

Harris County

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# HCPHES

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## Houston EMA FY 2012 Ryan White Part A Progress Report

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## HOUSTON EMA - FY12 PROGRESS REPORT

### I. Final FY12 Program Implementation Plan

#### a. Revised Implementation Plan

A final **FY12 Part A Implementation Plan** is attached documenting actual expenditures and service utilization for Houston's FY12 Program Priorities. The following are several program accomplishments related to the objectives listed in the FY12 Part A Implementation Plan. Section 6 (Objectives) of the FY12 Part A Implementation Plan has been updated to reflect the actual client level outcomes achieved in FY12.

#### b. Local Pharmacy Assistance Profile

The *Local Pharmacy Assistance Profile* report is attached.

#### c. Program Accomplishments

##### 1. Goal 1a-1g: *Outpatient/Ambulatory Primary Medical Care (not including Vision Care)*; Goal 3b-3j *Medical Case Management*

- **Increasing access to care** – A net of 6,899 unduplicated clients (UDC) received Part A-funded primary medical care services (counting clients who received care from more than one RW-funded provider during the course of FY11 only once). Of these, 2,061 UDC (29.9%) were new clients to Ryan White primary medical care services (new client defined as an individual who received RW Part A-funded primary care services during FY12 but did not receive such services in FY11).
- **Maintaining clients in care - *Medical case management*** (MCM) resources are embedded within Goals 1a - 1g to provide individualized case review and coordination for clients being served by primary care clinics. Medical case managers, who are licensed social workers based in primary care clinics, prepare and monitor medical needs assessments and service plans for each client and provide education on wellness, medications and treatment adherence. In FY12, 4,045 UDC (3,417 UDC clients were served in FY11) received medical case management services from Part A-funded primary care sites. To ensure access to MCM services for the expected number of clients accessing medical case management services in FY13, the Planning Council maintained the number of Medical Case Managers embedded in Part A primary care programs at 23 FTE, the same number of FTEs funded in FY12.
- **Reducing or eliminating disparities in care** - Houston's Part A primary care funding supports targeted services and reaches a large number of demonstrated need clients. Part A funds support two clinics operated by the Harris County Hospital District, including Thomas Street Health Center, the nation's first and largest free-standing HIV/AIDS clinic and Northwest Health Center, a RW Part C-funded early intervention clinic that serves newly-diagnosed PLWHA. Three RW Part A-funded clinics at community-based

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organizations (CBOs) target demonstrated need populations. One clinic targets men who have sex with men (MSM), African Americans and Hispanics, one targets African American and rural PLWHA and another targets Hispanic, African American and Youth. One CBO operates satellite sites that target services to consumers in the rural areas of the EMA. The University of Texas Health Science Center Pediatric HIV Program provides Part A-funded primary care to HIV-positive infants, children and youth. During FY12, historically underserved populations remained well represented in RW Part A-funded primary care services – 27% were female (FY11 27%), 49% were African American (FY11 51%), and 32% were Hispanic (FY11 31%). The Houston EMA's HIV/AIDS prevalence in FY12 was 49% African American, 23% Hispanic and 26% female.

- **Improving/maintaining quality of care** – As documented on the attached FY12 Final Implementation Plan, Part A primary medical care services have been effective in slowing and preventing disease progression in clients. In FY12, 89% of primary care clients decreased or maintained their viral load over a 12 month reporting period (FY11 90%); 91% of clients increased or maintained their CD4 counts over a 12 month reporting period (FY11 93%); In FY12, the EMA had an average of 3.1 physician or physician extender visits per unduplicated client served during the grant year (FY11 3.7). Overall, including Psychiatry visits, the EMA had an average of 3.4 primary care visits per unduplicated client served in FY12.
- **Impact in terms of the quality of care (Primary Care)** – Outcomes data documented no disparity of care between clients served in either community-based or public clinic-based care. Demonstrated need populations accessed both community-based providers and the public clinic system per expectations. African Americans, Hispanics, youth and females all received Ryan White Part A-funded primary care services at rates equal to or greater than these population's proportions of the local epidemic. In both public and community-based settings, clinical chart review activities under the Grantee's Quality Management process document a high percentage of primary medical care clients with Mental Health and/or Substance Abuse/Use co-morbidities. During the most recent clinical chart review activities, 75% of records documented a mental health exam (FY11 98%). Of those records, 44% (FY11 29%) indicated a need for mental health services. Seventy-nine percent (FY11 99%) of reviewed records indicated a substance abuse/use screening was performed.

### **2. Goal 2: *Local Pharmacy Assistance Program (LPAP)***

- **Increasing access to care** - The LPAP is a mainstay of Houston's overall primary care strategy. Compliant with the HRSA/BPHC/OPA 340B program, this program assists clients in enrolling in the State ADAP and maximizes utilization of other 3<sup>rd</sup> party payers, ensuring that Ryan White funds are

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available to fill gaps and cover those persons without other resources to pay for necessary drugs. Note that approximately 80% of clients served by the LPAP transition to the State ADAP program within 30 days. The program provides all medications on the State ADAP formulary, as well as other HIV-related medications necessary to the health and well being of PLWHA so that PLWHA may achieve maximum benefit from their primary care services. To enhance accessibility and support medication adherence, the program provides clients the option of filling prescriptions in person or having prescriptions delivered to their home. Recognizing the necessity of medications in promoting positive health outcomes, the program allows each recipient up to \$18,000 per grant year in HIV medications and \$3,000 per year in HIV-related medications. In FY12 3,379 clients received Part A-funded LPAP services (FY11 3,023), an increase of 12% from the previous grant year.

- **Reducing or eliminating disparities in care** – During FY11, historically underserved/unserved populations were well represented in the LPAP, with African American, Hispanic and female PLWHA all reflecting an increase in utilization compared to FY11. Forty-five percent (45%) of FY12 LPAP clients were African American (FY11 43%), 24% were female (FY11 25%) and 31% were Hispanic (FY11 31%). The Houston EMA’s HIV/AIDS prevalence in FY12 was 49% African American, 23% Hispanic and 26% female.
- **Improving/maintaining quality of care** – The LPAP has been effective in slowing and preventing disease progression in clients. In FY12, 89% (FY11 89%) of LPAP clients decreased or maintained their viral load over a 12 month reporting period; 91% (FY11 93%) of clients increased or maintained their CD4 counts over a 12 month reporting period.
- **Ensuring fiscal accountability** – Beginning in FY10, a number of changes improved the accountability and cost-effectiveness of the EMA’s LPAP program. These enhancements included:
  - a. Requiring all Part A-funded adult primary medical care providers to provide LPAP services. This ensured that RW-eligible clients accessing LPAP services were able to obtain their medications from their primary care clinic. In previous years, there was only a single agency providing LPAP services, thus many clients had to visit two agencies to receive primary medical care and access medications. This change also apparently contributed to more cost-conscious prescribing patterns by clinicians as the cost of medications is now borne by the primary care agency rather than “outsourced” to a secondary provider.
  - b. Implementation of an approved formulary, thereby ensuring that medications prescribed were appropriate to the treatment and management of HIV disease and associated co-morbidities.
  - c. Largely as a result of the above strategies the average allocation per LPAP client served has declined compared to previous years. Since FY09 the average allocation per unduplicated client (UDC) served in

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the LPAP service category decreased 29%, from \$1,223/UDC served in FY09 to \$870/UDC served in FY12.

### 3. Goal 3: *Oral Health Services*

- **Increasing access to care** – In the Houston the bulk of adult oral health services are funded under Ryan White Part B. Part A oral health funds serve clients in the rural area of the EMA. In FY12, 187 unduplicated clients utilized RW Part A-funded rural oral health services compared to 157 UDC served in FY11.
- **Reducing or eliminating disparities in care** - During FY12, historically underserved/unserved populations were well-represented in the rural oral health care services program – 32% of FY12 oral health clients were African American (FY11 35%), 23% were Hispanic (FY11 21%) and 34% were female (FY11 34%).
- **Improving/maintaining quality of care** – During FY12, 187 UDC accessed Part A rural oral health care services. Of eight (8) HIV-related oral pathologies diagnosed during this time period that have had follow-up, 100% were resolved or improved at follow-up.

### 4. Goal 4.a: *Clinical Case Management (Medical Case Management)*

- **Increasing access to care** – Since FY06, the Houston EMA has funded licensed social workers to provide Clinical Case Management (CCM) services in programs that must be co-located at providers that offer Mental Health and/or Substance Abuse treatment for PLWHA. These *Clinical Case Managers* work with HIV-positive clients who have mental health and/or substance abuse co-morbidities, linking these clients to primary medical care and other core services, ensuring access to necessary supportive services and supporting treatment adherence by participating as key members of the client's multi-disciplinary treatment team. In FY12 1,203 UDC received clinical case management services (FY11 1,012). Of these individuals, 51% subsequently utilized Ryan White-funded primary medical care services at least twice more than 90 days apart during FY12 (FY11 49%). Twenty-seven (3.5%) were new to care (FY11 was 50 and 5.0% respectively). Fifty-one percent (FY11 46%) of CCM clients were African American, 20% (FY11 30%) were Hispanic and 27% were female (FY11 28%).

### 5. Goal 12a-12d: *Non-Medical Case Management Services*

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- **Increasing access to care** - Since 1990, the Houston EMA has had a coordinated system of case management that includes well-established standards of care, standardized required training and utilizes a team-based approach for non-medical (service linkage) and medical case management. In FY12 6,857 UDC accessed community-based (non-medical) case management services (FY11 7,700). This total does not include the number served through medical case management services embedded in primary medical care settings (see number 1 above). However, some individuals likely received both non-medical case management and medical case management during FY12.
- **Maintaining clients in care** – During FY12, 49% of clients accessing non-medical case management services subsequently accessed Part A, B or C primary medical care at least twice more than ninety days apart (FY11 46%).
- **Linking newly-diagnosed PLWHA to primary medical care** – In FY11 73 newly-diagnosed PLWHA were linked to Ryan White funded outpatient primary medical care by non-medical case managers (Service Linkage Workers) embedded in the City of Houston Department of Health and Human Services (HDHHS) HIV testing program. **Of this total, 33 (45%) were newly diagnosed youth between 13 and 24 years of age.** HDHHS is a directly funded CDC prevention grantee and the HIV/AIDS surveillance authority for Houston/Harris County.

### d. Program Challenges

The following are program challenges related to goals listed in the Implementation Plan.

#### 1. Goal 1: *Primary Medical Care*

- **The nature of the challenge - Increasing Numbers of Clients, including many with Substance Abuse/Use and or Mental Health Co-morbidities.** As detailed in the section above and consistent with recent years, the Houston EMA continues to serve a large number of clients under Part A-funded primary medical care services. In the Houston EMA, Part A primary medical care funding supports two clinics operated by the Harris County Hospital District, three community-based organizations (CBOs) with a total of six clinic sites and one clinic at the University of Texas Health Science Center Houston (targeted to Pedi cases). Overall, Ryan White Part A-funded primary care service utilization (excluding vision care) was consistent with the numbers served in FY11 (6,899 UDC served in FY12 versus 6,917 UDC served in FY11).

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- **Impact in terms of the numbers of clients served** – The Houston EMA’s Part A-funded primary medical care programs (not including vision care services) overall served (based on primary care practitioner visits only):  
FY03: 2804 net unduplicated RW Part A & MAI funded clients served  
FY04: 4434 net unduplicated RW Part A & MAI funded clients served  
FY05: 5248 net unduplicated RW Part A & MAI funded clients served  
FY06: 5721 net unduplicated RW Part A & MAI funded clients served  
FY07: 6104 net unduplicated RW Part A & MAI funded clients served  
FY08: 6280 net unduplicated RW Part A & MAI funded clients served  
FY09: 5870 net unduplicated RW Part A & MAI funded clients served  
FY10: 6311 net unduplicated RW Part A & MAI funded clients served  
FY11: 6917 net unduplicated RW Part A & MAI funded clients served  
FY12: 6899 net unduplicated RW Part A & MAI funded clients served

Overall, the EMA has experienced an increase of 146% in UDC utilizing Ryan White Part A and MAI funded primary medical care services since FY03 (2,804 served in FY03 versus 6,899 served in FY12). In the same time period, total Part A and MAI primary medical care expenditures increased from \$8,149,375 to \$10,696,088. During this same time period the EMA’s total Part A award including MAI has declined by \$489,510 (2.3%), from \$20,999,037 in FY03 to \$20,509,527 in FY12.<sup>1</sup> **Thus, an ongoing challenge is to ensure sufficient capacity for new/additional patients within Ryan White funded outpatient primary medical care programs in a declining funding environment.**

- **Impact in terms of the quality of care** – Outcomes data documented no disparity of care between clients served in either community-based or public clinic-based care. Demonstrated need populations accessed both community-based providers and the public clinic system per expectations. African Americans, Hispanics, youth and females all received Ryan White Part A-funded primary care services at rates equal to or greater than these population’s proportions of the local epidemic. In both public and community-based settings, clinical chart review activities under the Grantee’s Quality Management process document a high percentage of primary medical care clients with Mental Health and/or Substance Abuse/Use co-morbidities.
- **The plan to overcome the challenge** – Notwithstanding the resource constrained environment facing many Ryan White Part A grantees, the Houston EMA’s plan for FY13 includes specific allocations that will maintain capacity in the Ryan White Part A primary medical care system. Specifically, the FY13 implementation plan maintains Primary Medical Care funding to reflect the demonstrated increase in the number of clients needing access to high quality primary medical care. Furthermore, the FY13 Plan maintains the number of full time medical case management staff embedded in Part A-

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<sup>1</sup> All totals include carry over funds from the previous grant year thereby reflecting the total funds available for the fiscal year.

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funded primary medical care programs at 23 FTE. This priority specifically ensures licensed Social Workers serving as Medical Case Managers (MCM) are embedded in primary care programs to augment and enhance the assessment, treatment and support of PLWHA with complex mental health and/or substance use co-morbidities. Corresponding standards of care and outcome measures have been in place for several years to ensure these high-value assets are fully integrated into the multidisciplinary treatment team at each primary care treatment site in. For FY13, 24 Service Linkage Worker FTEs are budgeted, an increase of two FTE over FY12. Five (5) of the FTEs are co-located at HIV testing sites, the other 19 FTEs are embedded in primary medical care programs, thereby extending the capacity of Medical Case Managers. Two (2) of these FTEs are specifically targeted to Youth.

- **Progress in implementing the plan** –the Houston EMA has fully obligated all FY13 Primary Medical Care, Medical Case Management and Non-Medical Case Management (Service Linkage) funds reflecting the Council’s approved allocations. Current service utilization appears consistent with the Council’s approved implementation plan for FY13.

### II. **Planning Council Activities (report prepared by Tori Williams, Manager - Houston Ryan White Planning Council *Office of Support*)**

#### **a. Planning Council Accomplishments:**

The following accomplishments were achieved by the Houston Ryan White Planning Council (RWPC) during FY12:

- **Continued success in meeting Ryan White Part A membership mandates regarding representation and reflectiveness:** During FY12, the Houston RWPC membership body represented each of the fifteen (15) legislatively defined membership categories, including at least one member who is self-identified as co-infected with Hepatitis C and HIV. In addition, Council membership reflected the demographics of the local HIV/AIDS epidemic.
- **Continued success in meeting HRSA’s membership mandate regarding unaffiliated consumer representation and participation:** During FY12 there were no deficiencies in representation or reflectiveness among unaffiliated PLWHA Council members. Among the 39 Council members, 22 (56.4%) were PLWHA who disclosed their status; and, of the Council members 15 (38.5%) were HIV-positive and non-affiliated. Of the 33 External committee members, 17 (51.5%) were PLWHA; 14 (42.4%) were non-affiliated PLWHA. These percentages document the Houston EMA’s commitment to ensure that PLWHA are appropriately represented in all planning processes.
- **Successfully Engaged Council applicants in the RWPC planning process as External members:** Although final Council appointments are not announced until the end of the calendar year, many Council applicants

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participate in the Planning Council’s planning processes as External members on one or more Planning Council committees. During FY12, External membership consisted of individuals from the community and the pool of Council applicants. External members have the opportunity to participate in Council activities at the committee level as well as to become familiar with Council policies and procedures. This practice also benefits the Council by populating committees with dedicated consumers/community experts and ensuring that involved/experienced candidates remain readily available to fill Council vacancies in the event that an unexpected vacancy impacts representation and reflectiveness.

**The table below compares HIV/AIDS prevalence in the EMA with FY12 RWPC membership by gender and race/ethnicity.**

<b>Demo-graphics</b>	<b>2011 Houston EMA HIV/AIDS Prevalence N (%)</b>	<b>FY12 Houston RWPC Membership N (%)</b>	<b>FY12 Houston RWPC HIV-Positive, Non-Affiliated Membership N (%)</b>	<b>FY12 External Committee Membership N (%)</b>	<b>FY12 HIV-Positive, Non-Affiliated External Committee Membership N (%)</b>
<i>Race/Ethnicity</i>					
White	5,605 (27%)	10 (26%)	5 (33%)	10 (30%)	3 ( 21%)
Black	10,225 (49%)	20 (51%)	7 (47%)	16 (48%)	8 (57%)
Hispanic	4,712 (23%)	8 (21%)	3 (20%)	7 (21%)	3(21%)
Other	333 (2%)	1( 3%)	0 (0%)	0 ( 0%)	0 (0%)
<i>Gender</i>					
Male	15,413 (74%)	23 (59%)	10 (67%)	18 (55%)	10 (71%)
Female	5,462 (26%)	16 (41%)	5 (30%)	15 (45%)	4 (29%)

- **Benefited from Significant input and involvement of PLWHA:** People living with HIV/AIDS (PLWHA) are appointed as voting members of all RWPC committees. Committee quorum is not met unless at least one member in attendance is a self-disclosed PWLHA. During FY12, fourteen (14) HIV-positive members participated on the Affected Community Committee, which serves as the outreach component of the RWPC and holds every other monthly meeting at various HIV-related service locations in the metropolitan area to facilitate attendance by other consumers. Meeting locations during FY12 included an HIV/AIDS rural primary care clinic, public primary care clinic, heterosexual support group, adult day treatment program and a Hispanic community based organization. In May and June, the Affected Community Committee organized and provided co-chairs for the Council’s annual televised public hearings. In October 2012, the Office of Support and Ryan White Grant Administration hosted a workgroup for consumers to review and comment on proposed FY13 Standards of Care and Outcome Measures. Additionally, members of the Affected Community Committee regularly served as “greeters” at monthly Council meetings, welcoming participants, answering questions and showing visitors how to effectively participate in Council activities.

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- **Continued to sponsor an intensive and successful training program for PLWHA:** The RWPC successfully recruited large numbers of PLWHA through sponsorship of Project LEAP, an intensive 68 hour course offered annually and free of charge to PLWHA to **Learn, be Empowered, Advocate and Participate (LEAP)** in HIV/AIDS planning processes. Project LEAP participants are referred to the course from a variety of sources such as case managers, substance abuse counselors, program alumni, current and former Council members, advertisements in local community newspapers and other methods. Course content focuses on the structure and purpose of local HIV/AIDS planning bodies – with an emphasis on the Houston RWPC – and those planning bodies’ policies and procedures for decision-making. Of the 39 FY12 Council members, 19 (49%) were Project LEAP graduates. Of the 72 Council and external committee members, 29 (40%) were Project LEAP graduates.
- **Maintained ongoing orientation and training activities for new and current members:** The goal of training is to provide Council and Committee members with relevant data and opportunities to develop the skills necessary to carry out the legislative mandates of the Planning Council. Training activities are intended to create an atmosphere in which the participation of all members, especially consumers, is encouraged. The FY12 budget for Council and External member training was \$3,000, which covered the costs of both member orientation and ongoing monthly Council trainings. An example of additional training included participation by two consumers, a co-chair of the EIIHA Strategy Committee and a member of the Priority and Allocations Committee, in a two-day training on the Affordable Care Act hosted by the Texas Department of State Health Services.
- **In January, the Planning Council hosted its annual, all-day *Council Orientation Training*.** The *Council Orientation Training* is an important annual event enabling new and existing Council members to meet one another, review the annual timeline of Council activities, outline Ryan White Program legislation, present national and local trends and guidelines in HIV prevention, treatment and epidemiology, and review Council bylaws, policies and procedures. External members participate in a half-day orientation and in committee-specific training. Ongoing training is provided at each monthly Council meeting. **2012 Planning Council training topics included:**
  - 2011 Texas HIV/STD Prevention Plan
  - Panel on the Pros & Cons of Nutritional Supplements
  - 2012 Houston Area Comprehensive HIV Prevention and Care Services Plan
  - Health Literacy
  - Houston’s Syphilis Outbreak Response Overview
  - Medicaid, SNAP and TANF On-line Application Process

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- The Processes Used by the Council for How To Best Meet the Need, Priority Setting and Allocations
- **Provided ongoing support and mentorship to all new Council and External Committee members and Council leadership:** Throughout the year, new Council and external committee members are assigned a mentor to sit next to them and provide assistance before, during and after meetings. New committee chairs are mentored by a more seasoned chair, and the Chair of the Council will be assigned a mentor if he/she is new to the position.
- **In April 2012, more than 25 Council members, External members and community representatives, including 14 (56%) non-aligned consumers, attended the annual half-day “How to Best Meet the Need” (HTBMTN) training:** At this training, attendees participated in presentations by staff representing Ryan White Parts A, B, C and D as well as HOPWA, CDC and other prevention funding sources. The training focused on the documents to be used by the Planning Council to review/revise service definitions, set service priorities and determine allocations for the following fiscal year. Information presented at the HTBMTN training included the *2011 Integrated Epidemiological Profile for HIV/AIDS Prevention and Care Planning*, *2012 Houston Area Comprehensive HIV Prevention and Care Services Plan*, the *2011 Houston Area HIV/AIDS Comprehensive Needs Assessment*, *2011 EIIHA Strategy*, *Ryan White Unmet Need Framework*, FY11 Ryan White Part A service utilization data, clinical chart review and outcome measure reports published by RWGA, client satisfaction data, as well as the Council’s approved *FY12 Principles and Criteria for Priority-Setting and Allocations*. In addition, attendees were provided information on alternative/supplemental funding present in the EMA from sources such as Medicaid, Parts B, C and D, SAMHSA, CDC, HOPWA and the Texas Department of State Health Services (TDSHS).
- **Justified FY13 service priorities by documenting the link between priorities and consumer needs as evidenced by local planning documents, surveillance reports and service utilization data:** On an annual basis the Houston RWPC requires committee members to document their justification for all decisions made during the annual *How to Best Meet the Need*, priority-setting and allocations processes. The Priority and Allocations Committee is required to justify the ranking of service priorities using information presented during the annual *How to Best Meet the Need* training session (see above), including guidance related to HRSA’s defined Core Service categories. Using a high/low scoring system for need, utilization, availability and difficulty accessing, as documented in the *2011 Houston Area Comprehensive Needs Assessment*, the committee attached a score to each RW-funded service. Then, committee members reviewed the scores and altered each score based upon additional data, such as the needs of special populations, unmet need data and more, to determine the final recommended list of service priorities. The final

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list was approved at the Priority and Allocations Committee meeting in May 2012, and later presented at a televised Public Hearing.

- **Created and disseminated a variety of publications critical to community planning activities and resource information:** During FY12, the Houston RWPC sponsored activities related to the development, publication and/or dissemination of the following documents: 1.) *2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Plan.* 2.) *Year 1 Evaluation Report for the 2012 Comprehensive HIV Prevention and Care Services Plan.* 3.) *Special Study: Rural Mini HIV/AIDS Needs Assessment.* 4.) *Special Study: Post-Release Linkage to Care for the HIV Positive Recently Released from Incarceration.* 5) *Special Study: Access to HIV Care Among Transgender & Gender Non-Conforming People in Houston.* Interested individuals are always able to choose their preferred format for receiving Ryan White documents: hardcopy, CD-ROM and/or downloading from the Planning Council website. 6.) *HIV/AIDS Mini Resource Guides were updated and reprinted.* Medical personnel distribute these passport size booklets to individuals who are HIV positive, have Hepatitis and/or are high risk and soon to be released from the Harris County Jail or the Texas Department of Criminal Justice. The booklets are designed to link individuals with care and medication upon release and contain information about HIV, STD and Hepatitis C testing locations, the Texas ADAP, case management, mental health and substance abuse services, and include a chart where the physician or nurse can document the inmate's viral load, CD4 count, prescribed medications/dosage and more. The booklets contain information about all Ryan White-funded primary care and case management agencies and include agency hours of operation, bus routes, a map, the availability of Spanish speaking staff as well as listing the date and time of future appointments. The booklets have proven to be so successful with inmates that most of the physicians, nurses and discharge planners carry the booklets in their pockets for ready distribution to HIV-positive inmates.
- **Disseminated information to the community at large about Council Processes and Work Products:** The Council worked through the media, group email lists and in other ways to disseminate information about critical Council activities to the community. For example, at the beginning of the calendar year the RWPC distributed its *2012 Calendar of Critical Activities* to more than 200 HIV/AIDS organizations listed in the *Houston Area HIV/AIDS Resource Directory* or "*Blue Book*," consumer groups and others to ensure individuals affected by the epidemic could plan well in advance to participate in the planning process through workgroups or public input. Additionally, two public hearings were televised on the public access channel to ensure those who may be homebound or were unable to attend a meeting could provide input. The Council updated its website in 2012 and published the 2012 – 2013 Houston Area HIV/AIDS Resource Directory. This resource guide is used throughout the 10 county area and is available at more than 100 agencies, public libraries and more. The directory includes instructions

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regarding eligibility requirements for Ryan White services, services available through HOPWA-funded programs, how to apply for Medicare Part D benefits and information and resources for PLWHA co-infected with Hepatitis C. In 2012, staff added information dedicated to the needs of HIV positive individuals who are recently released from jail or prison. On a weekly basis, Council support staff mail an average of 50 copies of the Blue Book to state prison system inmates who are soon to be released and/or their family members. More than 65,000 copies of this free, 168-page directory are printed for distribution throughout the Houston EMA and HSDA in 2012 and 2013.

- **Collaborated with numerous community partners:** Council members and staff worked with local community partners to collect the data and develop the six publications listed above. The staff of the Planning Council coordinated the first-ever joint Comprehensive HIV Prevention and Care Services Plan for the Houston Area. Over 100 individuals and 56 agencies worked collaboratively to create the document. The EMA's Plan was submitted to HRSA in June 2012. In November, a Ryan White consumer representing the Planning Council and Community Planning Group (CPG), as well as the Health Planners for the Ryan White Planning Council (Part A), Administrative Agency for Part B and the City Health Department, presented a workshop at the 2012 Ryan White HIV/AIDS Grantee Meeting entitled: *"From Silos to Seamlessness: Building a Joint Comprehensive HIV Prevention and Care Services Plan"*. Other significant collaborations in 2012 included working with the Texas HIV Medication Program (ADAP) and local agencies participating in the Serving the Incarcerated and Recently Released Partnership (SIRR) to organize a one day conference for formerly incarcerated individuals, agencies that serve this population and administrators from the Harris County Jail and the Texas Department of Criminal Justice. Throughout the day there were listening sessions where consumers and providers could exchange ideas on ways to improve the system of care for post-released individuals. There were also updates from the Texas HIV Medication Program, the Texas Department of Criminal Justice and more. The hope was to have 75 participants. The day of the meeting Houston had torrential rain, flooding and dangerous winds. Nevertheless, more than 100 people attended the event.
- **Confirmed the efficiency and effectiveness of mechanisms related to funding allocation processes and quality monitoring activities through the annual *Assessment of the Administrative Mechanism*:** Results of the *Assessment of the Administrative Mechanism* showed that all requirements were met in regards to RFP and procurement processes, reimbursement processes and quality monitoring. According to Administrative Assessment findings, 100% of Houston's FY12 Part A award was successfully allocated and procured. Furthermore, RFPs issued by the grantee incorporated service category definitions consistent with those approved by the RWPC and funds were awarded in specific categories per the Planning Council's approved allocations. The contract award process provided prospective bidders with

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RFP application instructions, how to obtain copies of important RWPC-sponsored planning documents as well as a bidder's conference. The average number of days elapsed between receipt of an accurate Contractor Reimbursement Report (CER) from contracted agencies and the issuance of payment by the AA for FY12 was 18. Overall, 100% of Part A and/or MAI-contracted agencies were paid within an average of 20 days following receipt of an accurate CER by the AA. Though the total average elapsed days for reimbursement for FY12 is the same as the prior contract period (FY11), the percent of contracted agencies paid within a 20 day average increased in FY12 to 100% vs. 93% for FY11. The Assessment of the Administrative Mechanism also documented that Standards of Care were incorporated into the procurement process to ensure the quality of Ryan White funded services. The RFP required bidders to utilize the published Standards of Care in their program narratives and demonstrate compliance through quality management activities.

- **Continued to consolidate and streamline Houston Area HIV/AIDS care planning activities:** In August 2006, the Texas Department of State Health Services (TDSHS) asked the Houston EMA Planning Council to provide service priority and allocation recommendations for RW Part B and TDSHS State Services funding. In 2007, the Council approved a formal Letter of Agreement between the Planning Council, Texas Department of State Health Services (TDSHS) and the RW Part B CEO outlining areas of responsibility. In 2012, this same Letter of Agreement was updated to include additional data reports from the RW Part B administrative agency to the Planning Council. Because of this increased coordination and data sharing, between 2008 and 2012 the Council was able to shift funding so that in FY13 more service categories were funded by a single Ryan White Part (e.g. placing 100% of allocated funding under Part A or Part B or State Services funding) versus having a single service category funded under multiple RW Programs, thereby reducing the administrative burden on providers. The RWPC was mindful that transitioning services to a single funding stream must be done thoughtfully as each funding stream's grant year may have a different start and end date. The Planning Council was careful to ensure there were no unanticipated gaps in service for those service categories shifted from multiple funding streams to a single, unified funding stream.

### **b. Planning Council Challenges:**

In FY12, the Council faced two significant challenges: 1.) how to obtain complete data for the Joint Epidemiological Profile and 2.) educating the Planning Council so that decisions continue to be sensitive to public opinion while at the same time grounded in scientific fact.

**Challenge #1: Nature of the Challenge:** How to obtain truly comprehensive data for the three specific geographic areas that represent the federal and state defined service areas for HIV prevention and care planning in the region so that the Joint

## HOUSTON EMA - FY12 PROGRESS REPORT

Epidemiological Profile will be useful in meeting the planning needs of both prevention and care.

Together, the three following geographic areas cover 9,415 square miles of southeast Texas (or 3.5% of the state) and include:

**Houston/Harris County**, the geographic service area for HIV prevention. This area is also a stand-alone reporting jurisdiction for HIV surveillance, meaning that all laboratory evidence related to HIV and AIDS conducted in Houston or Harris County must, by law, be reported to the local health authority, which is the Houston Department of Health and Human Services. The Houston Area HIV Prevention Community Planning Group helps design HIV prevention activities for Houston/Harris County.

**The Houston Eligible Metropolitan Area (EMA)** is the geographic service area defined by HRSA for the Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI). The Houston EMA includes six counties: Chambers, Fort Bend, Harris (including the City of Houston), Liberty, Montgomery, and Waller.

The total population of the Houston EMA is over five million people, and there were 2,793 newly reported AIDS cases in the Houston EMA in the most recent three year period (2009 to 2011) alone.

The Ryan White HIV/AIDS Program Part A and MAI provide core medical care and support services for HIV-positive residents of the EMA. These funds are administered by Ryan White Grant Administration of Harris County Public Health Services. The Houston Area Ryan White Planning Council designs Part A and MAI funded services and allocates the funding for the Houston EMA.

**The Houston Health Services Delivery Area (HSDA)** is the geographic service area defined by the Texas Department of State Health Services (DSHS) for the Ryan White HIV/AIDS Program Part B and the Houston Area's HIV-related funds from the State of Texas, or State Services (SS).

The Houston HSDA includes the six counties of the Houston EMA listed above plus four additional counties: Austin, Colorado, Walker, and Wharton.

The Ryan White HIV/AIDS Program Part B and State Services provide core medical care and support services for HIV-positive residents of the HSDA. These funds are administered by the Houston Regional HIV/AIDS Resource Group, Inc. The Houston Area Ryan White Planning Council also designs Part B and SS services and allocates funding for the Houston HSDA.

- **Plan to Overcome the Challenge:** Create a mechanism for accessing up to date, existing data for all three geographic areas and develop special studies to

## HOUSTON EMA - FY12 PROGRESS REPORT

collect data from special populations that are often historically disproportionately impacted in local communities.

1. In Houston, the HIV care and prevention planning bodies have been collaborative partners on HIV/AIDS epidemiology reports, needs assessments and comprehensive plans for more than 9 years. Hence, it was not difficult to organize a workgroup that brought representatives together from the Houston Ryan White Planning Council and HIV Prevention Community Planning Group, as well as staff from the Houston Department of Health, Human Services and Harris County Public Health Services and the Ryan White Part B/SS administrative agency.
2. Using the *Integrated Guidelines for Developing Epidemiologic Profiles* published by CDC and HRSA as a framework for developing the report, members of the workgroup agreed to provide updated core epidemiological and other data.
3. Data for the profile were supplied by the U.S. Census Bureau, Texas Department of State Health Services, Houston Department of Health and Human Services, and Harris County Public Health Services Ryan White Grant Administration. Data were generated from the Enhanced HIV/AIDS Reporting System (eHARS), Sexually Transmitted Disease Management Information System (STD\*MIS), and the Part A grantee's Centralized Patient Care Data Management System (CPCDMS).
4. An ongoing challenge in determining the characteristics of persons who are HIV-positive but not in care is collecting more detailed information, such as testing results by zip code area, then matching those data against where individuals diagnosed as HIV-positive currently reside. Testing data is furnished by TDSHS and in recent years has not been available by zip code.
5. In June 2012, the Planning Council released its comprehensive HIV prevention and care services plan for the Houston Area. The Plan identified specific HIV-infected populations in the Houston EMA with insufficient data for assessing their current level of access to HIV services. In response, the Planning Council worked with a number of community partners to produce the following special studies:
  - *Rural Mini HIV/AIDS Needs Assessment*
  - *Post-Release Linkage to Care for the HIV Positive Recently Released from Incarceration*
  - *Access to HIV Care Among Transgender & Gender Non-Conforming People in Houston*

A fourth special study that looked at the needs of high risk adolescents could not be completed in time to be included in the 2013 Joint Epidemiological Profile.

- **Progress in implementing the plan to overcome the challenge:** For five months, the Joint Epidemiologic Profile Workgroup gathered data and worked with the staff for the Ryan White Planning Council to develop the report. On March 14, 2013, the report received final approval and was used in the FY14

## HOUSTON EMA - FY12 PROGRESS REPORT

prevention and planning processes. For the first time, the report included data from Houston and Harris County; data on HIV and Hepatitis B and C; and information about HIV disease in the following populations: homeless, incarcerated, injection drug users, seniors (age 55+) and transgender. To gain additional insight into the needs and characteristics of diagnosed PLWHA with unmet need, the grantee is seeking more detailed information (e.g. zip code at diagnosis) in the Unmet Need Framework data set furnished to Part A grantees by TDSHS.

- **Challenge #2: Nature of the Challenge:** Because the Ryan White planning process is accessible to the public, community members will sometimes put pressure on the Planning Council to allocate funds for services or items that are not an appropriate use of Ryan White dollars. For example, HIV physicians in the Houston EMA agree that some nutritional supplements are beneficial, but there is concern that many nutritional supplements are not scientifically proven to be effective. This is in conflict with consumers who would like the Ryan White Program to underwrite a large list of nutritional supplements which local and national vendors endorse.

**Plan to Overcome the Challenge:** Educate Council and community members about medical nutritional supplements.

1. After reviewing significant public comment about nutritional supplements, the training portion of the March 2012 Council meeting was dedicated to hearing a panel of experts discuss the pros and cons of medical nutritional supplements and HIV/AIDS. Those on the panel included an endocrinologist who does extensive research on nutritional supplements and HIV/AIDS, a nutritionist at a Ryan White funded primary care clinic and two consumers. To summarize the final consensus of the panelists, it was recommended that those supplements that have been scientifically proven to be effective should be provided by the Ryan White Program. The many supplements with no data supporting their efficacy should not be provided using Ryan White funds. Also, supplements should only be provided if approved by the physician treating the patient for HIV/AIDS to make sure the supplements are not contra indicated for the patient's medication.
2. During this same meeting and after the panelists provided their information, community members were welcome to provide public comment.
3. The information provided by the panelists and all public comment was then forwarded to the Quality Assurance Committee for review. The Committee supported the recommendations from the panelists and made appropriate changes to the service definition for Medical Nutritional Therapy.
4. After this was done, the staff of the Ryan White Part A Administrative Agency collected data from consumers, members of the Affected Community Committee, local HIV medical providers, nutritionists and others on perceived nutritional supplement usage. Staff also reviewed the nutritional supplement service category billing history for additional usage information. All of this information was presented to the Ryan White

## HOUSTON EMA - FY12 PROGRESS REPORT

Clinical Quality Management Committee (CQI Committee) whose members were given the task of developing a formulary of supplements that could be provided using Ryan White funds. The CQI Committee used the data described above and information from the Natural Standard database, a collection of systematic reviews of alternative and complementary medicine, to develop a formulary of nutritional supplements that have been scientifically proven to be effective.

5. Staff from the Administrative Agency met with members of the Affected Community Committee to review and discuss the formulary prepared by the CQI Committee before it was ultimately released to the Ryan White funded agencies that provide nutritional supplements.

- **Progress in implementing the plan to overcome the challenge:** The Nutritional Supplement formulary was implemented effective 3/1/13. Since its implementation the number of public comments related to nutritional supplements has decreased significantly.

### III. Early Identification of Individuals with HIV/AIDS (EIIHA)

#### State Health Department Data:

#### HIV Testing & Awareness Data – State Health Department (2012)<sup>1</sup>

	Traditional Testing/Targeted		Routine Testing/ Non-Targeted <sup>4</sup>		Total Testing <sup>4</sup>	
	#	%	#	%	#	%
a. Total number of HIV tests conducted <sup>2</sup>	5,394		83,025		88,419	
b. Total number of individuals informed of their status (HIV positive and HIV negative) <sup>3</sup>	5,301	98.3%	22,834	27.5%	28,135	31.8%
c. Total number of <b>HIV positive</b> individuals informed of their status	53	88.3%	317	89.5%	370	89.4%
d. Total number of <b>HIV positive</b> individuals informed of their status and referred into care	52	86.7%	313	88.4%	365	88.2%
e. Total number of <b>HIV positive</b> individuals <u>not</u> informed of their status	7	11.7%	7	2.0%	14	3.4%
f. Total number of <i>HIV negative</i> individuals informed of their status	5,248	98.4%	22,517	27.2%	27,765	31.6%
g. Total number of <i>HIV negative</i> individuals <u>not</u> informed of their status	84	1.6%	11,766	14.2%	11,850	13.5%

Data Source: Texas Department of State Health Services (TDSHS) (1/1/2012 - 12/31/2012)

<sup>1</sup>Data include HIV tests funded directly by TDSHS in the Houston EMA. They do not include CDC funded tests; therefore, there is no duplication with Local Health Department data.

<sup>2</sup>Includes positive, negative, and indeterminate tests

<sup>3</sup>Does not include indeterminate tests

<sup>4</sup>Data on routine HIV testing is received by TDSHS via electronic health records that do not collect information on notification of test results directly. Therefore, the percentages of HIV negative individuals informed of their status (f) and not informed of their status (g) will not total to 100% due to the presence of a large volume of negative tests for which there is no information about notification. This impacts the total testing percentages as well.

# HOUSTON EMA - FY12 PROGRESS REPORT

## Local Health Department Data:

### HIV Testing & Awareness Data – Local Health Department (2012)<sup>1</sup>

	Traditional Testing/Targeted		Routine Testing/ Non-Targeted		Total Testing	
	#	%	#	%	#	%
a. Total number of HIV tests conducted <sup>2</sup>	6,891		111,601		118,492	
b. Total number of individuals informed of their status (HIV positive and HIV negative) <sup>2</sup>	5,602	81.3%	1,021	0.9%	6,623	5.6%
c. Total number of <b>HIV positive</b> individuals informed of their status	191	85.3%	1,021	89.5%	1,212	88.8%
d. Total number of <b>HIV positive</b> individuals informed of their status and referred into care	162	72.3%	1,011	88.6%	1,173	85.9%
e. Total number of <b>HIV positive</b> individuals <u>not</u> informed of their status	33	14.7%	120	10.5%	153	11.2%
f. Total number of <i>HIV negative</i> individuals informed of their status	5,409	85.0%	0	0.0%	5,409	4.6%
g. Total number of <i>HIV negative</i> individuals <u>not</u> informed of their status	952	15.0%	110,435	100.0%	111,387	95.4%

Data Source: Houston Department of Health & Human Services (HDHHS), Bureau of HIV/STD & Viral Hepatitis Prevention (1/1/2012 - 12/31/2012)

<sup>1</sup>Data above include HIV tests conducted in Houston/Harris County by: (i) HDHHS, which is a directly-funded CDC HIV prevention grantee, (ii) local community-based organizations (CBOs) funded by HDHHS, and (iii) local CBOs also directly-funded by CDC.

<sup>2</sup>Includes positive, negative, and indeterminate tests

*The above data is not duplicated – both local health department & and state health department supported HIV targeted and routine (opt-out) testing is ongoing in the six county Houston EMA. Locally funded testing is conducted in Harris County, either directly by the City of Houston Health Department or by community-based organizations that contract with the City. The City of Houston is a directly funded CDC HIV prevention grantee.*

## IV. Administration Final Expenditures

The following is a comparison of budgeted versus actual line item expenditures under grant administration (administration expenses related to planning council support are listed separately for purposes of this report).

### Grant Administration

**Personnel: Budgeted: \$739,736 Expended: \$730,123**

A net of \$9,613 less than planned was expended on Salary costs. This was due to a freeze on merit and cost of living raises that was in place at the beginning of the FY12 grant year (since rescinded).

**Fringe: Budgeted: \$269,641 (36.4%) Expended: \$266,880 (36.5%)**

## HOUSTON EMA - FY12 PROGRESS REPORT

A net of \$2,761 less than planned was expended on Fringe costs. This was due to the aforementioned freeze on merit and cost of living salary increases. As personnel costs were less than planned, fringe costs were also less than expected.

**Travel: Budgeted: \$9,700 Expended: \$9,660**

A total of \$40 less than planned was expended on travel.

**Equipment: Budgeted: \$7,200 Expended: \$7,200**

**Supplies: Budgeted: \$9,000 Expended: \$8,387**

A total of \$613 less than planned was expended on consumable office supplies.

**Contractual: Budgeted: \$0 Expended: \$0**

No contractual funds were allocated under Grantee Administration.

**Other: Budgeted: \$59,835 Expended: \$59,835**

**Expenditures related to Planning Council Mandated Roles/Responsibilities:**

Detailed below are administrative expenditures related to the support of planning council mandated roles and responsibilities. These expenditures are accounted for under grant administration.

**Personnel: Budgeted: \$245,114 Expended: \$245,114**

**Fringe: Budgeted: \$91,938 (32%) Expended: \$91,938 (32%)**

**Travel: Budgeted: \$5,800 Expended: \$4,037**

A net of \$1,763 less than budgeted was expended on Travel. Costs were less than planned as other entities covered some planned travel costs for the Planner position.

**Equipment: Budgeted: \$2,000 Expended: \$2,000**

**Supplies: Budgeted: \$4,000 Expended: \$3,798**

A total of \$202 less than planned was expended on consumable office supplies.

**Contractual: Budgeted: \$0 Expended: \$0**

No contractual funds were allocated under Planning Council Support.

**Other: Budgeted: \$120,608 Expended: \$116,436**

A net of \$4,172 less than planned was expended on Other costs. A savings of \$3,410 was realized under copier rental and \$762 less than planned was expended on speakers who provide training to Planning Council members, due to the Planning Council support staff identifying qualified speakers who were available at no charge.

## HOUSTON EMA - FY12 PROGRESS REPORT

### V. Technical Assistance

#### a. Technical Assistance (TA) Received

No HRSA-sponsored TA was received during the FY12 grant year.

#### b. Technical Assistance (TA) Requested

No HRSA-sponsored TA needs have been identified by the Grantee or Planning Council for FY13.

### VI. Certification of Aggregate Administrative Costs

The attached table comprises the *FY12 Certification of Aggregate Administrative* costs for the Houston EMA.

### VII. WICY Report and Retrospective Waiver

See attached **Houston EMA FY12 WICY Report & Retrospective Waiver Request**

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Attachments: FY12 Final Implementation Plan  
FY12 Local Pharmacy Assistance Profile  
FY12 Certification of Aggregate Administrative Costs  
FY12 WICY Report and Retrospective Waiver

## Ryan White Part A Implementation Plan Final Report

<b>Service Priority Name:</b> Outpatient/Ambulatory Primary Medical Care		<b>Total Priority Allocation:</b> \$10,920,061 (RW/A \$8,984,700 and MAI \$1,935,361)			
<b>Service Priority Number:</b> 1					
<b>Service Goal: (1a - 1g) To ensure accessible HIV/AIDS primary medical care that is consistent with HHS guidelines for all eligible PLWHA in the EMA.</b>		<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S1 (G1, 5); S2 (G1, 3, 4); S3 (G1, 2); S4 (G2, 3).</b>			
<b>(1h) To ensure accessible community-based HIV/AIDS vision care that is consistent with HHS Guidelines.</b>					
<b>1. Objectives:</b> 1a - 1g: Continue primary care physician, physician extender and psychiatry services at public clinic and community-based sites throughout the EMA, including subcategories targeted to eligible Black, Hispanic, White/MSM, Women, Rural & Pedi. 1h: Continue Vision care services.	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		4. Time Frame: Actual duration of activity relating to the objective listed	5. Funds: Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue Primary Care services at Public HIV Clinic	1 unit = 1 MD, NP, PA or Psych visit	2322	11,611	Mar. 1, 2012 - Feb 28, 2013	3,483,438
b: Continue CBO-based Pcare targeted to Black	1 unit = 1 MD, NP, PA or Psych visit	1007	3,184	Mar. 1, 2012 - Feb 28, 2013	875,725
b.1: Continue CBO-based Pcare targeted to Black <b>(MAI)</b>	1 unit = 1 MD, NP, or PA visit	1396	6,442	Mar. 1, 2012 - Feb 28, 2013	1,171,656
c: Continue CBO-based Pcare targeted to Hispanic	1 unit = 1 MD, NP, PA or Psych visit	1043	3,690	Mar. 1, 2012 - Feb 28, 2013	1,014,703
c.1: Continue CBO-based Pcare targeted to Hispanic <b>(MAI)</b>	1 unit = 1 MD, NP, or PA visit	933	2,777	Mar. 1, 2012 - Feb 28, 2013	763,705
d: Continue CBO-based Pcare targeted to White/MSM	1 unit = 1 MD, NP, PA or Psych visit	727	3,587	Mar. 1, 2012 - Feb 28, 2013	986,502
e: Continue CBO-based Pcare targeted to Rural	1 unit = 1 MD, NP, PA or Psych visit	359	2,187	Mar. 1, 2012 - Feb 28, 2013	601,347
f: Continue Pcare targeted to Women at Public Clinic	1 unit = 1 MD, NP, PA or Psych visit	1008	5,958	Mar. 1, 2012 - Feb 28, 2013	1,787,335
g: Continue Pcare targeted to Pediatric	1 unit = 1 MD, NP, PA or Psych visit	10	35	Mar. 1, 2012 - Feb 28, 2013	11,400
h: Continue Vision Care	1 unit = 1 Vision Care visit	1603	3,450	Mar. 1, 2012 - Feb 28, 2013	224,250
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Objective 1: 75% of Primary Care clients with more than one CD4 lab test during the period will improve or maintain their CD4 count (CPCDMS data system). <b>Achieved: 91% (n = 5,201)</b>					
Objective 2: 75% of Primary Care clients with more than one Viral Load lab test during the period will improve or maintain their viral load count (CPCDMS data system). <b>Achieved: 89% (n = 5,188)</b>					
<b>Service Priority Name:</b> AIDS Pharmaceutical Assistance (local)		<b>Total Priority Allocation:</b> \$2,941,204			
<b>Service Priority Number:</b> 2					
<b>Service Goal: (2) To ensure access to HIV and non-HIV prescription medications for all eligible PLWHA in the EMA not otherwise eligible for state or local drug programs (including Medicaid, Medicare Part D and/or private insurance).</b>		<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S1 (G1, 5); S2 (G4); S4 (G2, 3).</b>			
<b>1. Objectives:</b> Continue local HIV/AIDS medication program that participates in the HRSA 340B medication purchasing program.	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		4. Time Frame: Actual duration of activity relating to the objective listed	5. Funds: Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue Local Medication program	1 unit = 1 Local Med Program Transaction/Visit (patient eligibility determination, ADAP application processing if applicable & filling of Rx)	3379	19,646	Mar. 1, 2012 - Feb 28, 2013	589,380
b: Continue Local Medication program	Actual Cost of Meds provided	3379	NA	Mar. 1, 2012 - Feb 28, 2013	2,351,824
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Objective 1: 75% of Local Med Program clients with more than one CD4 lab test in the CPCDMS during the period will improve or maintain their CD4 count. <b>Achieved: 92% (n = 2,644)</b>					
Objective 2: 75% of Local Med Program clients with more than one Viral Load lab test in the CPCDMS during the period will improve or maintain their viral load count. <b>Achieved: 89% (n = 2,633)</b>					

## Ryan White Part A Implementation Plan Final Report

Grantee: Houston EMA Fiscal Year FY 2012

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Service Priority Name: Medical Case Management		Total Priority Allocation: \$1,824,057			
Service Priority Number: 3		Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S1 (G1, 5); S2 (G1, 3, 4); S3 (G1, 2); S4 (G2, 3, 4).			
Service Goal: (3a) To ensure appropriate linkage to primary medical care and other healthcare services, mental health therapy, substance abuse treatment and other essential support services that support improved clinical outcomes for eligible PLWHA in the EMA. (3b - 3j) To ensure appropriate linkage to mental health therapy, substance abuse treatment, other healthcare services and other essential support services that support improved clinical outcomes for eligible PLWHA in the EMA.					
1. Objectives: (3a) Continue Clinical Case Management (CCM) services co-located at mental health and/or substance abuse treatment sites with subcategories targeted to sites that serve Black, Hispanic and MSM PLWHA with mental health and/or substance abuse co-morbidities. (3b - 3j) Continue Medical Case Management (MCM) services embedded in primary medical care programs that target Female, Black, Hispanic, MSM, Rural, Pediatric, Youth and Veteran PLWHA.	2. Service Unit Definition: Define the service unit to be provided	3. Quantity		4. Time Frame: Actual duration of activity relating to the objective listed	5. Funds: Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue Clinical Case Management	1 unit = 1 CCM encounter of 15'	1203	17,678	Mar. 1, 2012 - Feb 28, 2013	441,950
b: Continue MCM at Public HIV Clinic	1 unit = 1 MCM encounter of 15'	286	6,577	Mar. 1, 2012 - Feb 28, 2013	164,426
c: Continue CBO-based MCM targeted to Black	1 unit = 1 MCM encounter of 15'	1417	14,731	Mar. 1, 2012 - Feb 28, 2013	368,281
d: Continue CBO-based MCM targeted to Hispanic	1 unit = 1 MCM encounter of 15'	802	8,057	Mar. 1, 2012 - Feb 28, 2013	201,431
e: Continue CBO-based MCM targeted to White/MSM	1 unit = 1 MCM encounter of 15'	628	6,061	Mar. 1, 2012 - Feb 28, 2013	151,523
f: Continue CBO-based MCM targeted to Rural	1 unit = 1 MCM encounter of 15'	462	3,544	Mar. 1, 2012 - Feb 28, 2013	88,600
g: Continue MCM targeted to Women at Public Clinic	1 unit = 1 MCM encounter of 15'	240	6,067	Mar. 1, 2012 - Feb 28, 2013	151,673
h: Continue MCM targeted to Pediatric	1 unit = 1 MCM encounter of 15'	109	5,796	Mar. 1, 2012 - Feb 28, 2013	144,893
i: Continue MCM targeted to Veterans	1 unit = 1 MCM encounter of 15'	210	3,198	Mar. 1, 2012 - Feb 28, 2013	79,961
j: Implement MCM targeted to Youth	1 unit = 1 MCM encounter of 15'	86	1,253	Mar. 1, 2012 - Feb 28, 2013	31,319
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b> Objective 1: 75% of Medical Case Management clients with more than one CD4 lab test during the period will improve or maintain their CD4 count. <b>Achieved: 91% (n = 1,955)</b> Objective 2: 75% of Medical Case Management clients with more than one Viral Load lab test during the period will improve or maintain their viral load count. <b>Achieved: 89% (n = 1,963)</b>					
Service Priority Name: Oral Health		Total Priority Allocation: \$131,400			
Service Goal: (4) To ensure access to oral health services for all eligible PLWHA in the Rural area of the EMA.		Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S2 (G4); S4 (G2, 3).			
1. Objectives: Continue community-based oral health care program that provides comprehensive oral health services to eligible PLWHA in the Rural area of the EMA.	2. Service Unit Definition: Define the service unit to be provided	3. Quantity		4. Time Frame: Actual duration of activity relating to the objective listed	5. Funds: Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue Rural Oral Health Services	1 unit = 1 Oral Health Visit	187	1246	Mar. 1, 2012 - Feb 28, 2013	131,430
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b> Objective 1: 75% of diagnosed HIV/AIDS-related and general oral pathologies will be resolved, improved or maintained at most recent follow-up (CPCDMS Data System). <b>Achieved: 100%</b> were resolved or improved at follow-up (n= 8). Objective 2: 90% of Rural Oral Health clients will have a developed or updated treatment plan documented in the client record (Chart Review). <b>Achieved = 100%.</b>					

## Ryan White Part A Implementation Plan Final Report

<b>Service Priority Name:</b> Medical Nutritional Therapy		<b>Total Priority Allocation:</b> \$201,991			
<b>Service Priority Number:</b> 5					
<b>Service Goal:</b> (5) To ensure access to nutritional supplements to support adherence and reduce medication side effects.		<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G):</b> S1 (G1, 5); S2 (G4); S4 (G2, 3).			
<b>1. Objectives:</b> a. To ensure access to Nutritional Supplements to enhance the benefit of primary medical care, prevent wasting syndrome and manage medication side effects.	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		<b>4. Time Frame:</b> Actual duration of activity relating to the objective listed	<b>5. Funds:</b> Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue to provide physician-ordered nutritional supplements to eligible PLWHA	90 day supply of nutritional supplements for one client	427	848	Mar. 1, 2012 - Feb 28, 2013	159,151
b: Continue to provide physician-ordered Medical Nutritional Counseling to eligible PLWHA	1 Unit = 1 counseling session provided by a Licensed, Registered Dietician	426	612	Mar. 1, 2012 - Feb 28, 2013	42,840
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Objective 1: 90% of Medical Nutritional Therapy clients with more than one CD4 lab test in the CPCDMS during the period will improve or maintain their CD4 count. <b>Achieved: 92% (n = 390)</b>					
Objective 2: 90% of Medical Nutritional Therapy clients with more than one Viral Load lab test in the CPCDMS during the period will improve or maintain their viral load count. <b>Achieved: 91% (n = 387)</b>					
<b>Service Priority Name:</b> Mental Health Services		<b>Total Priority Allocation:</b> \$0 (this priority funded under State Services)			
<b>Service Goal:</b> (6) To ensure accessible HIV/AIDS mental health care for eligible PLWHA in the EMA with mental health co-morbidities.		<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G):</b> S1 (G5); S2 (G1, 3); S4 (G2, 3, 4).			
<b>1. Objectives:</b> Continue mental health therapy services at community-based sites throughout the EMA, including subcategory targeted to eligible Black clients.	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		<b>4. Time Frame:</b> Actual duration of activity relating to the objective listed	<b>5. Funds:</b> Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue Mental Health Services at Community-based Sites.	1 unit = 1 individual or group therapy session for 1 eligible client	NA	NA	NA	NA
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Not applicable. This service is now funded only with Texas Department of State Health Services (TDSHS) "State Services" funds allocated by the Houston EMA Ryan White Planning Council.					
<b>Service Priority Name:</b> Health Insurance Premium and Cost Sharing Assistance		<b>Total Priority Allocation:</b> \$0 (this priority funded under RW/B & State Services)			
<b>Service Priority Number:</b> 7					
<b>Service Goal:</b> (7) NA		<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G):</b> S1 (G5); S2 (G1, 3); S4 (G2, 3).			
<b>1. Objectives:</b> To ensure access to a program of financial assistance for payment of insurance co-pays and deductibles in order for eligible PLWHA to utilize private health insurance or Medicare benefits, including Medicare Part D (Rx).	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		<b>4. Time Frame:</b> Actual duration of activity relating to the objective listed	<b>5. Funds:</b> Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue Local Health Insurance Premium and Cost Sharing Assistance	NA	NA	NA	NA	NA
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Not applicable. This service is now funded under Ryan White Part B and Texas Department of State Health Services (TDSHS) "State Services" funds allocated by the Houston EMA Ryan White Planning Council.					

## Ryan White Part A Implementation Plan Final Report

Grantee: Houston EMA Fiscal Year FY 2012

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<b>Service Priority Name:</b> Substance Abuse Services - Outpatient			<b>Total Priority Allocation:</b> \$29,700		
<b>Service Priority Number:</b> 8					
<b>Service Goal: (8) To ensure accessible substance abuse treatment services to eligible PLWHA in the EMA.</b>			<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S1 (G1, G3); S2 (G1, G3, G4); S4 (G2, G3, G4).</b>		
<b>1. Objectives:</b> Continue community-based substance abuse treatment services.	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		4. Time Frame: Actual duration of activity relating to the objective listed	5. Funds: Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue individual substance abuse treatment sessions to eligible PLWHA	1 unit = 1 Individual Substance Abuse Treatment Session	14	157	Mar. 1, 2012 - Feb 28, 2013	15,700
b: Continue group substance abuse treatment sessions to eligible PLWHA	1 unit = 1 Group Substance Abuse Treatment Session	10	560	Mar. 1, 2012 - Feb 28, 2013	14,000
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Objective 1: 70% of clients will utilize Part A/B/C/D primary medical care after accessing substance abuse treatment (SA/TX) services. <b>Achieved = 93% (n= 14)</b>					
Objective 2: 75% of SA/TX clients with more than one CD4 lab test during the period will improve or maintain their CD4 count. <b>Achieved = 85% (n= 13)</b>					
Objective 3: 75% of SA/TX clients with more than one Viral Load lab test during the period will improve or maintain their viral load count. <b>Achieved = 85% (n= 13)</b>					
<b>Service Priority Name:</b> Hospice Services			<b>Total Priority Allocation:</b> \$132,000		
<b>Service Priority Number:</b> 9					
<b>Service Goal: (9) To ensure access to appropriate end-stage palliative care for eligible PLWA in the EMA.</b>			<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S2 (G1, G3); S4 (G2, G3).</b>		
<b>1. Objectives:</b> Continue residential hospice care for end-stage AIDS patients in the EMA.	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		4. Time Frame: Actual duration of activity relating to the objective listed	5. Funds: Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue Hospice Care	1 unit = 1 day of Hospice Care in a licensed Hospice facility	23	600	Mar. 1, 2012 - Feb. 28, 2013	132,000
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Objective 1: 100% of Clients receiving Hospice services will receive daily assessment of pain documented in the patient medical record. <b>Achieved = 100% (n= 15) (chart review)</b>					
Objective 2: 100% of Clients receiving Hospice services will have a Palliative Care Plan completed upon admission. <b>Achieved = 100% (n= 15) (chart review)</b>					
<b>Service Priority Name:</b> Home and Community-based Health Services			<b>Total Priority Allocation:</b> \$0 (this priority funded under Ryan White Part B)		
<b>Service Priority Number:</b> 10					
<b>Service Goal: (10) NA</b>			<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S2 (G1, G3); S4 (G2, G3).</b>		
<b>1. Objectives:</b> Continue Adult Day Care services to eligible PLWHA in the EMA	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		4. Time Frame: Actual duration of activity relating to the objective listed	5. Funds: Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue adult day care services	NA	NA	NA	NA	0
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Not applicable. This service is now only funded under Ryan White Part B funds allocated by the Houston EMA Ryan White Planning Council.					

Ryan White Part A Implementation Plan Final Report

<b>Service Priority Name:</b> Early Intervention Services			<b>Total Priority Allocation: \$0 (this Priority funded under State Services)</b>		
<b>Service Priority Number:</b> 11					
<b>Service Goal:</b> (11) NA			<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S1 (G4); S2 (G2); S3 (G2) S4 (G2, G3).</b>		
<b>1. Objectives:</b> NA	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		<b>4. Time Frame:</b> Actual duration of activity relating to the objective listed	<b>5. Funds:</b> Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: NA	NA	NA	NA	Not Applicable	0
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b> Not applicable. This service is funded only with Texas Department of State Health Services (TDSHS) "State Services" funds allocated by the Houston EMA Ryan White Planning Council.					
<b>Service Priority Name:</b> Non-Medical Case Management			<b>Total Priority Allocation: \$1,134,015</b>		
<b>Service Priority Number:</b> 12					
<b>Service Goal:</b> To ensure appropriate linkage to primary medical care and other healthcare services, mental health therapy, substance abuse treatment and other essential support services for eligible PLWHA in the EMA			<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S1 (G1, G4, G5); S2 (G1, G2, G3, G4); S3 (G1, G2); S4 (G2, G3, G4).</b>		
<b>1. Objectives:</b> Continue Non-Medical Case Management (Service Linkage) services embedded in Primary Medical Care with subcategories targeted to public and community-based program sites that serve youth, women, African Americans, Hispanics, MSMs, rural, newly-diagnosed and not-in-care PLWHA. Continue Non-Medical Case	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		<b>4. Time Frame:</b> Actual duration of activity relating to the objective listed	<b>5. Funds:</b> Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Implement non-medical case management targeted to Youth (continuation of SPNS YCMSM efforts)	1 unit = 1 CM encounter of 15'	275	7638	Mar. 1, 2012 - Feb 28, 2013	152,766
b: Continue non-medical CM services at Point of Entry sites where clients learn their HIV status.	1 unit = 1 CM encounter of 15'	73	4050	Mar. 1, 2012 - Feb 28, 2013	81,000
c: Continue non-medical CM services at Public Clinic.	1 unit = 1 CM encounter of 15'	3771	18176	Mar. 1, 2012 - Feb 28, 2013	363,515
d: Continue non-medical CM embedded in Community-based Primary Medical Care programs.	1 unit = 1 CM encounter of 15'	2811	26837	Mar. 1, 2012 - Feb 28, 2013	536,734
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b> Objective 1: 70% of Non-medical CM Clients will access Part A/C/D funded primary medical care services at least 2 times more than 90 days apart during the review period. <b>Achieved: 49% (n= 6,214)</b> Objective 2: 30% of Non-medical CM clients will access Ryan White funded Local Pharmacy Assistance Services during the review period. <b>Achieved: 27% (n= 1,681)</b> Objective 3: 25% of Non-medical CM clients will access Ryan White funded Oral Health Services during the review period. <b>Achieved: 23% (n= 1,444)</b>					
<b>Service Priority Name:</b> Food Bank			<b>Total Priority Allocation: \$0 (this Priority funded under State Services funding)</b>		
<b>Service Priority Number:</b> 13					
<b>Service Goal:</b> (13) To ensure eligible PLWHA in the EMA have access to emergency food/related grocery items.			<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G): S1 (G1, G5); S2 (G4); S4 (G2, G3).</b>		
<b>1. Objectives:</b> Provide emergency food and related grocery items to eligible PLWHA.	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		<b>4. Time Frame:</b> Actual duration of activity relating to the objective listed	<b>5. Funds:</b> Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue food pantry visits for eligible PLWHA	NA	NA	NA	Not Applicable	0
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b> Not applicable. This service is funded only with Texas Department of State Health Services (TDSHS) "State Services" funds allocated by the Houston EMA Ryan White Planning Council.					

## Ryan White Part A Implementation Plan Final Report

Grantee: Houston EMA Fiscal Year FY 2012

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<b>Service Priority Name:</b> Medical Transportation			<b>Total Priority Allocation:</b> \$564,456		
<b>Service Priority Number:</b> 14					
<b>Service Goal:</b> (14a. - 14d.). To ensure access to appropriate medical & health services for eligible PLWHA.			<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G):</b> S1 (G1, G5); S2 (G1, G3, G4); S4 (G2, G3).		
<b>1. Objectives:</b> Ensure access to necessary and appropriate medical and health-related services through a comprehensive & cost effective transportation program.	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		4. Time Frame: Actual duration of activity relating to the objective listed	5. Funds: Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue Van-based Transportation to medical appointments for eligible PLWHA in the Urban area (Harris County) of the EMA.	1 unit = 1 mile driven with an eligible client as passenger	169	137718	Mar. 1, 2012 - Feb 28, 2013	275,436
a: Provide Van-based Transportation to medical appointments for eligible PLWHA in the Rural area of the EMA.	1 unit = 1 mile driven with an eligible client as passenger	123	48020	Mar. 1, 2012 - Feb 28, 2013	96,040
b: Continue Bus Pass transportation program	1 unit = 1 bus pass issued to 1 eligible PLWHA	2530	3000	Mar. 1, 2012 - Feb 28, 2013	190,000
c: Continue Gas Card transportation program	1 unit = 1 \$20 pre paid pay at the pump gas card issued to 1 eligible PLWHA	69	149	Mar. 1, 2012 - Feb 28, 2013	2,980
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Objective 1: 50% of clients accessing Part A van transportation (Urban & Rural) will access Part A/B/C/D-funded primary medical care services. <b>Achieved: 53% (n= 154)</b>					
Objective 2: 35% of clients accessing Part A van transportation (Urban & Rural) will access Part A-funded local medication program services. <b>Achieved: 52% (n= 150)</b>					
Objective 3: 50% of clients issued a Bus Pass will access Part A/B/C/D-funded primary medical care services. <b>Achieved: 36% (n= 912)</b>					
Objective 4: 20% of clients issued a Bus Pass will access Part A-funded LPAP services. <b>Achieved: 19% (n= 483)</b>					
<b>Service Priority Name:</b> Legal Assistance			<b>Total Priority Allocation:</b> \$241,424		
<b>Service Priority Number:</b> 15					
<b>Service Goal:</b> (15) To ensure access to allowable legal assistance for eligible PLWHA in the EMA			<b>Reference 2012 - 2014 Comprehensive Plan Strategy (S) and Goal (G):</b> S4 (G2, G3).		
<b>1. Objectives:</b> Continue community-based legal assistance services for eligible PLWHA in the EMA.	<b>2. Service Unit Definition:</b> Define the service unit to be provided	<b>3. Quantity</b>		4. Time Frame: Actual duration of activity relating to the objective listed	5. Funds: Final Expenditures
		3a) Number of people served	3b) Total number of service units provided		
a: Continue Legal Assistance program	1 unit = 1 hour of legal assistance by a licensed attorney	310	3219	Mar. 1, 2012 - Feb 28, 2013	241,424
<b>6. Select a minimum of two objectives and list planned client level outcomes/indicators to be tracked, and include benchmarks for each:</b>					
Objective 1: 65% of Disability related legal assistance will result in access to benefits (e.g. SSI, SSDI). <b>Achieved: 49%</b> (72 clients out of 146 who received assistance for disability-related legal cases obtained sought benefits)					
Objective 2: Reduction in self-reported level of stress from baseline to case completion. <b>Achieved: 98% of clients who completed a baseline and follow-up survey reported reduced stress after accessing legal assistance services (n = 102)</b>					

## FY 2012 Local Pharmacy Assistance Program Profile

EMA/TGA: HOUSTON

FY 2012 Funds Allocated: \$3,010,424

FY 2012 Funds Expended: \$2,941,204

### Client Utilization Summary for Fiscal Year 2012

Year	# Clients Enrolled	(Avg) # Using LPAP Each Month	Cap on Expenditures Per Patient		Program Limits	
			All Drugs	Pis	Enrollment Cap	Wait List Number
2012	3,379	1,376	21,000	0	0	0

Notes: Expenditure cap per patient: \$18,000/enrollee for medications on the State ADAP formulary. \$3,000/enrollee for HIV-related medications not on the State ADAP formulary. No over the counter (OTC) medications allowed.  
Number of Local PAP Fuzeon Clients: 0 (none in FY 11)

### Local Pharmacy Assistance Program Model

Short term "Bridge" (Until ADAP Starts)	Emergency Only	Stand Alone	Wrap Around Supplement to State ADAP
Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>

### Formulary Summary

Year	Formulary Identical to ADAP	Formulary Includes Drugs not available under ADAP	Total # of Drugs on Formulary	Number of Anti-Retroviral Drugs	Fuzeon on Formulary	# of OTC OTC medications not allowed.
2012	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	1,200+	30	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	0

Notes: Fuzeon is available on a case-by-case basis as funding allows with prior approval from grantee (HCPHES/RWGA). Formulary includes all medications on the Texas HIV Medication Program (THMP) ADAP formulary and other medications prescribed to treat HIV-related co-morbidities.

### Financial Eligibility Summary

Year	Eligibility Ceiling as a % of FPL	Clients with Public/Private Health Insurance		Asset Limit (amount) Explain	Annual Income	Frequency of Recertification
		Private	Medicaid/Medicare			
2012	ART Meds: 500% Other Meds: 300% (see below for details)	>10	>100	N/A	read below	Every six months (semi-annually).

Notes: The financial eligibility limits for the Houston EMA Local Pharmacy Assistance Program (LPAP) are as follows: 500% of FPL for medications also on the Texas ADAP formulary and 300% of FPL for other HIV-related medications. The clients served who had private health insurance coverage had either limited or no prescription rider on their policy, those with Medicare Rx were denied through the SPAP program or had a prescription need that was not covered by their Medicare drug plan; and finally those with Medicaid who had exhausted their monthly limit or had a prescription need that was not covered by Medicaid.

### Medical Eligibility Summary

Year	Clinical Criteria to Access Local PAP			
	HIV +	CD4 Count	Viral Load	Other
2012	Yes	N/A	N/A	N/A

Notes:

**Cost - Saving Strategies Summary**

Year	Providers Participating in 340B Drug Discount	Participation in Prime Vendor Program	If not Participating in 340B, is there a Pharmacy Discount?	Dispensing Fee	Administrative Fee
2012	Yes: <input checked="" type="checkbox"/> No:	Yes: <input checked="" type="checkbox"/> No:	Yes: ___ No: ___ If yes, how much?	\$30.00 per transaction	None

Notes: \$30.00/transaction, which involves filling one or more Rx. A single transaction may include dispensing multiple Rx. No more than one transaction may be billed per patient per day, regardless of the number of Rx filled.

**Medicaid Coordination Summary**

Year	Screening for Medicaid Eligibility			Coordination
	Proof of Application	Proof of Denial	How Often Recertified?	Retroactive Billing
2012	Yes: <input checked="" type="checkbox"/> No:	Yes: <input checked="" type="checkbox"/> No:	Per Prescription	Yes: No: <input checked="" type="checkbox"/>

Notes: Each time a prescription goes to the LPAP pharmacy, the pharmacy assesses the client's Medicaid eligibility. If the client is found to have no Medicaid resources, the prescription is provided under LPAP if medication is on local LPAP formulary. LPAP provider staff also assess Medicaid eligibility at least once a month.

**Medicare Part D Coordination**

**Describe coordination activities with the State run ADAP and the Medicare Part D Program:** Program works collaboratively with Texas Department of State Health Services (TDSHS) HIV Medication Program (THMP) and coordinates support to Medicare Rx clients to ensure continuum of medication assistance without duplication of services. As medication approval staff and/or the contracting pharmacy interface with eligible Medicare Rx clients, agency ensures that either coverage is in place and as necessary, refers client back to DSHS THMP for continued assistance through their SPAP. Program provides assistance for medications excluded from Medicare Rx patient's plan on a case by case basis.

**ADAP Coordination Summary**

Year	Contribute to State ADAP	Amount of Money Contributed to State ADAP	Coordination with ADAP State Formulary*
2012	Yes: No: <input checked="" type="checkbox"/>	0	Yes: <input checked="" type="checkbox"/> No:

Notes: \* if Yes, please describe: As soon as a drug is approved on the State ADAP formulary it is automatically added to the Local PAP formulary.

**Local PAP Advisory Committee**

Local PAP Advisory Committee	Participation in State ADAP Advisory Committee
Yes : <input checked="" type="checkbox"/> No :	Yes : <input checked="" type="checkbox"/> No :

**Distribution Program**

**Briefly describe your drug distribution program: Clients access LPAP via their Ryan White funded Primary Care provider. All RW Part A and MAI funded adult primary care providers must maintain their enrollment in the HRSA OPA 340B program. All adult primary care providers must provide onsite LPAP services as described herein.**  
**Dispensing Process:** The Client presents his/her prescription to the onsite primary care clinic-based pharmacy. The LPAP program staff verify eligibility and if the client qualifies and process the request. The client can wait for the approval or medications are mailed/shipped to client as circumstances warrant. LPAP providers are reimbursed monthly via their Ryan White-funded contracts for the medications which have been actually dispensed (received by the patient). Ryan White does not pay for inventory, agency is only reimbursed once the patient has received the prescribed medications.

**HOUSTON ELIGIBLE METROPOLITAN AREA  
FY 2012 AGGREGATE ADMINISTRATIVE COSTS – FINAL REPORT**

1.	FY 2012 RW Part A Grant Award (incl. carryover and MAI)	\$20,509,527.00
1.a.	Less funds allocated for Grant Administration and Quality Mgmt.	<u>\$ -2,056,575.00</u>
1.b.	Basis for Aggregate Administrative Cap (1 minus 1a)	\$18,452,952.00
1.c.	Funds available for administration by 1 <sup>st</sup> line entities (1b x 10%)	\$ 1,845,295.20
1.d.	Grant Expenditures by Direct Service Subrecipients and Vendors	\$18,120,308.21
1.e.	Grant Expenditures by Direct Service Subrecipients and Vendors on Administrative Costs (may not exceed 10%)	\$ 1,594,445.54
1.f.	Percentage of funds expended on administration by 1 <sup>st</sup> line entities versus funds available (1e/1b)	8.64%
1.g.	Percentage of funds expended on administration by 1 <sup>st</sup> line entities versus total funds expended by first line entities (1e/1d)	8.80%

This report is a compilation of aggregate administrative costs, as certified by first-line entities for the Houston EMA, for FY 2012 Part A and MAI funds made in accordance with HRSA guidance.

  
Barbara Schott, Harris County Auditor

7/18/13  
Date

<b>2012 ADMINISTRATIVE COST REPORT</b>						
<b>Agency</b>	<b>Service Category</b>	<b>Contract Number</b>	<b>Encumbrance Budget</b>	<b>YTD Expenditures</b>	<b>YTD % of Admin</b>	<b>YTD Admin Costs</b>
Bering Omega Communi	Hospice Care	11GEN1986	\$132,000.00	\$132,000.00	9.99%	\$13,189.51
City of Houston	SLW: Not in Care & Youth	11GEN1987	\$151,000.00	\$125,183.60	0.00%	\$0.00
Harris County Hospital	P-Care, MCM & SLW	11GEN1988	\$6,675,230.00	\$6,495,511.88	8.55%	\$555,665.54
Houston Area Communi	P-Care, MCM, SLW & LPAP	11GEN1989	\$1,838,822.00	\$1,838,435.18	9.39%	\$172,671.89
Houston Volunteer Lawy	Legal Services	11GEN1991	\$241,425.00	\$241,424.25	8.92%	\$21,530.51
Legacy Community Hea	P-Care, MCM, SLW & LPAP	11GEN1992	\$3,452,128.00	\$3,450,478.00	9.98%	\$344,442.46
Legacy Community Hea	Vision Care	11GEN1993	\$224,315.00	\$224,250.00	6.59%	\$14,788.73
Legacy Community Hea	Med Nutritional Supplements	11GEN1994	\$201,994.00	\$201,991.48	5.38%	\$10,862.00
Montrose Counseling Ce	Substance Abuse Treatment	11GEN1996	\$45,750.00	\$29,700.00	10.00%	\$2,969.92
Montrose Counseling Ce	Clinical Case Management	11GEN1997	\$246,225.00	\$231,275.00	10.00%	\$23,127.50
Saint Hope Foundation	P-Care, MCM, SLW & LPAP	11GEN1998	\$1,185,640.00	\$1,185,321.59	8.38%	\$99,353.76
Saint Hope Foundation	Rural P-Care, CM & LPAP	11GEN1999	\$859,734.00	\$859,699.99	10.00%	\$85,999.53
Saint Hope Foundation	Transportation - Urban & Rural	11GEN2000	\$371,478.00	\$371,476.00	9.51%	\$35,312.11
Saint Hope Foundation	Adult Dental Services - Rural	11GEN2001	\$131,400.00	\$131,400.00	7.99%	\$10,505.10
Saint Hope Foundation	Clinical Case Management	11GEN2002	\$210,675.00	\$210,675.00	7.03%	\$14,817.04
UTHSC - Houston	Pedi P-Care & CM & Non Med CM	11GEN2004	\$189,170.00	\$183,184.40	0.00%	\$0.00
Veteran's Affairs Medica	Medical CM for Veterans	11GEN2005	\$80,000.00	\$79,961.25	1.43%	\$1,147.41
METRO (Vendor)	Transportation - Bus Vouchers	P201264	\$190,000.00	\$190,000.00	0.00%	\$0.00
SVM (Vendor)	Transportation - Gas Cards	Request for Payment	\$2,981.00	\$2,972.95	0.00%	\$0.00
Houston Area Communi	MAI - Primary Medical Care AA/HISP	11GEN1990	\$410,655.00	\$410,655.00	10.00%	\$41,065.23
Legacy Community Hea	MAI - Primary Medical Care AA/HISP	11GEN1995	\$688,222.00	\$626,712.64	9.81%	\$61,465.58
Saint Hope Foundation	MAI - Primary Medical Care AA/HISP	11GEN2003	\$898,126.00	\$898,000.00	9.52%	\$85,531.72
<b>Subtotal Direct Services</b>			<b>\$18,426,970.00</b>	<b>\$18,120,308.21</b>	<b>8.80%</b>	<b>\$1,594,445.54</b>
Changes/Credits (reconciliation with IFAS Balance)						
<b>Total Direct Services</b>			<b>\$18,426,970.00</b>	<b>\$18,120,308.21</b>	<b>8.80%</b>	<b>\$1,594,445.54</b>

Harris County  
**HCPHES**  
Public Health & Environmental Services

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July 17, 2013

Yukiko Tani  
HRSA, HAB, DSS  
5600 Fishers Lane, 7A-55  
Rockville, MD 20857-0001

Potie Pettway  
HRSA, DGMO  
5600 Fishers Lane, Room 11-03  
Rockville, MD 20857-0001

RE: **2 H89HA00004-22 CFDA NO. 93.914**  
**FY 2012 WICY Report and Retrospective Waiver Request**

Dear Ms. Tani/Mr. Pettway:

Please find attached a summary of the Houston EMA's FY 2012 WICY expenditures. **The Houston EMA is requesting a Retrospective Waiver for expenditures on Women.**

The Houston EMA met its required FY 2012 Part A and MAI combined minimum WICY expenditures for *Infants, Children and Youth* relying solely on RW Part A and MAI expenditures. For *Women*, the Houston EMA documented that actual Part A and MAI expenditures, plus expenditures on *Women* by the Texas ADAP program exceeds the minimum required FY 2012 Part A and MAI WICY expenditures for women. The reporting dates for the ADAP expenditures correspond with the FY 2012 Ryan White Part A grant term (03/01/12 – 02/28/13). The additional expenditures on *Women* were reported by the Texas ADAP program. Therefore, the Houston EMA met its FY 2011 Part A and MAI combined WICY expenditure requirement.

The following table summarizes the Houston EMA's FY 2012 WICY expenditures:

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FY 2012 Houston EMA WICY Expenditure Table						
FY 2012 RW Part A and MAI combined award amount including carryover: \$20,509,527						
FY 2012 RW Part A and MAI amount <b>allocated</b> to services (WICY basis): \$18,452,952						
Population	Target Percent	Target RW/A and MAI Expenditures*	Actual RW/A and MAI Expenditures*	Expenditures by other Funding Streams*	Total WICY Expenditures*	Actual Percent Achieved
Women	24.95%	\$ 4,521,017	\$ 4,378,857	\$ 8,244,848 <sup>1</sup>	\$ 12,623,705	69.67%
Infants	0.03%	5,436	26,104	N/A	26,104	0.14%
Children	0.35%	63,421	80,862	NA	80,862	0.45%
Youth	4.64%	840,782	1,266,057	N/A	1,266,057	6.99%
<b>TOTAL</b>	<b>29.97%</b>	<b>\$ 5,430,656</b>	<b>\$ 5,751,881</b>	<b>\$ 8,244,848</b>	<b>\$ 13,996,728</b>	<b>77.24%</b>

\*above rounded to nearest whole dollar

Thank you in advance for your prompt attention to this information.

Sincerely,

*Charles Henley, LCSW*

Charles Henley, LCSW  
Manager

Attachments: Houston EMA FY 2012 Part A & MAI WICY Expenditure Detail  
Houston EMA FY 2012 Part A and MAI WICY Expenditure Worksheet  
ADAP WICY Expenditures – Texas HIV Medication Program (THMP)

xc: Vicki Cerna-Bell, Project Coordinator/Grants Management, RWGA  
Tom Ricciardello, Assistant Chief Financial Officer, HCPHES  
Tori Williams, Manager, Ryan White Planning Council Office of Support  
Modelle Brudner, CEO Planning Council Liaison, Harris County Judge’s Office

<sup>1</sup> Expenditures made by the Texas ADAP program for eligible women clients residing in the Houston EMA. The expenditures were reported by the Texas HIV Medication Program (THMP).

Houston EMA FY 2012 WICY Expenditure Report Detail

Expenditure Population	Target WICY %	WICY Expected Expenditures	Part A WICY Expended	Actual Part A WICY %	Other Funding Source WICY Expended (1)	Total WICY Expended	Total WICY %
Women	24.95%	\$ 4,521,016.85	\$ 4,378,857.32	24.17%	\$ 8,244,847.69	\$ 12,623,705.01	69.67%
Infants	0.03%	\$ 5,436.09	\$ 26,103.93	0.14%	\$ -	\$ 26,103.93	0.14%
Children	0.35%	\$ 63,421.08	\$ 80,862.07	0.45%	\$ -	\$ 80,862.07	0.45%
Youth	4.64%	\$ 840,782.29	\$ 1,266,057.26	6.99%	\$ -	\$ 1,266,057.26	6.99%
Total	29.97%	\$ 5,430,656.31	\$ 5,751,880.58	31.74%	\$ 8,244,847.69	\$ 13,996,728.27	77.24%
\$ 18,120,308.00	WICY Basis - funds <b>expended</b> direct client services						
1. Other expenditure source is Texas ADAP Program expenditures (Ryan White Part B ADAP)							

