022 Integrated Planning goals and objectives: 1) support for local and national EHE initiatives, 2) education and coordination, 3) access to care and medication, 4) quality of life issues, and 5) policy issues.

**1. a. b. c. d. Diagnose, Treat, Prevent and Respond:** Thirty-three one-on-one interviews with stakeholders and focus groups with 104 front line workers were conducted. These stakeholders expressed a desire for education for their population of expertise, education for themselves, and a desire for one-stop shopping for their clients. In addition to priority populations themselves

## OVERALL SERVICE NEEDS AND BARRIERS

As the payer of last resort, the Ryan White Human HIV/AIDS Program gives HIV-related help to people living with HIV (PLWH) who don't have enough resources. In the Houston area, the Ryan White HIV/AIDS Planning Council decides how to design, fund, and provide these local services. Housing help is given through the federal Housing Opportunities for Persons with AIDS (HOPWA) program by the City of Houston Housing and Community Development Department and also by the Houston Regional HIV/AIDS Resource Group (TRG) for PLWH leaving jail or prison. The main goal of HIV needs assessments is to learn what services people need and what makes it hard to get care from Ryan White, HOPWA, and the Houston Health Department (HHD) prevention program.

### Overall Ranking of Funded Services, by Need

At the time of survey, 16 HIV core medical and support services were funded through the Houston Area Ryan White HIV/AIDS Program. Participants of the 2025 Houston HIV Care Services Needs Assessment were asked to indicate which of the 16 funded services\* they needed in the past 12 months.

*Note: As of FY23 Pre-discharge Planning was dropped. Additionally, medication assistance was combined with emergency financial assistance (medication) and local pharmacy assistance to create one service category.*

*Note: As of FY23 Spanish language was not included as an approved language in translation services.*

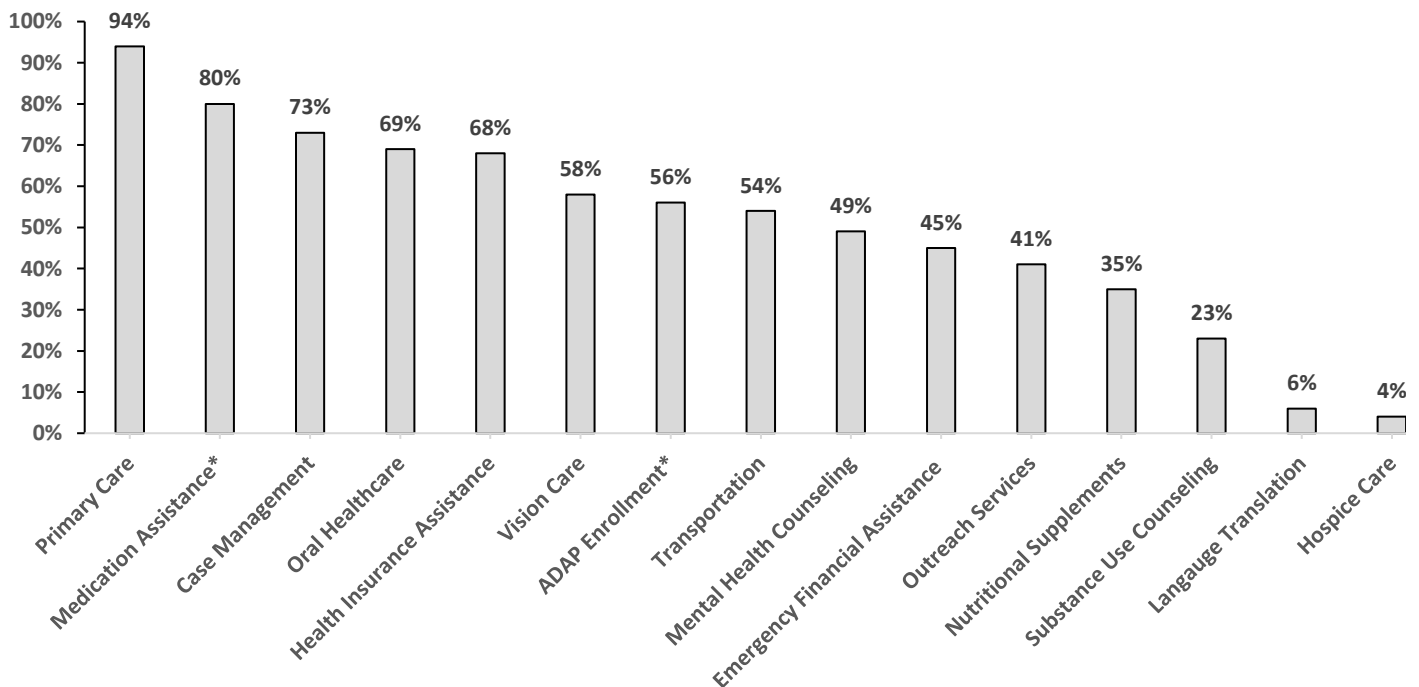
**(Graph 1)** All funded services were analyzed and received a ranking of need. At 94%, primary care was the most needed funded service in the Houston Area, followed by local medication assistance at 80%, case management at 73%, oral health care at 69%, health insurance assistance at 68%, and vision care at 58%. Primary care had the highest need ranking of any core medical service, while ADAP enrollment worker received the highest need ranking of any support service. Compared to the last Houston Area HIV needs assessment conducted in 2020, need ranking increased for several services. The most notable increase was for primary care, rising from 89% to 94%. Emergency financial assistance and outreach services also saw substantial increases in reported need. Meanwhile, case management and ADAP enrollment experienced slight decreases. **Some services, such as oral health care and substance use counseling, remained relatively stable.** A few new categories, including language translation, and hospice care, were assessed in 2025 but not included in 2020.

**GRAPH 1—Percent Ranking of HIV Services in the Houston Area, By Need, 2025**

**Definition:** Percent of needs assessment participants stating they needed the service in the past 12 months, regardless of service accessibility.

**Denominator:** 556-558 participants, varying between service categories

*Note: Denominator varies by service category (range: 556–558). Percentages reflect only participants who provided a valid response.*



## RETENTION IN CARE

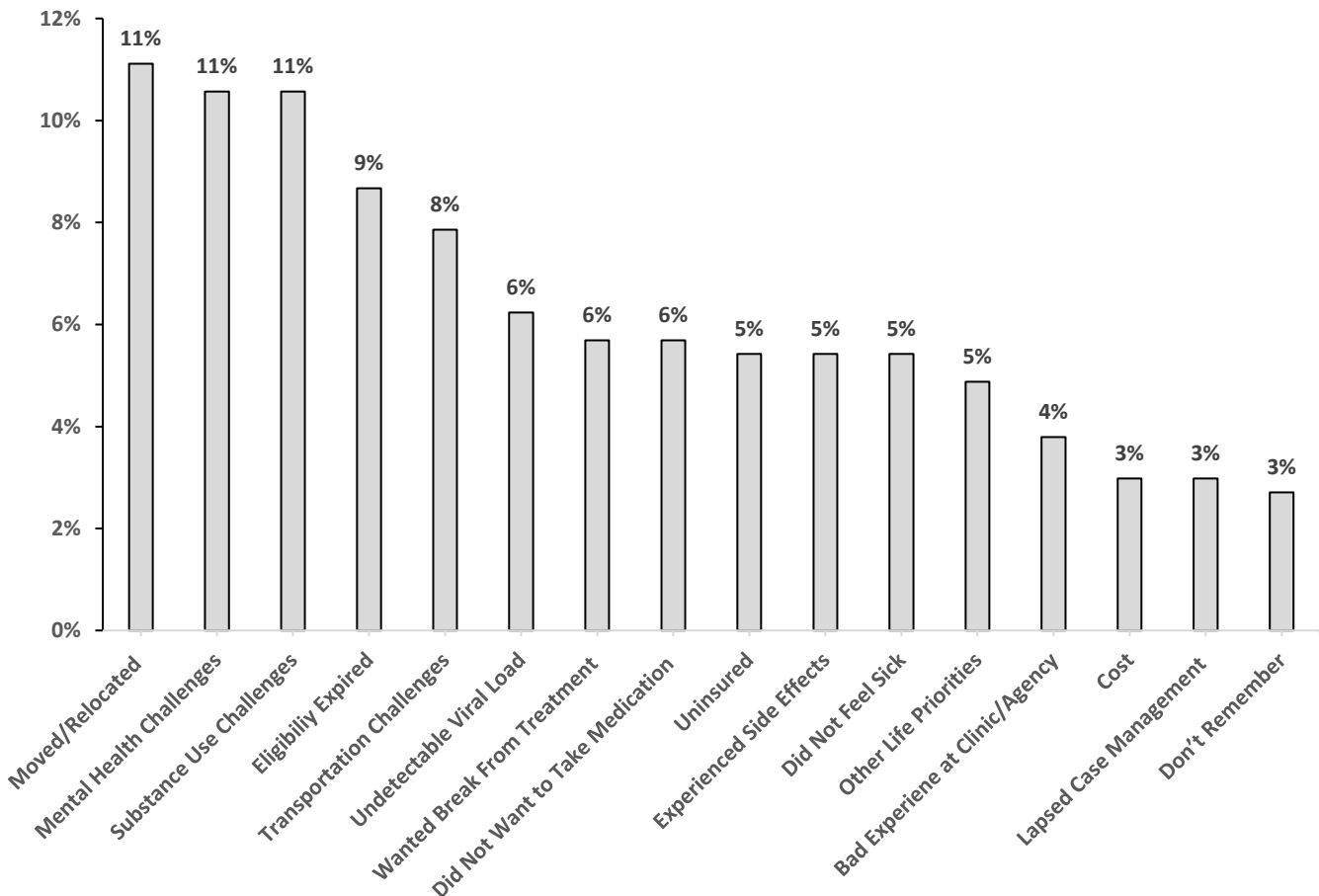
The 2025 Houston HIV Care Services Needs Assessment explored history of HIV care continuity since diagnosis to gather information about barriers to retention. These results help communities identify assets and effective strategies for increasing retention in care in the Houston Area. According to local epidemiological data (generated by the Houston Health Department), 76% of all diagnosed PLWH in the Houston EMA were in HIV care in the past 12 months, and 55% were retained in care throughout the year (2022). In contrast, 99% of survey participants had met need and 99% were retained in care.

## Barriers to Retention in Care

**(Graph 8)** 33% of needs assessment participants reported at least one interruption in their HIV care for 12 months or more since their diagnosis. Those who reported a break in HIV care for 12 months or more since first entering care were asked to identify the reasons for falling out of care. Fifteen commonly reported reasons were included as options in the consumer survey. Participants could also write-in their reasons. Moving or relocating, mental health challenges, and substance use challenges were selected most often at 11% of all reasons reported. This was followed by expired eligibility (9%), and transportation challenges (8%). The most common write-in reason for falling out of care were housing insecurity, fear or avoidance of care, and being denied treatment (2 participants each)

**GRAPH 8-Reasons for Falling Out of HIV Care in the Houston Area, 2025**

Definition: Percent of times each item was reported by needs assessment participants as the reason they stopped their HIV care for 12 months or more since first entering care  
Denominator: 369 reasons for falling out of care reports



## Substance Use

Participants were asked to indicate whether alcohol or drug use had interfered with the participant getting HIV medical care at any point in the past 12 months.

Examples provided included alcohol or drug use that led to missing HIV medical appointments, having trouble taking HIV medications as prescribed, avoiding medical care for fear of legal issues, or fear telling an HIV doctor about alcohol or drug use. Those who indicated an alcohol or drug use barrier to care were then asked to select or write in the substance(s) that contributed to the barrier.

**(Graph 4)** A majority of participants (58%) reported no alcohol or drug use in the past 12 months. This was followed by 17% of participants who reported alcohol or drug use that did not interfere with accessing HIV medical care, and 21% who reported alcohol or drug use that interfered with HIV medical care.

Of the 38% of total participants who indicate some form of recent alcohol or drug use, nearly a fifth (21%) had alcohol or drug use that interfered with accessing HIV medical care.

**GRAPH 4---Substance Use as a Barrier to Care among PLWH in the Houston Area, 2025**

Definition: Percent of participants reporting substance use as a barrier to HIV Care in the past 12 months.

Denominator: 545 participants

