

Houston Area HIV Services Ryan White Planning Council
Office of Support
1440 Harold Street, Houston, Texas 77006
832 927-7926 telephone; <http://rwpchouston.org>

Memorandum

To: Members, Priority and Allocations Committee:

Peta-gay Ledbetter, Co-Chair	Bill Patterson
Rodney Mills, Co-Chair	Megan Rowe
Laura Alvarez	Isis Torrente
Kevin Anderson	<i>Morénike Giwa Onaiwu</i>
Ardry Boyle	<i>Josh Mica</i>
Ronnie Galley	<i>Norman Reed</i>
Glen Hollis	

Copy: Tana Pradia Tiffany Shepherd
Frank Ruiz Sha'Terra Johnson
Glenn Urbach Carin Martin
Eric James Rodney Goodie
James Supak Talice Thomas, Nashville PC staff

From: Richon Ohafia, Director

Date: Tuesday, February 17, 2026

Re: Meeting Announcements

We are excited to see you at your first 2026 meeting. Recommend that members come in person, if available, to make it easier to follow along. Details are as follows:

Priority and Allocations Committee Meeting
12 noon, Thursday, February 26, 2025

Click the following link to join the Zoom meeting:
<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltz09>

Meeting ID: 893 7471 3843 Passcode: 339238

Or call: 346 248 7799

In person option (must rsvp)
Bering Church, 1440 Harold St., Houston, Texas 77027
Please enter the building from the parking lot behind the building

Please respond to Rod's email reminders to let her know if you will or will not be in attendance. If you will be in attendance, please let her know if we will see you in person or virtually. We appreciate your valuable time and look forward to seeing you Thursday!

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12 noon, Thursday, February 26, 2026

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

In person meeting location: Bering Church, 1440 Harold St., Houston, Texas 77006

Please enter the building from the parking lot behind the building

To participate virtually, click on the following Zoom link:

<https://us02web.zoom.us/j/89374713843?pwd=UDBqbitGUk14d081eDRUSCtBdGltzd09>

Meeting ID: 893 7471 3843 Passcode: 339238

Or, use your telephone and dial in: 346 248 7799

AGENDA

- I. Call to Order Peta-gay Ledbetter and
Rodney Mills, Co-Chairs
 - A. Welcome and Introductions
 - B. Moment of Reflection
 - C. Adoption of the Agenda
 - D. Approval of the Minutes

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

- III. Committee Orientation Richon Ohafia
 - A. Petty Cash and Open Meetings Act Training
 - B. Conflict of Interest Policy
 - C. 2026 Critical Timeline and Committee Meeting Dates and Times
 - D. Determine the FY 2026 Policy on Allocating Unspent Funds
 - E. Determine the FY 2027 Principles & Criteria
 - F. Determine the FY 2027 Priority Setting Process
 - G. Elect a Committee Vice Chair

- IV. Reports from the Administrative Agencies Glenn Urbach
 - A. Updates on FY 2025 and 2026 HRSA Grant Awards
 - B. Training on how to review Ryan White Part A/MAI reports
 - C. Updates from The Resource Group Sha'Terra Johnson
 - D. Training in how to review Ryan White Part B/SS reports

- V. Announcements

- VI. Adjourn
 - Optional: Meet with the Committee Mentor Bill Patterson

Houston Area HIV Services Ryan White Planning Council

Priority & Allocations Committee Meeting

12:00 p.m., Thursday, October 25, 2025

Meeting Location: Bering Church, 1440 Harold Street and Zoom Teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	STAFF PRESENT
Peta-gay Ledbetter, Co-Chair	Laura Alvarez	Glenn Urbach, RWGA
Jay Bhowmick, Co-Chair	Roxane May	James Supak, RWGA
Rodney Mills	Bobby Cruz	Sha'Terra Johnson, TRG
Georgina German	Skeet Boyle, excused	Aaron Hinton, TRG Intern
Ronnie Galley	<i>Bruce Turner</i>	
Bill Patterson		<i>Office of Support</i>
Megan Rowe	OTHERS PRESENT	Richon Ohafia
Isis Torrente	Josh Mica, he/him/él, RWPC Chair	Rod Avila
<i>Morénike Giwa Onaiwu</i>		

See the attached chart at the end of the minutes for individual voting information.

Call to Order: Rodney Mills, Vice Chair, called the meeting to order at 12:02 p.m. and asked for a moment of reflection.

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

Approval of the Minutes:

Motion #2: *it was moved and seconded (Torrente, Patterson) to approve July 24, 2025, minutes. Motion carried.* Abstained: Bhowmick, Onaiwu, and German

Public Comment: none.

Reports from the Administrative Agents

Ryan White Part A and Minority AIDS Initiative (MAI): Glenn Urbach with RWGA reviewed with the Committee the year-to-date P&A report through August 2025 and noted expenditures were about 41%, with additional changes expected once August billings and back billings were processed. He noted some categories were underspending and that contract reductions and other adjustments would help build the reallocation pool. See attached reports.

Ryan White Part B/State Services: Sha'Terra Johnson with TRG presented updates on Health Insurance Assistance service utilization and procurement across grants. Also reported providing about 31,000 services to 4,008 unduplicated clients and about \$4.6 million in expenditures through August 31, 2025. She explained how assisted versus non-assisted tracking is captured, see attached reports.

Requests for Ryan White Part A/MAI Allocation Increases: The Committee then reviewed the mid-year reallocation process, including six Part A requests and one for MAI request for allocation increases. Staff also explained that remaining MAI dollars could be applied only to controls with MAI contracts. After reviewing the requests and discussing priorities, the Committee reached agreement on the reallocation distribution totaling \$434,477 (see attached chart for details).The Committee also agreed to apply the remaining \$39,900 in MAI funds to the eligible Outpatient Ambulatory Health Services MAI control to support primary care services. **Motion #3:** *It was moved and seconded (Ledbetter, Torrente) to reallocate FY2025 Ryan White Part A funds according to the control requests and allocations presented during the meeting, see attached.*
Motion carried.

New Business

FY 2025 Carryover Funds: The Committee discussed a recommended action related to FY2025 Ryan White Part A carryover funds, but by agreement, the Committee deferred this item to a later year-end discussion.

FY 2025 Unspent Funds: Motion #4: *It was moved and seconded (Torrente, Patterson) that in the final quarter of FY 2025 Ryan White Part A, Part B and State Services grant years, after implementing the year end Council-approved reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, Ryan White Grant Administration (RWGA) may reallocate any remaining unspent funds as necessary to ensure the Houston EMA has less than 5% unspent Formula funds and no unspent Supplemental funds. The Resource Group (TRG) may reallocate any remaining unspent funds as necessary to ensure no funds are returned to the Texas Department of State Health Services. RWGA and TRG must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting..*
Motion carried.

Suggested Changes to Committee Reports for FY 2026: Ohafia asked members to look over the Ryan White data reports. The Committee members asked the staff to also provide average payment-per-client information in the reports.

Announcements: Mica announced the passing of Bobby Cruz, a long-term Planning Council member and former P&A co-chair, and the Committee observed a brief moment of silence.

Adjournment: *the meeting was adjourned at 1:26 p.m.*

Submitted by:

Approved by:

Richon Ohafia, Director

Date

Committee Chair

Date

2025 Priority & Allocations Committee Voting Record for 10/24/25

	Motion #1 Agenda Carried				Motion #2 Minutes for 07/24/25 Carried				Motion #3 Reallocate FY2025 Ryan White Part A funds Carried				Motion #4 FY 2025 Unspent Funds Carried							
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN				
MEMBERS																				
Peta-gay Ledbetter, Co-Chair		X				X				X				X						
Jay Bhowmick, Co-Chair		X					X			X				X						
Rodney Mills, Vice Chair				C				C				C				C				
Skeet Boyle		X				X				X				X						
Georgina German		X					X			X				X						
Ronnie Galley		X				X				X				X						
Bill Patterson		X				X				X				X						
Megan Rowe		X				X				X				X						
Morénike Giwa Onaiwu		X					X			X				X						
Laura Alvarez	X				X				X				X							
Roxane May	X				X				X				X							
Bobby Cruz	X				X				X				X							
Skeet Boyle	X				X				X				X							
Bruce Turner	X				X				X				X							

Nuts and Bolts for New Members

Please take into account that the following describes Council procedures under normal circumstances (no COVID, hurricanes, freezes, chemical spills or other extreme situations).

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact Rod in the Office of Support. In the meantime, most reminder emails will include an electronic copy of the meeting packet.

The meeting packet will have the date and time of the meeting, along with the in person meeting address and the virtual link. When contacting Rod to RSVP, please let her know if you will or will not be in attendance AND if you will be participating in person or virtually. This will determine room set up and food orders.

If attending in person, please sign in upon arrival and use the extra agendas on the sign in table if you didn't bring your packet.

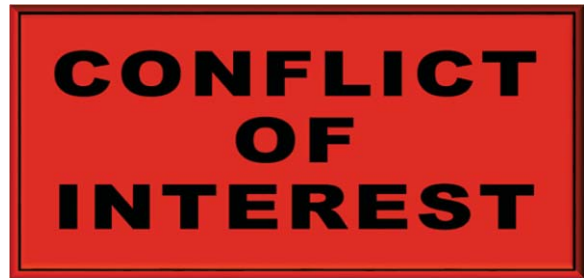
Only Council/committee members sit at the table since they are voting members; staff and other non-voting members sit in the audience.

The only members who can vote on the minutes are the ones who were present at the meeting described in the minutes. If you were absent at the meeting, please abstain from voting.

Due to County budgeting policy, there may be no petty cash reimbursements in March and April. Please turn in your receipts to Rod but be prepared to receive a reimbursement check in late April.

Be careful about stating personal health information in meetings as all meetings are tape-recorded and, due to the Open Meetings Act, are considered public record. Anyone can ask to listen to the recordings, including members of the media.

RYAN WHITE CONFLICT OF INTEREST



Short definition:

- You,
- someone with whom you share expenses,
- or the agency that employs you

will benefit from something that the Council is voting on.

HRSA/Council definition: “Conflict of Interest” (COI) is defined as an actual or perceived interest by a Ryan White Planning Council member in an action which results or has the appearance of resulting in personal, organizational, or professional gain.

COI does not refer to persons living with HIV whose sole relationship to a Ryan White funded provider is as a client receiving services.

The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation.

EXAMPLES:

Agencies that receive Ryan White funding include:

- Legacy Community Health - Vision
- Montrose Center – Mental Health Services
- Thomas Street Health Center – Primary Medical Care & Case Management

- 1.) If you are dating someone who works for Legacy Community Health, can you vote on allocating funds to the Vision program?
- 2.) If you and your roommate are “just friends” and he works for Thomas Street Health Center, can you vote on allocating funds to primary medical care? Food Pantry?
- 3.) If you are a client at Thomas Street Health Center, can you vote on allocating funds to case management?
- 4.) If you are a realtor and you have a contract to help the Montrose Center sell their building, can you vote on the service definition for mental health?

Houston Area HIV Services Ryan White Planning Council

Standing Committee Structure

(Reviewed 02-23-23)

1. **Affected Community Committee**

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV-related drug representatives are invited.

The committee will consist of individuals living with HIV, their caregivers (friends or family members) and others. All members of the PC who self-disclose as living with HIV are requested to be a member of the Affected Community Committee; however membership on a committee for individuals living with HIV will not be restricted to the Affected Community Committee.

2. **Comprehensive HIV Planning Committee**

This committee is responsible for developing the Comprehensive Needs Assessment, Integrated/Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from affiliate membership and expertise.

3. **Operations Committee**

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from affiliate member participation except where resolve of grievances are concerned.

4. **Priority and Allocations Committee**

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include affiliate members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

5. Quality Improvement Committee

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on “how to best meet the need” are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year and monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council’s third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of affiliate members.

Houston Area HIV Services Ryan White Planning Council
Office of Support
1310 Prairie Street, Suite 800, Houston, Texas 77002
832 927-7926 telephone; www.rwpchouston.org

MEMORANDUM

To: Members, Ryan White Planning Council
Affiliate Members, Ryan White Committees

Copy: Glenn Urban, Manager, Ryan White Grant Administration

From: Richon Ohafia, Director, Ryan White Office of Support

Date: January 29, 2028

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 28, 2028. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and Affiliate Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 22, 2028.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2028 **will not be reimbursed at all if they are turned in after March 10, 2028.**
- 3.) The Office of Support may not have access to petty cash funds between October 1 and November 15, 2028. If meetings are held in person during this time, then volunteers should give Rod the usual reimbursement request forms for transportation, food and childcare expenses, but the Office may not be able to reimburse volunteers for these expenses until early December 2028.

We apologize for what could be an inconvenience. Please call [832 927-7926](tel:8329277926) at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

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Memorandum

To: Members, Houston Ryan White Planning Council
Affiliate Members, Ryan White Committees

From: Tlej qp"Qj chkc, Director, Ryan White Office of Support

Date: January 29, 2028

Re: Open Meetings Act Training

Please note that all Council and Affiliate Committee members are required to take the Open Meetings Act training at least once in their lifetime. If you have never taken the training, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 29, 2028. The training takes 60 minutes and can be accessed through the following link or QR code (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

<https://www.texasattorneygeneral.gov/og/oma-training>

If you do not have high-speed internet access, you are welcome to contact Rod in the Office of Support and we will help you access the information.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Call the Office of Support with the validation code and the staff will print it for our files and give you a copy as well.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.



2026 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/27/26)

AFFECTED COMMUNITY

Meetings are on the second Tuesday after Council meets starting at 12:30pm:

February 24	July 21
March 20*	August 25
March 24	September 22
April - no mtg	October 20
May 26	November 24
June 23	December - no mtg

COMPREHENSIVE HIV PLANNING

Meetings are on the second Thursday of the month starting at 2:15 pm:

February 12	August 13
March 12	September 10
April – no mtg	October 8
May 14	November 12
June 11	December - no mtg
July 09	

OPERATIONS

Meetings are on the second Monday after Council meets starting at 1:00 pm:

February 23	August 24
March 23	September 21
April - no mtg	October 19
May 18	November 23
June 22	December 21
July 20	

PLANNING COUNCIL

Meetings are on the second Thursday of the month starting at 12 noon:

February 12	August 13
March 12	September 10
April 09	October 08
May 14	November 12
June 11	December 10
July 09	

PRIORITY & ALLOCATIONS

Meetings are on the second Thursday after council starting at 12 noon:

February 26	July 23
March 20*	August 27
March 26	September 24
April 23	October 22
May 28	November - no mtg
June 25	December - no mtg

QUALITY IMPROVEMENT

Meetings are on the Second Friday following Council starting at 12:30 pm:

February 20	August 21
March 20*	September 18
April - no mtg	October 16
May 22	November 20
June – no mtg	December - no mtg
July 17	

STEERING

Meetings are on the first Thursday of the month starting at 12 noon:

February 5	August 6
March 5	September 3
April 2	October 1
May 7	November 5
June 4	December 3
July 2	

*Joint meeting of the Affected Community, Priority and Allocations and Quality Improvement Committees.

BOLD = Special meeting date, time or place

DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2026 Council Activities

(Revised 01-30-26)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. **The following meetings are subject to change. Please check our website at <http://RWPCHouston.org/> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

General Information: The following is a list of significant activities regarding the 2026 Houston Ryan White Planning Council. People living with HIV, providers and members of the public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to review monthly calendars and/or meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: <http://rwpchouston.org>.

Most Ryan White Council and Committee meetings will use a hybrid format in 2026. Routinely, the Ryan White Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

- Wed. Jan. 21 Council Orientation. 2026 Committee meeting dates will be established at this meeting.
- February EHE/Integrated Planning body Committees and Workgroups start meeting. Contact the Office of Support to become a member of these groups.
- Thurs. Feb. 5 12 noon. First Steering Committee meeting for the 2026 planning year.
- Thurs. Feb.12 12 noon. First Council meeting for the 2026 planning year.

Tues. Feb. 12	5:00 pm. Deadline for submitting Proposed Idea Forms to the Office of Support. The Council is currently funding 18 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider a service that is not currently being funded in the Greater Houston area with Ryan White funds. The form requires documentation that justifies why a particular service should be funded and why it is not a duplication of a service already being offered through another funding source. Anyone can submit an Idea Form. Contact the Office of Support at 832 927-7926 to request forms or on our website at
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- Feb. TBD 10 am, Orientation for new 2026 Affiliate Committee Members.
- Thurs. Feb. 26 12 noon. Priority & Allocations Committee meets to approve the **policy on allocating FY 2026 unspent funds, FY 2027 priority setting process** and more.
- March Integrated Planning body Committees and Workgroups meet to continue working on goals. Committees and Workgroups will meet every other month (May, July, September, November). The Leadership Team will meet in alternative months (April, June, August, October, December). Contact the Office of Support to become a member of these groups.
- March dates TBD EIIHA Workgroup and the Project LEAP/Proyecto VIDA Advisory Committee meet.
- Friday March 20 12 noon. Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the **FY 2027 service categories** for Part A, Part B, MAI* and *State Services* funding.
- Tues. March 24 12 noon. **Consumer Training** on the How to Best Meet the Need process.
- Thurs. April 2 12 noon. Steering Committee meets.

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Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2026 Council Activities

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(continued)

Thurs. April 9

12 noon. Planning Council meets.

1:30 – 4:30 pm. **Council & Community Training for the How to Best Meet the Need process, priority setting & allocations.** Those encouraged to attend are community members and individuals from the Quality Improvement, Priority & Allocations & Affected Community Committees. Call 832 927-7926 for confirmation and additional information.

Fri. April 10

5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 12 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

APRIL & MAY

How to Best Meet the Need workgroups are scheduled to meet. Call 832 927-7926 for confirmation and to receive meeting packets.

* denotes new Service Category

Mon. April 13

1:00 pm – 5:00 pm, Special workgroup meetings. Topics to be announced.

Tues. April 14

10:30 am. **How To Best Meet the Need Workgroup #1** at which the following services for FY 2027 will be reviewed:

- Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance – Pharmacy Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach, and Service Linkage – Adult and Rural)
- Referral for Health Care and Support Services – ADAP Enrollment Workers
- Clinical Case Management
- Early Intervention Services* -Service Linkage at Testing Sites (Formerly Non-Medical Case Management)
- Vision Care

Tues. April 14

1:30 pm. **How To Best Meet the Need Workgroup #2** at which the following services for FY 2027 will be reviewed:

- Health Insurance Premium & Co-pay Assistance
- Medical Nutritional Therapy (including Nutritional Supplements)
- Food Bank/Home Delivered Meals
- Mental Health – Untargeted & Special Populations
- Substance Use Disorder Treatment/Counseling
- Non-Medical Case Management (Substance Use Disorders)
- Oral Health – Untargeted & Rural

Weds. April 15

2:00 pm – 4:00 pm. **How To Best Meet the Need Workgroup #3** at which the following services for FY 2027 will be reviewed:

- Emergency Financial Assistance - Other
- Hospice
- Housing – Temporary Assisted Living
- Linguistic Services
- Transportation (van-based - Untargeted & Rural)

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Houston Area HIV Services Ryan White Planning Council

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(continued)

- Thurs. April 23 12 noon. Priority & Allocations Committee meets to allocate **Part A/MAI* unspent funds.**
- Mon. May 18 1:00 pm. **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book**. The Operations Committee reviews the FY 2027 Council Support Budget.
- Fri. May 22 12 noon. Quality Improvement Committee meets to approve the **FY 2027 How to Best Meet the Need results** and review **subcategory allocation requests**. Draft copies are forwarded to the Priority & Allocations Committee.

TENT: Tues. May 26 7:00 pm., Public Hearing on the FY 2027 How To Best Meet the Need results.

- Weds. May 27 2:00 pm, Special Quality Improvement Committee meeting to review public comments regarding **FY 2027 How to Best Meet the Need results.**
- Thurs. May 28 12 noon. P&A meets to recommend the **FY 2027 service priorities** for Ryan White Parts A and B and *State Services* funding.
- Thurs. June 4 12 noon. Steering Committee meets to approve the **FY 2027 How to Best Meet the Need results.**
- Thurs. June 11** 12 noon. Council approves the **FY 2027 How to Best Meet the Need results.**
- June 15, 16 & 17** Time TBD. Special Priority & Allocations Committee meetings to draft the **FY 2027 allocations for RW Part A and B, MAI* and State Services funding.**
- Thurs. June 25** 12 noon. Priority & Allocations Committee meets to approve the **FY 2027 allocations for RW Part A and B, MAI* and State Services funding.**

JULY OR AUGUST 12 noon. Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training. Workgroup meets to complete the proposed **FY 2027 EIIHA Plan.**

Mon. July 6 7 pm. Public Hearing on the FY 2027 service priorities and allocations.

Tues. July 7 Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the **FY 2027 service priorities and allocations.**

Thurs. July 24 12 noon. The Priority and Allocations Committee allocates **FY 2025 carryover funds. (Allocate even though dollar amount will not be avail. until Aug.)**

Fri. July 31 5:00 pm. Deadline for submitting a Project LEAP application form. See Sept. 2 for description of Project LEAP. Call 832 927-7926 or visit our website RWPCHouston.org for an application form.

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(Revised 01-30-26)

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(continued)

- Thurs. Aug. 6 12 noon. **ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2027 GRANT.** (Mail out date for the August Steering Committee meeting is July 31, 2026.)
- Thurs. Aug 13 12 noon. Council approves the **FY 2027 service priorities and allocations.**
- TENT: Sept. 2** **Project LEAP and Proyecto VIDA** classes begin. These are free 8-week training courses in English and Spanish for individuals living with or affected by HIV. The goal is to provide knowledge and skills needed to plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.
- Fri. Sept. 4** 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 11 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
- Fri. Sept. 18 12 noon. **Consumer Training** on Standards of Care and Performance Measures.
- Mon. Oct. 19 1:00 pm. Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & the Letter of Agreement between Part B stakeholders.
- Tues. Oct. 20 12 noon. **Consumer-Only Workgroup** meeting to review **FY 2027 Standards of Care.**
- October or
November Date & time TBD. Community Workgroup meeting to review **FY 2027 Standards of Care** for all service categories.
- Thurs. Oct. 22 12 noon. Priority & Allocations Committee meets to allocate FY 2026 unspent funds.
- Thurs. Nov. 12 12 noon. Council recognizes all Affiliate Committee Members.
- TENT: Nov. 12** 2:00 pm. Commissioners Court to receive the World AIDS Day Resolution.
- Tues. Dec. 1 **World AIDS Day.**
- Thurs. Dec. 10 12 noon. Election of Officers for the 2027 Ryan White Planning Council.

* = *Minority AIDS Initiative (MAI) funding*

2026 Policy for Addressing Unobligated and Carryover Funds

(Council approved _____)

Background

The Ryan White Planning Council must address two different types of money: Unobligated and Carryover.

Unobligated funds are funds allocated by the Council but, for a variety of reasons, are not put into contracts. Or, the funds are put into a contract but the money is not spent. For example, the Council allocates \$700,000 for a particular service category. Three agencies bid for a total of \$400,000. The remaining \$300,000 becomes unobligated. Or, an agency is awarded a contract for a certain amount of money. Halfway through the grant year, the building where the agency is housed must undergo extensive remodeling prohibiting the agency from providing services for several months. As the agency is unable to deliver services for a portion of the year, it is unable to fully expend all of the funds in the contract. Therefore, these unspent funds become unobligated. The Council is informed of unobligated funds via Procurement Reports provided to the Quality Improvement (QI) and Priority and Allocations (P&A) Committees by the respective Administrative Agencies (AA), HCPH/Ryan White Grant Administration and The Resource Group.

Carryover funds are the RW Part A Formula and MAI funds that were unspent in the previous year. Annually, in October, the Part A Administrative Agency will provide the Committee with the estimated total allowable Part A and MAI carryover funds that could be carried over under the Unobligated Balances (UOB) provisions of the Ryan White Treatment Extension Act. The Committee will allocate the estimated amount of possible unspent prior year Part A and MAI funds so the Part A AA can submit a carryover waiver request to HRSA in December.

The Texas Department of State Health Services (TDSHS) does not allow carryover requests for unspent Ryan White Part B and State Services funds.

It is also important to understand the following applicable rules when discussing funds:

- 1.) **10% Rule:** The Administrative Agencies are allowed to move up to 10% of unobligated funds from one service category to another. The 10% rule applies to the amount being moved from one category and the amount being moved into the other category. For example, 10% of an \$800,000 service category is \$80,000. If a \$500,000 category needs the money, the Administrative Agent is only allowed to move 10%, or \$50,000 into the receiving category, leaving \$30,000 unobligated.
- 2.) **Procurement Rules**, it is difficult to RFP funds after the mid-point of any given fiscal year.

In the final quarter of the applicable grant year, after implementing the Council-approved October reallocation of unspent funds and utilizing the existing 10% reallocation rule to the extent feasible, the AA may reallocate any remaining unspent funds as necessary to ensure the Houston EMA/HSDA has less than 5% unspent Formula funds and no unspent Supplemental funds. The AA for Part B and *State Services* funding may do the same to ensure no funds are returned to the Texas Department of State Health Services (TDSHS). The applicable AA must inform the Council of these shifts no later than the next scheduled Ryan White Planning Council Steering Committee meeting.

Recommendations for Addressing Unobligated and Carryover Funds:

- 1.) **Requests from Currently Funded Agencies Requesting an Increase in Funds in Service Categories where the Agency Currently Has a Contract:** These requests come at designated times during the year.

A.) In response, the AA will provide funded agencies a standard form to document the request (see attached). The AA will state the amount currently allocated to the service category, state the amount being requested, and state if there are eligible entities in the service category. This form is known as a ***Request for Service Category Increase***. The AA will also provide a Summary Sheet listing all requests that are eligible for an increase (e.g. agency is in good standing).

The AA must submit this information to the Office of Support in an appropriate time for document distribution for the April, July and October P&A Committee meetings. The form must be submitted for all requests regardless of the completeness of the request. The AA for Part B and State Services Funding will do the same, but the calendar for the Part B AA to submit the Requests for Service Category Increases to the Office of Support is based upon the current Letter of Agreement. The P&A Committee has the authority to recommend increasing the service category funding allocation, or not. If not, the request "dies" in committee.

- 2.) **Requests for Proposed Ideas:** These requests can come from any individual or agency at any time of the year. Usually, they are also addressed using unobligated funds. The individual or agency submits the idea and supporting documentation to the Office of Support. The Office of Support will submit the form(s) as an agenda item at the next QI Committee meeting for informational purposes only, the Office of Support will inform the Committee of the number of incomplete or late requests submitted and the service categories referenced in these requests. The Office of Support will also notify the person submitting the Proposed Idea form of the date and time of the first committee meeting where the request will be reviewed. All committees will follow the RWPC bylaws, policies, and procedures in responding to an "emergency" request.

Response to Requests: Although requests will be accepted at any time of the year, the Priority and Allocations Committee will Review requests at least three times a year (in April, July, and October). The AA will notify all Part A or B agencies when the P&A Committee is preparing to allocate funds.

- 3.) **Committee Process:** The Committee will prioritize recommended requests so that the AA can distribute funds according to this prioritized list up until May 31, August 31 and the end of the grant year. After these dates, all requests (recommended or not) become null and void and must be resubmitted to the AA or the Office of Support to be considered in the next funding cycle.

After reviewing requests and studying new trends and needs the committee will review the allocations for the next fiscal year and, after filling identified gaps in the current year, and if appropriate and possible, attempt to make any increase in funding less dramatic by using an incremental allocation in the current fiscal year.

- 4.) **Projected Unspent Formula Funds:** Annually in October, the Committee will allocate the projected, current year, unspent, Formula funds so that the Administrative Agent for Part A can report this to HRSA in December.

Priority and Allocations

FY 2027 Guiding Principles and Decision Making Criteria

(Council approved:)

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

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

Principles

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

Allocations only

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

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

(Continued)

DECISION MAKING CRITERIA STEP 1:

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

DECISION MAKING CRITERIA STEP 2:

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

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

DRAFT
FY 2027 Priority Setting Process
(Priority and Allocations Committee approved: _____)

IMPORTANT: HRSA RW Part A Manual requires that “all RWHAB core medical and support services must be prioritized annually.” RWHAP 2025 Part A Manual, page 33.

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

(Continued on next page)

- At the end of challenges, the entire ranking is approved or rejected by the committee.
9. At a separate meeting, the Priority and Allocations Committee goes through the allocations process.
 10. The complete list of recommended priorities is presented at a Public Hearing.
 11. The committee meets to review public comment and possibly revise the recommended priorities.
 12. At the end of the How To Best Meet the Need, prioritization and allocations processes, staff removes services from the priority list that are not included on the list of services recommended to receive an allocation from Part A or B or State Service funding. The priority numbers are adjusted upward to fill in the gaps left by services removed from the list.
 13. Once this is done, the committee recommended single list of priorities is forwarded as the priority list of services for the following year.

2025 QUARTERLY REPORT
PRIORITY AND ALLOCATIONS COMMITTEE
(Submitted October 2025)

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

1. Conduct training to familiarize committee members with decision-making tools.
Status:

2. Review the final quarter allocations made by the administrative agents.
Status:

3. *Improve the processes for and strengthen accountability in the FY 2025 priority-setting, allocations and subcategory allocations processes for Ryan White Parts A and B and State Services funding.
Status:

4. When applicable, plan for specialty dollars like Minority AIDS Initiative (MAI) and special populations such as Women, Infants, Children and Youth (WICY) throughout the priority setting and allocation processes.
Status:

5. *Determine the FY 2025 priorities, allocations and subcategory allocations for Ryan White Parts A/MAI, Part B and State Services funding.
Status:

6. *Review the FY 2024 priorities as needed.
Status:

7. *Review the FY 2024 allocations as needed.
Status:

9. Annually, review the status of Committee activities identified in the current Integrated Houston Area HIV Prevention and Care Services Plan.
Status:

Status of Tasks on the Timeline: Ongoing

Committee Chairperson

Date

RYAN WHITE PART A & MAI PROCUREMENT & SERVICE UTILIZATION REPORTS

HOW TO READ RWGA REPORTS

FEBRUARY 2026

PROCUREMENT & SERVICE UTILIZATION REPORTS SUPPORT ACTIVITIES COMMON TO PLANNING COUNCILS & ADMINISTRATIVE AGENTS

- **Priority Setting – PC:** prioritizing each Ryan White Part A service category from **highest to lowest**
- **Resource Allocation – PC:** determining the amount of allocated funds **per service category**
- **Directives – PC:** How to Best Meet the Needs (e.g., client utilization rates per service category)
- **Procurement – RWGA:** RFP, Reviews, Contracting, Invoices
- **Contract Monitoring – RWGA:** Fiscal and Programmatic

RESOURCE ALLOCATION

- After setting service category priorities, the Council decides, how much RWA, MAI, RWB and TDSHS (“State Services”) funding will be allocated per service category
- The RWGA **Allocations & Procurement Report** documents
 - The Council’s **service category allocations** for Part A & MAI-funded services and how these funds are adjusted during the grant year (March 1 – February 28)
 - **Changes in allocations** made during the grant year
 - These changes are usually done in **1. April** (final NoA is issued from HRSA) **2. July** (unspent or “carryover funds” from the previous fiscal year) **3. October** (mid-year review of underspending Agency contracts). **4. fourth quarter** (sweep-up funds of Agency underspending contracts)
 - The associated **YTD monthly expenditures** by service category

PROCUREMENT

- Based on RWPC-approved service category allocations the **RWGA**, the Administrative Agency for RW Part A & MAI, **contracts with eligible Agencies to provide services**
- RWGA uses Requests For Proposals, Interlocal Agreements and contract renewals to **procure** the RW/A & MAI-funded services
- During the grant year, RWGA identifies funds that can be reallocated by the Council to other service priorities with unmet need (e.g., carryover funding from the previous fiscal year, underspending contracts)
- These changes in Allocations are documented in the Procurement Report

EXPENDITURES

- The Allocations & Procurement Report also documents the year-to-date (YTD) **expenditures** for each individual service category and subcategory the Council has allocated funds to
- RWGA identifies service categories where expenditures are not on track and works with Agencies to resolve challenges
- RWGA will reduce contracts when spending has fallen behind
- Those funds are returned to the Council for reallocation

RULES & CAVEATS

- No less than 75% of RWA and MAI funds must be allocated to Core Services unless the RWGA has received a waiver from HRSA
- RW/A and MAI **carryover** funds are also subject to the 75% Core Services Requirement. Carryover funds are unspent funds from the previous fiscal year.
- Due to the time needed to issue an RFP, select new Agencies and for those Agencies to begin service delivery, **new** Service Categories or contracting with **new** Agencies is not an option **after** the April reallocation opportunity when HRSA issues its final Notice of Award for the current fiscal year
 - This is because of the 4 – 6 months time it takes for RWGA to initiate an RFP process and for a selected Agency to begin service delivery.
- After April, reallocations can only be made into **existing** Service Categories, with the sole exception of allocating funds to ADAP
 - ADAP is a useful **contingency plan** if there are unanticipated unobligated funds that could trigger the 5% RW/A Formula penalty

MEDICAL NUTRITIONAL THERAPY A&P EXAMPLE

Priority	Planned Allocation	Award Reconciliation	Total Allocation	Amount Procured	Expended YTD	Percent Expended YTD	Percent Expected YTD
8	\$341,395	\$0	\$341,395	\$341,395	\$281,716	83%	83%

SERVICE UTILIZATION REPORT SUR

- The **SUR** mimics the Procurement Report and documents service utilization – how many unduplicated clients have received the service
- **Goal** is the number of unduplicated clients (**UDC**) intended to be served for each service category during the grant year
 - Goals are generally determined based on a five-year rolling average.
- **UDC served YTD** is the unduplicated number of clients who have accessed the service **so far** in the grant year
- **Demographic** data, age and race, is listed for each service category and subcategory
- **Bolded** rows are the unduplicated sum of all clients served per the HRSA Category

EXAMPLE

- Let's read the most recent SUR together

Prepared by: Ryan White Grant Administration

FY 2022 Ryan White Part A and MAI Service Utilization Report

RW PART A SUR- 3rd Quarter (3/1-11/30)

Priority	Service Category	Goal	Unduplicated Clients Served	Male	Female	Trans gender	AA (non-Hispanic)	White (non-Hispanic)	Other (non-Hispanic)	Hispanic	0-12	13-15	20-24	25-34	35-44	45-49	50-64	65 plus
1	Occupation/Ambulatory Primary Care (excluding Vision)	4,400	7,324	72%	22%	2%	13%	41%	0%	0%	0%	0%	0%	28%	12%	26%	2%	
1a	Primary Care - Public Clinic (a)	2,350	2,365	72%	27%	1%	41%	9%	2%	49%	0%	0%	3%	19%	27%	14%	37%	
1b	Primary Care - CBO Targeted to AA (a)	1,050	2,050	70%	27%	3%	80%	0%	1%	0%	0%	0%	7%	26%	27%	10%	17%	
1c	Primary Care - CBO Targeted to Hispanic (a)	900	1,749	82%	14%	0%	0%	100%	0%	0%	0%	0%	7%	32%	30%	11%	10%	
1d	Primary Care - CBO Targeted to White and/or MSM (a)	650	720	87%	11%	2%	0%	25%	15%	0%	0%	0%	2%	25%	26%	3%	36%	
1e	Primary Care - CBO Targeted to Rural (a)	450	450	71%	28%	1%	4%	23%	2%	33%	0%	0%	0%	2%	26%	17%	40%	
1f	Primary Care - Women at Public Clinic (a)	1,000	637	0%	99%	1%	51%	0%	1%	43%	0%	0%	2%	2%	17%	40%	0%	
1g	Primary Care - Pediatric (a)	NA	NA															
1h	Vision	1,050	1,074	72%	22%	2%	46%	13%	2%	39%	0%	0%	3%	23%	23%	12%	32%	
2	Medical Case Management (f)	2,950	4,245															
2a	Clinical Case Management	650	710	72%	26%	2%	52%	13%	1%	34%	0%	0%	3%	22%	25%	12%	32%	
2b	Med CM - Targeted to Public Clinic (a)	280	431	91%	7%	2%	50%	12%	1%	36%	0%	0%	1%	24%	28%	10%	32%	
2c	Med CM - Targeted to AA (a)	330	1,256	69%	15%	0%	99%	0%	1%	0%	0%	0%	4%	30%	29%	11%	16%	
2d	Med CM - Targeted to HI (a)	550	643	79%	15%	0%	0%	100%	0%	0%	0%	0%	6%	20%	30%	11%	21%	
2e	Med CM - Targeted to White and/or MSM (a)	240	252	86%	12%	2%	0%	88%	12%	0%	0%	0%	3%	20%	25%	10%	33%	
2f	Med CM - Targeted to Rural (a)	150	150	62%	32%	1%	4%	31%	6%	24%	0%	0%	3%	24%	40%	11%	31%	
2g	Med CM - Targeted to Women at Public Clinic (a)	240	179	0%	99%	1%	66%	0%	0%	22%	0%	0%	3%	21%	3%	11%	26%	
2h	Med CM - Targeted to Post (a)	NA	NA															
2i	Med CM - Targeted to Veterans	200	131	97%	3%	0%	70%	20%	1%	9%	0%	0%	0%	3%	5%	42%	49%	
2j	Med CM - Targeted to Youth	120	7	86%	12%	0%	29%	29%	0%	43%	0%	14%	86%	0%	0%	0%	0%	
3	Local Drug Reimbursement Program (a)	2,840	4,919	75%	21%	3%	45%	12%	2%	49%	0%	0%	4%	27%	29%	12%	21%	
4	Oral Health	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	20%	24%	15%	32%	
4a	Oral Health - Untargeted (d)	NA	NA															
4b	Oral Health - Rural Target	200	276	68%	31%	1%	38%	29%	1%	31%	0%	0%	3%	20%	24%	15%	32%	
5	Mental Health Services (d)	NA	NA															
6	Health Insurance	1,790	1,517	73%	19%	2%	42%	26%	3%	30%	0%	0%	1%	14%	17%	10%	42%	
7	Home and Community Based Services (g)	NA	NA															
8	Substance Abuse Treatment - Outpatient	40	8	100%	0%	0%	13%	50%	13%	25%	0%	13%	6%	38%	25%	6%	25%	
9	Early Medical Intervention Services (b)	NA	NA															
10	Medical Nutritional Therapy/Nutritional Supplements	650	435	75%	24%	1%	43%	19%	3%	34%	0%	0%	8%	17%	8%	51%	15%	
11	Hospice Services (d)	NA	NA															
12	Outreach	700	874	77%	20%	3%	57%	15%	1%	26%	0%	0%	5%	32%	27%	8%	23%	
13	Non-Medical Case Management	7,845	6,865															
13a	Service Linkage Targeted to Youth	300	153	76%	24%	0%	53%	5%	1%	41%	0%	15%	85%	0%	0%	0%	0%	
13b	Service Linkage at Testing Sites	250	79	72%	25%	3%	54%	6%	4%	30%	0%	0%	0%	44%	33%	10%	13%	
13c	Service Linkage at Public Clinic Primary Care Program (a)	3,740	2,745	69%	11%	2%	20%	1%	1%	30%	0%	0%	0%	18%	22%	13%	30%	
13d	Service Linkage at CBO Primary Care Programs (a)	3,755	3,895	75%	22%	3%	53%	12%	2%	32%	0%	0%	4%	25%	24%	10%	27%	
14	Transportation	2,850	1,865															
14a	Transportation Services - Urban	170	50	68%	30%	2%	59%	7%	3%	31%	0%	0%	5%	26%	24%	10%	30%	
14b	Transportation Services - Rural	170	125	65%	34%	1%	30%	31%	1%	38%	0%	0%	3%	17%	19%	19%	32%	
14c	Transportation vouchers	2,550	1,093															
15	Linguistic Services (c)	NA	NA															
16	Emergency Financial Assistance (a)	NA	1,574	75%	22%	2%	47%	9%	2%	42%	0%	0%	4%	26%	29%	12%	27%	
17	Referral for Health Care - Non Core Service (d)	NA	NA															
New unduplicated clients served - all categories*			12,841	15,182	74%	23%	2%	49%	14%	2%	36%	0%	0%	4%	25%	25%	11%	29%
Living AIDs cases + estimated Living HIV non-AIDs from HIV App (b)			NA	21,222	61%	31%	3%	14%	3%	24%	0%	0%	0%	0%	22%	22%	11%	11%

OTHER CONSIDERATIONS

- The SUR reflects **Part A and MAI service utilization only**
- At the request of the RWPC, RWGA can run reports regarding all clients served under all funding streams the Council allocates money for, including **Part B and State Services.**

QUESTIONS/DISCUSSION



Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments (mid year sweeps)	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	11,490,679	80,793	122,436	0	-135,748	-37,652	11,520,508	45.40%	11,520,508	0		\$10,772,258	94%	92%
1.a	Primary Care - Public Clinic (a)	4,254,296	30,499					4,284,795	16.88%	4,284,795	0	3/1/2025	\$4,293,283	100%	92%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,151,096	8,680	40,000		-27,841	-6,330	1,165,605	4.59%	1,165,605	0	3/1/2025	\$1,634,436	140%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	986,209	7,521	37,595		-27,841	-6,330	997,154	3.93%	997,154	0	3/1/2025	\$1,726,283	173%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,242,022	9,319	40,000		-66,666		1,224,675	4.83%	1,224,675	0	3/1/2025	\$444,973	36%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,191,872	8,967	4,841		7,500	-100,000	1,113,180	4.39%	1,113,180	0	3/1/2025	\$912,559	82%	92%
1.f	Primary Care - Women at Public Clinic (a)	2,164,684	15,807					2,180,491	8.59%	2,180,491	0	3/1/2025	\$1,383,780	63%	92%
1.g	Primary Care - Pediatric (a.1)														
1.h	Vision	450,500				-20,900	100,008	529,608	2.09%	529,608	0	3/1/2025	\$376,943	71%	92%
1.x	Primary Care Health Outcome Pilot	50,000	0				-25,000	25,000	0.10%	25,000	0	3/1/2025	\$0	0%	92%
2	Local Pharmacy Assistance Program	2,067,104	0	168,683	0	61,407	315,312	2,612,506	10.29%	2,612,506	0		\$1,716,480	66%	92%
2.a	Local Pharmacy Assistance Program-Public Clinic (a) (e)	367,104	0					367,104	1.45%	367,104	0	3/1/2025	\$347,596	95%	92%
2.b	Local Pharmacy Assistance Program-Untargeted (a) (e)	1,700,000	0	168,683		61,407	315,312	2,245,402	8.85%	2,245,402	0	3/1/2025	\$1,368,884	61%	92%
3	Medical Case Management	2,183,040	0	0	0	-92,927	-83,604	2,006,509	7.91%	2,006,509	0		\$1,193,021	59%	92%
3.a	Clinical Case Management	531,025	0				-63,604	467,421	1.84%	467,421	0	3/1/2025	\$413,519	88%	92%
3.b	Med CM - Public Clinic (a)	301,129	0					301,129	1.19%	301,129	0	3/1/2025	\$138,467	46%	92%
3.c	Med CM - Targeted to AA (a) (e)	183,663	0			-21,382		162,281	0.64%	162,281	0	3/1/2025	\$182,361	112%	92%
3.d	Med CM - Targeted to H/L (a) (e)	183,665	0			-21,382		162,284	0.64%	162,284	0	3/1/2025	\$64,455	40%	92%
3.e	Med CM - Targeted to W/MSM (a) (e)	66,491	0					66,491	0.26%	66,491	0	3/1/2025	\$28,839	43%	92%
3.f	Med CM - Targeted to Rural (a)	297,496	0			16,800		314,296	1.24%	314,296	0	3/1/2025	\$216,326	69%	92%
3.g	Med CM - Women at Public Clinic (a)	81,841	0					81,841	0.32%	81,841	0	3/1/2025	\$77,389	95%	92%
3.h	Med CM - Targeted Geriatrics	400,899	0					400,899	1.58%	400,899	0	3/1/2025	\$45,290	0%	0%
3.i	Med CM - Targeted to Veterans	86,964	0			-66,964	-20,000	0	0.00%	0	0	3/1/2025	\$0	0%	92%
3.j	Med CM - Targeted to Youth	49,867	0					49,867	0.20%	49,867	0	3/1/2025	\$26,375	53%	92%
4	Oral Health	166,404	0	0	0	10,008	40,750	217,162	0.86%	217,162	0		\$163,730	75%	92%
4.a	Oral Health - Untargeted (c)	0	0					0	0.00%	0	0	3/1/2025	\$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0			10,008	40,750	217,162	0.86%	217,162	0	3/1/2025	\$163,730	75%	92%
5	Health Insurance (c)	1,517,528	300,000	0	0	0	0	1,817,528	7.16%	1,817,528	0		\$1,401,439	77%	92%
6	Mental Health Services (c)	0	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
7	Medical Nutritional Therapy (supplements)	341,395	0	0	0	0	50,000	391,395	1.54%	391,395	0		\$284,928	73%	92%
8	Substance Abuse Services - Outpatient (c)	25,000	0	0	0	-2,500	-12,500	10,000	0.04%	10,000	0		\$7,958	80%	92%
10	Emergency Financial Assistance	2,114,136	0	27,100	0	143,260	0	2,284,496	9.00%	2,284,496	0		\$1,775,622	78%	92%
10.a	EFA - Pharmacy Assistance	2,039,136	0	2,100		168,260		2,209,496	8.71%	2,209,496	0	3/1/2022	\$1,710,323	77%	92%
10.b	EFA - Other	75,000	0	25,000		-25,000		75,000	0.30%	75,000	0	3/1/2025	\$65,299	87%	92%
11	Non-Medical Case Management	1,267,002	0	0	0	16,500	-28,258	1,255,245	4.95%	1,255,245	0		\$822,382	66%	92%
11.a	Service Linkage targeted to Youth	110,793	0					110,793	0.44%	110,793	0	3/1/2025	\$61,223	55%	92%
11.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0					100,000	0.39%	100,000	0	3/1/2025	\$63,579	64%	92%
11.c	Service Linkage at Public Clinic (a)	370,000	0					370,000	1.46%	370,000	0	3/1/2025	\$245,897	66%	92%
11.d	Service Linkage embedded in CBO Pcare (a) (e)	686,209	0			16,500	-28,258	674,452	2.66%	674,452	0	3/1/2025	\$451,683	67%	92%
12	Medical Transportation	374,911	0	0	0	0	-19,000	355,911	1.40%	355,911	0		\$324,204	91%	92%
12.a	Medical Transportation services targeted to Urban	252,680	0					252,680	1.00%	252,680	0	3/1/2025	\$179,166	71%	92%
12.b	Medical Transportation services targeted to Rural	97,185	0					97,185	0.38%	97,185	0	3/1/2025	\$140,024	144%	92%
12.c	Transportation vouchering (bus passes & gas cards)	25,046	0				-19,000	6,046	0.02%	6,046	0	3/1/2025	\$5,014	83%	92%
13	Housing - Temporary Assisted Living	49,500	0	0	0	0	0	49,500	0.20%	49,500	0		\$0	0%	92%
14	Outreach	220,000	0	0	0	0	0	220,000	0.87%	220,000	0		\$53,407	24%	92%
15	Food Bank/Home Delivered Meals	100,000	0	0	0	0	-95,010	4,990	0.02%	4,990	0		\$1,169	23%	92%
18	Other Professional Svcs or Legal Services	0	0	0	0	0	0	0	0.00%	0	0		\$0	0%	92%
FY23_RW_DIR	Total Service Dollars	21,916,699	380,793	318,219	0	0	130,038	22,745,749	89.41%	22,745,749	0		\$18,515,428	81%	92%
									Unallocated	Unobligated					92%
	Part A Grant Award:	25,059,912	Carryover:	318,219			Total Part A:	25,378,131	0	0					92%

Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments (mid year sweeps)	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
		Original Allocation	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent	Award Category	Award Amount	Amount Spent	Balance
	Core (must not be less than 75% of total service dollars)	17,791,150	380,793	291,119	0	-159,760	272,306	18,303,302	81.47%	14,138,374	82.87%	Formula			0
	Non-Core (may not exceed 25% of total service dollars)	3,976,049	0	27,100	0	159,760	-142,268	4,162,909	18.53%	2,922,208	17.13%	Supplement			0
	Total Service Dollars (does not include Admin and QM)	21,767,199	380,793	318,219	0	0	0	22,466,211		17,060,582		Carry Over	0	0	0
												Totals	0	0	0
	Total Admin (must be ≤ 10% of total Part A + MAI)	2,259,331	0	0	0	0	-80,038	2,179,293	7.82%						
	Total QM (must be ≤ 5% of total Part A + MAI)	503,089	0	0	0	0	-50,000	453,089	1.63%						
MAI Procurement Report															
Priority	Service Category	Original Allocation <i>RWPC Approved Level Funding Scenario</i>	Award Reconciliation	July Adjustments (carryover)	August 10% Rule Adjustments (f)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure- ment Balance	Date of Procure- ment	Expended YTD	Percent YTD	Percent Expected YTD
1	Outpatient/Ambulatory Primary Care	2,098,411	49,038	3,964	0	58,435	80,000	2,289,848	92.43%	2,289,848	0		\$1,910,040	83%	92%
1.b (MAI)	Primary Care - CBO Targeted to African American	1,061,151	24,798	1,982	0	30,000	40,000	1,157,931	46.74%	1,157,931	0	3/1/2025	\$985,605	85%	92%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	1,037,260	24,240	1,982	0	28,435	40,000	1,131,917	45.69%	1,131,917	0	3/1/2025	\$924,435	82%	92%
2	Medical Case Management	318,597	7,445	0	0	-58,435	-80,000	187,607	7.57%	187,607	0		\$141,534	75%	92%
2.c (MAI)	MCM - Targeted to African American	159,299	3,722			-30,000	-33,021	100,000	4.04%	100,000	0	3/1/2025	\$107,249	107%	92%
2.d (MAI)	MCM - Targeted to Hispanic	159,298	3,723			-28,435	-46,979	87,607	3.54%	87,607	0	3/1/2025	\$34,286	39%	92%
	Total MAI Service Funds	2,417,008	56,483	3,964	0	58,435	80,000	2,477,455	100.00%	2,477,455	0		\$2,051,574	83%	92%
	Grant Administration	0	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
	Quality Management	0	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0	0.00%	0	0		\$0	0%	0%
	Total MAI Funds	2,417,008	56,483	3,964	0	58,435	80,000	2,477,455	100.00%	2,477,455	0		\$2,051,574	83%	92%
	MAI Grant Award	2,473,491	Carry Over:	3,964			Total MAI:	2,477,455							92%
	Combined Part A and MAI Original Allocation Total	27,533,403							Unallocated	Unobligated					
									0	0		MAI Award	2,477,455		
												Total Part A & MAI Award	27,855,586		
Footnotes:															
All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.														
(a)	Single local service definition is multiple HRSA service categories. (1) does not include LPAP. Expenditures must be evaluated both by individual service category and by combined service categories.														
(c)	Funded under Part B and/or SS														
(e)	10% rule reallocations														

FY 2025 Ryan White Part A and MAI Service Utilization Report

Date Range: 03/01/2025 - 1/31/2026 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+	Expected YTD	YTD
1	Outpatient/Ambulatory Primary Care (including Vision)	9,780	8,873	74%	23%	2%	43%	10%	2%	45%	0%	0%	4%	26%	29%	22%	15%	4%	83%	91%
1.a	Primary Care - Public Clinic (A)	3,113	2,822	69%	30%	1%	41%	8%	2%	49%	0%	0%	3%	16%	26%	27%	22%	5%	83%	91%
1.b	Primary Care - CBO Targeted to AA (A)	2,335	2,474	71%	26%	3%	98%	0%	2%	0%	0%	0%	5%	33%	30%	18%	11%	2%	83%	106%
1.c	Primary Care - CBO Targeted to Hispanic (A)	1,934	2,433	82%	14%	4%	0%	0%	0%	100%	0%	0%	5%	32%	29%	20%	11%	2%	83%	126%
1.d	Primary Care - CBO Targeted to White and/or MSM (A)	774	660	85%	13%	2%	0%	85%	15%	0%	0%	0%	3%	21%	30%	19%	21%	6%	83%	85%
1.e	Primary Care - CBO Targeted to Rural (A)	752	686	70%	29%	1%	37%	21%	5%	37%	0%	0%	3%	25%	29%	21%	17%	4%	83%	91%
1.f	Primary Care - Women at Public Clinic (A)	872	841	0%	99%	1%	52%	5%	2%	41%	0%	0%	3%	14%	26%	30%	20%	7%	83%	96%
1.h	Vision	2,663	2,058	72%	27%	2%	45%	11%	2%	42%	0%	0%	2%	18%	24%	26%	23%	6%	83%	77%
2	Local Drug Reimbursement Program (A)	5,732	6,296	75%	22%	3%	42%	10%	2%	46%	0%	0%	4%	25%	30%	23%	16%	3%	83%	110%
3	Medical Case Management	4,801	4,035	68%	30%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	83%	84%
3.a	Clinical Case Management	895	496	74%	24%	2%	59%	16%	2%	23%	0%	0%	2%	26%	28%	18%	19%	7%	83%	55%
3.b	Med CM - Targeted to Public Clinic (A)	440	669	93%	5%	2%	46%	10%	1%	42%	0%	0%	4%	20%	26%	24%	20%	6%	83%	152%
3.c	Med CM - Targeted to AA (A)	1,127	980	67%	30%	4%	98%	0%	1%	1%	0%	0%	3%	26%	30%	21%	16%	5%	83%	87%
3.d	Med CM - Targeted to H/L (A)	555	449	79%	17%	4%	1%	0%	0%	99%	0%	0%	4%	27%	28%	21%	14%	5%	83%	81%
3.e	Med CM - Targeted to White and/or MSM (A)	350	176	84%	15%	1%	0%	88%	8%	5%	0%	0%	2%	20%	23%	22%	22%	10%	83%	50%
3.f	Med CM - Targeted to Rural (A)	513	667	67%	32%	0%	43%	27%	1%	28%	0%	0%	3%	20%	23%	23%	21%	10%	83%	130%
3.g	Med CM - Targeted to Women at Public Clinic (A)	239	350	1%	99%	1%	64%	5%	2%	29%	0%	0%	2%	22%	26%	25%	18%	6%	83%	146%
3.h	Med CM - Targeted to Geriatrics	532	222	61%	38%	1%	55%	8%	2%	36%	0%	0%	0%	0%	0%	13%	57%	30%	83%	42%
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%	83%	200%
4	Oral Health	348	301	62%	37%	1%	43%	22%	2%	33%	0%	0%	3%	15%	22%	31%	20%	9%	83%	86%
4.b	Oral Health - Rural Target	348	301	62%	37%	1%	43%	22%	2%	33%	0%	0%	3%	15%	22%	31%	20%	9%	83%	86%
5	Health Insurance (D)	2,034	2,098	77%	20%	2%	47%	18%	3%	32%	0%	0%	2%	16%	23%	22%	26%	11%	83%	103%
6	Mental Health Services (D)																			
7	Medical Nutritional Therapy/Nutritional Supplements	515	455	75%	24%	1%	40%	14%	4%	41%	0%	0%	1%	6%	11%	24%	35%	24%	83%	88%
8	Substance Abuse Treatment - Outpatient	22	3	100%	0%	0%	67%	0%	0%	33%	0%	0%	0%	33%	67%	0%	0%	0%	83%	14%
9	Hospice Services																			
10	Emergency Financial Assistance	1,718	1,300	73%	25%	2%	48%	8%	1%	42%	0%	0%	4%	22%	29%	26%	15%	4%	83%	76%
10.a	Emergency Financial Assistance-Pharmacy Assistance	1,605	1,219	73%	25%	2%	46%	8%	2%	44%	0%	0%	4%	23%	29%	26%	14%	3%	83%	76%
10.b	Emergency Financial Assistance - Other	113	96	67%	29%	4%	75%	9%	0%	16%	0%	0%	1%	14%	24%	23%	25%	14%	83%	85%
11	Non-Medical Case Management	7,243	5,962																	
11.a	Service Linkage Targeted to Youth	151	123	65%	34%	1%	46%	6%	4%	45%	0%	11%	89%	0%	0%	0%	0%	0%	83%	81%
11.b	Service Linkage at Testing Sites	112	103	70%	29%	1%	59%	2%	3%	36%	0%	0%	0%	40%	31%	17%	9%	4%	83%	92%
11.c	Service Linkage at Public Clinic Primary Care Program (A)	3,061	2,840	65%	33%	1%	48%	8%	1%	43%	0%	0%	0%	15%	25%	27%	25%	7%	83%	93%
11.d	Service Linkage at CBO Primary Care Programs (A)	3,919	2,896	71%	27%	2%	55%	7%	3%	35%	0%	0%	3%	26%	30%	23%	14%	5%	83%	74%
12	Transportation	1,946	1,400	71%	26%	3%	62%	10%	1%	27%	0%	0%	1%	14%	22%	25%	30%	8%	83%	72%
12.a	Transportation Services - Urban	375	296	65%	32%	3%	60%	7%	1%	32%	0%	0%	1%	17%	28%	28%	18%	8%	83%	79%
12.b	Transportation Services - Rural	195	145	69%	30%	1%	34%	29%	2%	34%	0%	0%	2%	12%	22%	28%	26%	10%	83%	74%
12.c	Transportation vouchering	1,376	1,108	71%	26%	3%	66%	8%	1%	25%	0%	0%	1%	14%	19%	24%	32%	9%	83%	81%
13	Temporary Assisted Living	11																	83%	0%
14	Outreach Services	712	501	59%	37%	4%	64%	5%	1%	30%	0%	0%	3%	20%	26%	21%	23%	6%	83%	70%
15	Home Delivered Meals	200	1	100%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	83%	1%

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2526 Ryan White Part B
Procurement Report
April 1, 2025 - March 31, 2026



Reflects spending through December 2025

Spending Target: 75%

Revised 2/5/26

Priority	Service Category	Original Allocation per	% of Grant	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
4	Oral Health Service-General (2)	\$2,025,193	57%	\$0	\$2,025,193	\$0	\$2,025,193	4/1/2025	\$1,078,343	53%
4	Oral Health Service -Prosthodontics	\$707,000	20%	\$0	\$707,000	\$0	\$707,000	4/1/2025	\$523,391	74%
5	Health Insurance Premiums and Cost Sharing (1)	\$805,845	23%	\$0	\$805,845	\$0	\$805,845	4/1/2025	\$804,351	100%
		\$0	0%	\$0	\$0					
Total Houston HSDA		3,538,038	100%	0	3,538,038	\$0	\$3,538,038		2,406,085	68%

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

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

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 2526 DSHS State Services
Procurement Report
September 1, 2025 - August 31, 2026



Chart reflects spending through December 2025

Spending Target: 33%

Revised 2/5/2026

Priority	Service Category	Original Allocation per	% of Grant	Amendments per RWPC	Contractual Amount	Amendment	Contractual Amount	Date of Original	Expended YTD	Percent YTD
5	Health Insurance Premiums and Cost Sharing (1)	\$1,224,641	58%	\$0	\$1,224,641	\$0	\$1,224,641	9/1/2025	\$982,330	80%
6	Mental Health Services	\$300,000	14%	\$0	\$300,000	\$0	\$300,000	9/1/2025	\$67,865	23%
11	Hospice	\$293,832	14%	\$0	\$293,832	\$0	\$293,832	9/1/2025	\$105,380	36%
13	Non Medical Case Management (2)	\$112,500	5%	\$0	\$112,500	\$0	\$112,500	9/1/2025	\$18,361	16%
	Referral for Healthcare-General (3)	\$112,500	5%	\$0	\$112,500	\$0	\$112,500	9/1/2025	\$0	0%
16	Linguistic Services (4)	\$68,000	3%	\$0	\$68,000	\$0	\$68,000	9/1/2025	\$0	0%
Total Houston HSDA		2,111,473	100%	\$0	\$2,111,473	\$0	\$2,111,473		1,173,936	56%

Note

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

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.