IV. ***APPENDICES***

APPENDIX A

PanWest and West Texas Quality Management Plan 2017

The Quality Management (QM) Program of the StarCare Specialty Health System HIV Services Administrative Agency (AA) for PanWest (Area 2) and West Texas (Area 1) consists of the following components:

I. Quality Statement

The Quality Management Committee has the responsibility of overseeing progress toward achieving organizational and regional goals for quality of care for all clients. The Quality Management Committee will ensure that the establishment and review of improvement goals and quality indicators shall be regular components of the Committee's agenda. All of the Committee's activities are in support of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009).

II. Quality Infrastructure: Quality Management Committee (QMC)

The Quality Management Committee (QMC) does the following in order to meet its quality statement: monitoring and assessing Subcontractor and AA activities, brainstorming methods to better implement standards of care, measuring progress by reviewing performance measures, specifically regarding medical care and case management, reviewing results of client and provider (Subcontractor) satisfaction surveys, reviewing needs assessments, discussing complaints and concerns, and sharing best practices.

Committee Membership: The AA will maintain a QMC that is composed of internal and external stakeholders to include the site administrator of each HIV service Subcontractor, a senior data/case manager, a medical professional, and the Administrative Agency's Quality Manager and Program Supervisor. The QMC membership is composed of the following:

- Amarillo HSDA HIV Service Subcontractor: Panhandle AIDS Support Organization (PASO) - Executive Director

- Permian Basin HSDA HIV Service Subcontractor: Permian Basin Community Centers for MHMR Basin Assistance Services (BAS) – 1) Team Lead, and 2) Quality Management Coordinator

- Lubbock HSDA HIV Service Subcontractor: South Plains Community Action Association, Inc. Project CHAMPS - Program Director

- El Paso HSDA HIV Service Subcontractor: Centro de Salud Familiar La Fe, Inc. (La Fe CARE) – Program Director and Data Manager

- El Paso HSDA HIV Service Subcontractor: South Plains Community Action Association, Inc. Project CHAMPS - Program Director and Medical Case Manager

- Medical Professional: Ogechika Alozie, MD, MPH, AAHIVS

- AA Quality Manager/Data Manager

- AA HIV Services Program Supervisor

- AA HIV Nurse Consultant

- HIV AA Planning Coordinator

- DSHS Consultant

- StarCare Compliance Director

  Please note: Those who are designated to sit in for someone are responsible in communicating the information shared during the meeting to their committee member.

Participant Roles: The QMC, as a whole, will 1) annually, and as needed, review and update the QM Plan, 2) quarterly, and as needed, review and update the QM Annual Quality Improvement Plan, 3) review new and existing DSHS policies to include Case Management and Clinical guidelines, 4) discuss adverse events and consumer concerns/ complaints, 5) review and update consumer surveys, review consumer survey data and action plans to address survey concerns, 6) review provider (Subcontractor) surveys and action plans to address survey concerns, and 7) review performance measure percentages to assure progress is made toward meeting the goals, strategies and activities of the Comprehensive Plan for HIV Services, Quality Management Plan and Annual Quality Improvement Plan.

In addition, the QMC participants have the following responsibilities:

- The Contract Specialist reviews quarterly expenses and discusses needed reallocations.

- The Quality Manager/Data Manager conducts the following processes:
  - ➢ review service utilization data to identify patterns
  - ➢ completes quarterly data quality checks as described in Section VIII below

- ➢ lead the QMC, schedules QMC meetings, updates the QM Plan and Annual Quality Improvement Plan, maintains meeting minutes, and provides training.

- The Nurse Consultant monitors program adherence as described below in Section IX, Evaluation and Program Adherence.

- The Planning Coordinator works with the QM Coordinator on updating the Comprehensive Plan for HIV Services and at least quarterly monitoring and updating the goals, strategies and activities.

- The HSDA service Subcontractors conduct and present to the QMC the following processes:
  - ➢ Run report on items in Performance Measurement (See IV below) and report; and share results; Run HAB Core Measures, will run report and present on percentages after Core Measures are uploaded in ARIES;
  - ➢ Present information on objectives/activities from the Comprehensive Plan/QM Plan; and,
  - ➢ Share individual agency QM activities as well as quality improvement activities implemented and piloted to improve the HAB measures and services in general (ex: new forms to streamline intakes, changes in personnel roles, policies, etc.…)

- The physician provides medical insight and educates the QMC on issues that affect HIV treatment such as co-morbidities and their effect on HIV/AIDS and other medical topics.

Meetings: The QMC meets quarterly, generally via conference call. Other meetings are scheduled as needed. The AA provides an agenda to the QMC as well as updates the QM Plan and the Annual Quality Improvement Plan. The AA keeps meeting minutes and provides them to the QMC within ten (10) workdays of the QMC meeting.

III. HIV Administration Agency

The Administrative Agency as a whole will monitor all aspects of eligibility for both Ryan White and the AIDS Pharmaceutical Assistance Program, ensuring that eligibility documents are continually updated and all eligibility criteria are met in accordance with Texas DSHS policy. The Administrative Agency will provide technical assistance where needed to ensure that all Providers maintain current eligibility documentation.

IV. Annual Quality Improvement Plan

The StarCare Specialty Health System established an Annual Quality Improvement Plan (QI Plan), in conjunction with the Comprehensive Plan for HIV Services, to identify the goals and strategies of the Quality Management Program. The Annual Quality Improvement Plan addresses the strategies during the year and also identifies the target date of completion. A new Annual Quality Improvement Plan is created in December approved by the Quality Management Committee. The plan is driven by the

Comprehensive Plan and results of site reviews and Client/Provider Satisfactions Surveys. The plan identifies all the major activities of the committee and is the vehicle for examining how well the system is working in executing the program's priorities and strategies. The Annual Quality Improvement Plan lists the quality assurance and quality improvement activities for the contract year and is aligned with DSHS Quality Management objectives. The QI Plan is updated after each QMC meeting. Beginning September 2016, the QM Plan is incorporated as an attachment in the Comprehensive Plan for HIV Services.

V. Performance Measurement

One of the key characteristics of the Quality Management Program is to use data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. The QMC will follow the HIV/AIDS Bureau's HIV Core Clinical Performance Measures for Adult/Adolescent Clients. The QMC will abide by the core performance measures listed below:

1. Viral Load Suppression
2. CD4 cell count
3. Prescribed Antiretroviral Therapy
4. Medical Visits Frequency
5. Gap in Medical Visits
6. PCP Prophylaxis

VI. Plan to Identify, Correct, and Monitor Adverse Outcomes

I. The current system to identify potential adverse outcomes includes usage of random review of client records, data review from ARIES, media releases, complaints, subcontractor monitoring, notification from DSHS, and any other communication mechanism.

II. When a potential adverse outcome is identified, the following process is followed:

A. The staff identifying the outcome notifies all Administrative Agency staff, and the Administrative Agency staff consults to research and verify the information.
B. The Administrative Agency staff works together to develop the corrective action applicable to the issue.
C. Depending on the adverse outcome, the Contracts Specialist then notifies the Subcontractors first by phone, depending on the urgency of the outcome, and followed up in writing by e-mail and/or certified mail.
D. Subcontractors will notify clients of the adverse outcome by phone, mail, e-mail, flyers, media, website, face-to-face contacts, during visits, etc... For emergency outcomes, clients will be notified within 24 hours by phone, home visit or other face-to-face contact. Subcontractors will document their efforts and at least three attempts must be made to contact the client.

E. For emergency adverse outcomes, the Administrative Agency will assist the Subcontractors to assess immediate needs of the clients and to facilitate access to services. Depending on the adverse outcome, the attached Texas Rapid Public Health Needs Assessment Instrument (TX DSHS) and/or the attached CASPER Questionnaire will be implemented.
F. Non-emergency adverse outcomes will be addressed on a case-by-case basis with priority given according to client need.

The final results of the corrective action to the adverse outcome are reported to the Director of Contracts Management and to the Quality Management Committee.

The Administrative Agency staff works together to perform follow up monitoring and reports to the Director of Contracts Management and to the Quality Management Committee.

III. The Administrative Agency also has a Contingency Plan for Lapse of HIV Services. This plan is located in the policies and procedures under Section 14A (AA) and Section 14B (Subcontractor) – Contingency Plan for Lapse of HIV Services. This plan includes general guidance to address a significant change or situation that may occur and result in a lapse of HIV services. The primary focus of this plan is core medical services.

VII. Capacity Building

The AA informs the QMC of upcoming trainings, such as webcasts and teleconferences, conducted by the National Quality Center and the Texas Department of State Health Services (DSHS). The AA will maintain a log of QM trainings and technical assistance.

The 2015 Texas HIV Case Management Standards issued new training requirements for Medical Case Managers (MCMs) and Non-Medical Case Managements (NMCMs). All training requirements and compliance are monitored by the Nurse Consultant through desktop reviews and annual audits.

In February 2010, DSHS asked AAs to combine the QM Plan with the area comprehensive plan. Beginning April 1, 2010, the QM Plan/QI Plan is incorporated into the PanWest HIV/AIDS Service Area Comprehensive Plan for HIV Services.

VIII. Expenditures

The AA monitors expenditures at least quarterly through ARIES data and Subcontractor billing data. The AA notifies DSHS of the expenditures via the Quarterly Report. The Contract Specialist discusses reallocations as needed to assure adequate funding for medical care services especially to avoid denial of services, waiting lists and delay of services for AIDS Pharmaceuticals, Health Insurance, and Ambulatory Outpatient Medical

and to prevent lapse of funds. The Contract Specialist monitors the contract expenses to ensure that there is no lapse or overspending of funds at least every quarter through analyzing the expenses reported in the quarterly report by the subcontractors. If expenditures do not appear to be on target, Subcontractors are contacted and required to submit a plan to ensure funds are expended appropriately. If it is determined that the Subcontractor is unable to expend funds within the contract term, the AA initiates necessary steps following the DSHS reallocation policy (such as provide technical assistance, initiate reallocations, communicate with DSHS) if the expenses and performance objectives are not on target.

IX. Evaluation and Program Adherence

Program Adherence: The AA Nurse Consultant is a registered nurse and performs monitoring for clinical and case management services in accordance with HIV Clinical and Case Management Services Standards to include monitoring of the care and treatment of persons with HIV according to the US Public Health Standards. The nurse consultant works with providers and other entities to explore capacity building and sustainment of HIV service for clients region wide.

The Nurse Consultant communicates regularly with Subcontractors via telephone, e-mail and on site for clarification of any identified issues client care. The Nurse Consultant also provides technical assistance as requested or as determined necessary to ensure clients are receiving quality services. The Nurse Consultant participates in site reviews for each Subcontractor where random samples of client charts are assessed for continuity of care and the completion and content of documentation. The Nurse Consultant completes required reports and documentation and provides feedback to the Subcontractors related to the technical assistance and site visits.

Data Quality Check: After the data entry process is performed at the subcontractor level, the Administrative Agency Quality Manager/Data Manager performs quarterly data quality checks. The process includes checking for missing information or unknown data. After the Administrative Agency completes the process, the Subcontractors' data manager receives statistical reports containing a list of clients with missing or unknown data on a monthly basis. The missing data must be collected as soon as possible; preferably before the next data transmission begins in the following month. The Subcontractors' data managers are encouraged to share information with the case managers in order to complete this process.

As of April 1, 2010, TX DSHS implemented a new policy, Documenting Case Management Actions in ARIES, "to assist in the improvement of the quality of documentation as well make data input more uniform." The new policy requires Subcontractors to use ARIES to the maximum extent possible to include entering case notes, adherence assessments, mental health/substance abuse screenings, and risk reduction notes.

Satisfaction Surveys: The Administrative Agency (AA) implements an annual Client Satisfaction Survey and annual Provider (Subcontractor) Satisfaction Survey as a means of obtaining input and measuring satisfaction and progress.

A) Client Satisfaction Surveys, English and Spanish, are mailed directly to each client, who allows mail, along with a letter, English and Spanish, explaining the survey and a self-addressed stamped envelope to return the survey. Clients are asked to remain anonymous and not list identifying information on the survey or envelope but may list provide contact information if they want to be contacted by the AA. Clients are given the option of completing the survey by phone, in English or Spanish. An aggregate of the survey results are sent to the Subcontractors and reviewed by the QMC. Subcontractors are asked to review their individual results and respond with an action plan to the AA to address adverse outcomes if any.

B) The Provider (Subcontractor) Satisfaction Surveys are done through Survey Monkey. A survey link is e-mailed directly to each Subcontractor staff that has regular contact with the AA and primarily includes the program director, agency director, case managers, data manager, and accountant. Subcontractors are asked to remain anonymous.

APPENDIX B
CLINICAL AND CASE MANAGEMENT MONITORING

In order to ensure that quality management is maintained, the URS Data Manager and Contract Specialist provide technical assistance (TA) to subcontractors regarding data collection, submission, and data integrity.

- Requests for TA from Subcontractors receive a response within one (1) business day of receiving the request in ninety-five percent (95%) of requests.
- TA is provided in a format that best meets the needs of Subcontractors and may be provided on-site, via telephone, or electronic mail.

Monitoring for clinical and case management services, conducted by the AA (Registered) Nurse Consultant, is performed in accordance with Texas Department of State Health Services HIV Clinical and Case Management Services Standards. It includes:

- Monitoring of the care and treatment of persons with HIV in accordance with US Public Health Standards, Health Resources Services Agency-HIV/AIDS Bureau Measures, and Texas Department of State Health Services.
- Site visits to the clinics of the Subcontractors in Amarillo, Lubbock, Odessa and El Paso to assure the medical needs of the clients are being met.
- Regular desktop monitoring of the documentation in ARIES for:
  - ➢ Timeliness and content of case notes
  - ➢ Subcontractors' adherence to payer of last resort and emergency medication policies
  - ➢ Completion of needs assessments
  - ➢ Implementation and updating of care plans
  - ➢ Updating of medication and lab results, specifically CD-4 counts and viral loads
  - ➢ Assessing the need for specialty referrals and ensuring follow-up on referrals
  - ➢ Compliance with client graduation, discharge, and termination policies and procedures
  - ➢ Compliance with other programmatic policies and procedures related to medical and non-medical case management

Other related activities of the AA Nurse Consultant include:

- Communication with Subcontractors via telephone, e-mail and on-site for clarification of any identified issues.
- Provision of TA as requested or as determined necessary to ensure clients are receiving quality services.
- Participation in site reviews for each Subcontractor where strategic samples of client charts are assessed for continuity of care as well as the completion and content of documentation.
- Providing feedback to the Subcontractors related to TA and site visits.

APPENDIX C
UTILIZATION AND FISCAL MONITORING

After the data entry process is performed at the Subcontractor level, the AA Data Manager performs bi-monthly data quality checks.

- The process includes checking for record duplication, and cleaning, and generating various reports to find missing information or unknown data.
- After the AA completes the process, each Subcontractor's data manager receives statistical reports containing a list of clients with missing or unknown data on a bi-monthly basis. The missing data must be collected as soon as possible, preferably before the next data transmission begins.
- The Subcontractors' data managers are encouraged to share information with the case managers in order to complete this process.

Quality assurance checks are conducted through site visits at least annually at each Subcontractor location. The review process ensures accuracy of the ARIES data in focus areas, such as demographics, medical history, service delivery, etc.

- There is at least one site visit per year at each Subcontractor location. This site visits may or may not be announced.
- Subcontractors are notified at least two weeks in advance for scheduling of the announced visits.
- An audit tool is used to conduct the review. During the check, clients are randomly selected and the AA's data manager crosswalks the data in ARIES with the information as presented in the client's profile.
- Physical reviews of client and service data are evaluated. The reports are shared with the Subcontractors.
- As of April 1, 2010, TX DSHS implemented a new policy, Documenting Case Management Actions in ARIES, "to assist in the improvement of the quality of documentation as well make data input more uniform." The new policy requires Subcontractors to use ARIES to the maximum extent possible, to include entering case notes, adherence assessments, mental health/substance abuse screenings, and risk reduction notes.

Expenditure Monitoring

Another major quality management function is the monitoring of Subcontractor expenditures.

- The AA monitors expenditures at least quarterly through ARIES data and Subcontractor billing data and notifies DSHS of the expenditures via the Quarterly Report.
- The Contract Specialist discusses reallocations as needed to assure adequate funding for medical core services, especially to avoid denial of services, waiting lists and delay of services for AIDS Pharmaceuticals, Health Insurance Premium and Cost Sharing, and Outpatient/Ambulatory Medical Care, and to prevent lapse of funds.
- The Contract Specialist monitors the contract expenses monthly to ensure that there is no lapse or overspending of funds. This is accomplished through analyzing the expenses reported monthly by the subcontractors.

- If expenditures do not appear to be on target, Subcontractors are contacted and required to submit a plan to ensure funds are expended appropriately. If it is determined that the Subcontractor is unable to expend funds within the contract term, the AA initiates necessary steps following the DSHS reallocation policy.

APPENDIX D
MEDICAL CORE AND SOCIAL SUPPORT SERVICES

Funds for the medical core categories needed in the PanWest and West Texas areas are generally allocated through Ryan White Service Delivery funds to maintain compliance with the requirement that 75% of Ryan White Part B funding be allocated to the medical core categories. These include:

1. Outpatient/Ambulatory Health Services
2. Local AIDS Pharmaceutical Assistance (LPAP)
3. Oral Health Care
4. Early intervention Services
5. Health Insurance Premium and Cost Sharing Assistance
6. Home Health Care
7. Medical Nutrition Therapy
8. Hospice Services
9. Home & Community-Based Health Services
10. Mental Health Services
11. Substance Use Disorder Treatment Services
12. Medical Case Management

Although the AIDS Drug Assistance Program (ADAP) is a medical core category, funding is not allocated locally since the Texas HIV Medication Program administers the ADAP.

Social support services are as those services needed by people living with HIV/AIDS to "enhance access to and retention in care."[1] HRSA has identified social support services as:

1. Non-Medical Case Management,
2. Treatment Adherence Counseling
3. Medical transportation
4. Non-Medical Transportation-State Services Only
5. Food Bank
6. Emergency Financial Assistance
7. Housing Services
8. Respite Care
9. Child Care Services
10. Health Education/Risk Reduction (HE/RR)
11. Outreach Services
12. Legal Services
13. Psychosocial Support Services
14. Referral for Health Care/Supportive Services
15. Rehabilitation Services
16. Substance Abuse Services-Residential
17. Linguistic Services

APPENDIX E
2017-2018 ALLOCATIONS

[1] The Treatment Extension Act of 2009.

PASO - Amarillo

Ryan White 2017-2018				State Services 2017-2018				State-R 2017-2018			
Service Category		Allocation	%	Service Category		Allocation	%	Service Category		Allocation	%
Outpatient/Ambulatory Health Services	$	22,088.00	7.08%	Outpatient/Ambulatory Health Services	$	18,679.00	20.09%	Outpatient/Ambulatory Health Services	$	31,033.00	19.18%
Emergency Financial Assistance	$	11,426.00	3.66%	Health Insurance Premium Assistance	$	22,829.00	24.55%	Health Insurance Premium Assistance	$	14,482.00	8.95%
Case Management (Non-Medical)	$	43,516.09	48.43%	Medical Case Management	$	52,346.00	38.63%				
Emergency Financial Assistance	$	1,106.25	1.23%	Case Management (Non-Medical)	$	52,346.00	38.63%				
Food Bank	$	16,507.51	18.37%	Food Bank	$	4,648.00	3.43%				
Housing Services	$	2,011.16	2.24%	Non-Medical Transportation	$	1,297.00	0.96%				

CHAMPS - Lubbock

Ryan White 2017-2018

Service Category		Allocation	%
Outpatient/Ambulatory Health Services	$	146,666.00	42.07%
Emergency Financial Assistance	$	2,222.00	0.64%
Oral Health Care	$	13,333.00	3.82%
Health Insurance Premium Assistance	$	11,111.00	3.19%
Mental Health Services	$	6,667.00	1.91%
Medical Case Management	$	100,590.00	28.85%
Case Management (Non-Medical)	$	68,057.00	19.52%
Total Grant	**$**	**348,646.00**	**100.00%**

State Services 2017-2018

Service Category		Allocation	%
Outpatient/Ambulatory Health Services	$	2,290.00	2.20%
Oral Health Care	$	2,290.00	2.20%
Medical Case Management	$	79,718.00	76.65%
Emergency Financial Assistance	$	230.00	0.22%
Food Bank	$	5,727.00	5.51%
Medical Transportation Services		$13,744	13.22%
Total Grant	**$**	**103,999.00**	**100.00%**

HOPWA 2017-2018

Total Grant	**$**	**150,701.00**	**100.00%**

Ryan White Supplemental 2017-2018

Total Grant	**$**	**21,111.00**	**100.00%**

PASO - Amarillo

CHAMPS - Lubbock

State Services 2016-2017

Service Category		Allocation	%
Outpatient/Ambulatory Medical Care	$	8,638.00	4.24%
Oral Health Care	$	6,193.00	3%
Medical Case Management	$	122,519.00	60.12%
Case Management (Non-Medical)	$	64,049.00	31.43%
Emergency Financial Assistance	$	935.00	0.46%
Food Bank	$	1,052.00	0.52%
Medical Transportation Services	$	421.00	0.21%
Total Grant	**$**	**203,807.00**	**100.00%**

State-R 2016-2017

Service Category		Allocation	%
Outpatient/Ambulatory Health Services	$	17,306.00	12.31%
Oral Health Care	$	11,537.00	8.20%
Case Management (Non-Medical)	$	97,451.00	69.30%
Emergency Financial Assistance	$	5,769.00	4.10%
Food Bank	$	1,644.00	1.17%
Housing Services	$	5,769.00	4.10%
Medical Transportation Services	$	1,154.00	0.82%
Total Grant	**$**	**140,630.00**	**100.00%**

BAS - Permian Basin

Ryan White 2017-2018

Service Category		Allocation	%
Outpatient/Ambulatory Health Services	$	91,788.00	29.34%
AIDS Pharmaceutical Assistance (Local)	$	33,000.00	10.55%
Oral Health Care	$	16,500.00	5.27%
Health Insurance Premium Assistance	$	35,558.00	11.36%
Medical Case Management	$	60,240.00	19.25%
Case Management (Non-Medical)	$	73,194.00	23.39%
Linguistic Services	$	960.00	0.31%
Medical Transportation Services	$	1,650.00	0.53%
Total Grant	**$**	**312,890.00**	**100.00%**

State Services 2017-2018

Service Category		Allocation	%
Case Management (Non-Medical)	$	65,254.00	72.17%
Food Bank	$	11,187.00	12.37%
Medical Transportation Services	$	13,982.00	15.46%
Total Grant	**$**	**90,423.00**	**100.00%**

State-R 2017-2018

Service Category		Allocation	%
Outpatient/Ambulatory Health Services	$	76,895.00	48.39%
Mental Health Services	$	5,127.00	3.23%
Medical Transportation Services	$	76,895.00	48.39%
Total Grant	**$**	**158,917.00**	**100.00%**

HOPWA 2017-2018

Total Grant	**$**	**108,504.00**	**100.00%**

Ryan White Supplemental 2017-2018

Total Grant	**$**	**42,222.00**	**100.00%**

BAS- Permian Basin

State Services 2016-2017

Service Category		Allocation	%
Medical Case Management	$	30,170.71	32.80%
Case Management (Non-Medical)	$	61,251.79	66.59%
Food Bank	$	187.50	0.20%
Non-Medical Transportation	$	375.00	0.41%
			0.00%
Total Grant	**$**	**91,985.00**	**100.00%**

State-R 2016-2017

Service Category		Allocation	%
Mental Health Services	$	4,111.00	3.02%
Medical Case Management	$	70,129.00	51.45%
Case Management (Non-Medical)	$	39,852.00	29.24%
Non-Medical Transportation	$	2,222.00	1.63%
Outpatient/Ambulatory Health Services		$20,000	14.67%
Total Grant	**$**	**136,314.00**	**100.00%**

CHAMPS - El Paso

Ryan White 2017-2018

Service Category	Allocation	%
Outpatient/Ambulatory Health Services	$ 307,699.00	63.66%
Emergency Financial Assistance	$ 552.00	0.11%
Oral Health Care	$ 552.00	0.11%
Health Insurance Premium Assistance	$ 5,525.00	1.14%
Mental Health Services	$ 552.00	0.11%
Medical Case Management	$ 112,896.00	23.36%
Case Management (Non-Medical)	$ 55,555.00	11.49%
Total Grant	**$ 483,331.00**	**100.00%**

State Services 2017-2018

Service Category	Allocation	%
Outpatient/Ambulatory Health Services	$ 10,961.00	8.98%
Medical Case Management	$ 43,913.00	35.96%
Case Management (Non-Medical)	$ 61,101.00	50.03%
Emergency Financial Assistance	$ 219.00	0.18%
Medical Transportation Services	$ 5,931.00	4.86%
Total Grant	**$ 122,125.00**	**100.00%**

State-R 2017-2018

Service Category	Allocation	%
Outpatient/Ambulatory Health Services	$ 85,426.00	65.45%
Case Management (Non-Medical)	$ 45,104.00	34.55%
Total Grant	**$ 130,530.00**	**100.00%**

HOPWA

HOPWA

Total Grant	**$ 229,065.00**	**100.00%**

Ryan White Supplemental 2017-2018

Total Grant	**$ 21,111.00**	**100.00%**

Total Allocation (Ryan White and State Services) for El Paso HSDA
$1,210,711.75

Total Ryan White 2017-2018
$966,462.75

Total State Services 2015-2016
$244,249

La Fe CARE - El Paso

Ryan White 2017-2018

Service Category	Allocation	%
Outpatient/Ambulatory Health Services	$ 264,647.00	54.75%
Medical Case Management	$ 130,106.00	26.92%
Oral Health Care	$ 11,111.00	2.30%
Health Insurance Premium Assistance	$ 55,556.00	11.49%
Case Management (Non-Medical)	$ 21,911.00	4.53%
Total Grant	**$ 483,331.00**	**100.00%**

State Services 2017-2018

Service Category	Allocation	%
Outpatient/Ambulatory Health Services	$ 79,596.00	65.18%
Oral Health Care	$ 17,056.00	13.97%
Case Management (Non-Medical)	$ 7,506.00	6.15%
Medical Transportation Services	$ 17,966.00	14.71%
Total Grant	**$ 122,124.00**	**100.00%**

State-R 2017-2018

Service Category	Allocation	%
Outpatient/Ambulatory Health Services	$ 82,591.00	63.27%
Oral Health Care	$ 15,822.00	12.12%
Case Management (Non-Medical)	$ 31,643.00	24.24%
Medical Transportation Services	$ 475.00	0.36%
Total Grant	**$ 130,531.00**	**100.00%**

HOPWA 2017-2018

HOPWA 2017-2018

Ryan White Supplemental 2017-2018

Total Grant	**$ 42,222.00**	**100.00%**

El Paso

State Services 2016-2017

Service Category	Allocation	%
Outpatient/Ambulatory Health Services	$ 127,466.00	26.44%
Oral Health Care	$ 19,285.00	4.00%
Medical Case Management	$ 108,130.00	22.43%
Case Management (Non-Medical)	$ 176,190.00	36.55%
Emergency Financial Assistance	$ 941.00	0.20%
Medical Transportation Services	$ 49,994.00	10.37%
Total Grant	**$ 482,006.00**	**100.00%**

State R- CHAMPS EL PASO 2016-2017

Service Category	Allocation	%
Medical Case Management	$ 70,314.00	50.00%
Case Management (Non-Medical)	$ 70,315.00	50.00%
Total Grant	**$ 140,629.00**	**100.00%**

State-R La Fe CARE 2016-2017

Service Category	Allocation	%
Outpatient/Ambulatory Health Services	$ 21,610.00	11.10%
Oral Health Care	$ 6,250.00	3.21%
Medical Case Management	$ 70,273.00	36.08%
Case Management (Non-Medical)	$ 92,877.00	47.69%
Medical Transportation Services	$ 3,750.00	1.93%
Total Grant	**$ 194,760.00**	**100.00%**

APPENDIX F
NATIONAL HIV/AIDS STRATEGY ADDRESSED BY THE 2017-2020 COMPREHENSIVE HIV HEALTH SERVICES PLAN

NHAS STRATEGIES	PanWest-West Texas
GOAL 1: Reducing New HIV Infections	
• Intensify HYIV prevention efforts in communities where HIV is most heavily concentrated.	N/A
➢ Allocate public funding consistent with the geographic distribution of the epidemic.	N/A
➢ Focus on high-risk populations.	All Goals
➢ Maintain HIV prevention efforts in populations at risk but that have a low national burden of HIV.	N/A
• Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches.	Goal 3
➢ Design and evaluate innovative prevention strategies and combination approaches for preventing HIV infection in high-risk populations and communities, and prioritize and promote research to fill gaps in HIV prevention science among the highest risk populations and communities.	N/A
➢ Support and strengthen integrated and patient-centered HIV and related screening (sexually transmitted infections (STI), substance use, mental health, intimate partner violence (IPV), viral hepatitis infections) and linkage to basic services (housing, education, employment).	Goal 3
➢ Expand access to effective prevention services, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).	Goal 3
➢ Expand prevention with persons living with HIV.	Goal 3
• Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.	Goal 2
➢ Provide clear, specific, consistent and scientifically up-to-date messages about HIV risks and prevention strategies.	Goal 2
➢ Utilize evidence-based social marketing and education campaigns, and leverage digital tools and new technologies.	Goals 2 & 3
➢ Promote age-appropriate HIV and STI prevention education for all Americans.	N/A

➢ Expand public outreach, education, and prevention efforts on HIV and intersecting issues, such as IPV.	N/A
➢ Tackle misperceptions, stigma, and discrimination to break down barriers to HIV prevention, testing, and care.	Goal 1

NHAS STRATEGIES	PanWest-West Texas
GOALS 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV	
• Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.	Goal 1
➢ Ensure continuity of high-quality comprehensive health care coverage to support access to HIV care.	N/A
➢ Ensure linkage to HIV medical care and improve retention in care for people living with HIV.	Goal 1
➢ Support and strengthen capacity to implement innovative and culturally appropriate models to more effectively deliver care along the care continuum.	Goal 1
➢ Prioritize and promote research to fill gaps in knowledge along the care continuum.	N/A
➢ Provide information, resources, and technical assistance to strengthen the delivery of services along the care continuum, particularly at the State, Tribal, and local levels.	Goal 1
• Take deliberate steps to increase the capacity of systems as well as the number of diversity of available providers of clinical care and related services for people living with HIV.	Goals 1 & 3
➢ Increase the number of available providers of HIV care.	N/A
➢ Strengthen the current provider workforce to ensure access to and quality of care.	Goal 1
➢ Support screening for and referral to substance use and mental health services for people living with HIV>	Goal 3
• Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing.	Goal 2
➢ Address policies to promote access to housing and other basic needs and other supportive services for people living with HIV.	Goal 2
➢ Improve outcomes for women in HIV care by addressing violence and trauma, and factors that increase risk of violence for women and girls living with HIV.	N/A

NHAS STRATEGIES	PanWest-West Texas
GOAL 3: Reducing HIV-Related Disparities and Health Inequities	
• Reduce HIV-related disparities to communities at high risk for HIV infection.	Goal 3
➢ Expand services to reduce HIV-related disparities experienced by gay and bisexual men (especially young Black gay and bisexual men), Black women, and persons living in the Southern United States.	Goal 1
➢ Support engagement in care for groups with low levels of viral suppression, including youth and persons who inject drugs.	Goal 3
• Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities.	Goal 2
➢ Scale up effective, evidence-based programs that address social determinants of health.	Goal 2
➢ Support research to better understand the scope of the intersection of HIV and violence against women and girls and develop effective interventions.	N/A
• Reduce stigma and eliminate discrimination associated with HIV status.	Goal 1
➢ Promote evidence-based public health approaches to HIV prevention and care.	Goals 1 through 3
➢ Strengthen enforcement of civil rights laws, and assist States in protecting people with HIV from violence, retaliation, and discrimination associated with HIV status.	N/A
➢ Mobilize communities to reduce HIV-related stigma.	N/A
➢ Promote public leadership of people living with HIV.	N/A

NHAS STRATEGIES	PanWest-West Texas
GOAL 4: Achieving a More Coordinated National Response to the HIV Epidemic	
• Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments.	N/A
➢ Streamline reporting requirements for Federal grantees.	N/A
➢ Strengthen coordination across data systems and the use of data to improve health outcomes and monitor use of Federal funds.	N/A
➢ Ensure coordinated program planning and administration.	Goal 1

➢ Promote resource allocation that has the greatest impact on achieving the Strategy goals.	N/A
• Develop improved mechanisms to monitor and report on progress toward achieving national goals.	Goals 1 through 3
➢ Strengthen the timely availability and use of data.	Goals 1 through 3
➢ Provide regular public reporting on Strategy goals.	Goals 1 through 3
➢ Enhance program accountability.	Goals 1 through 3

APPENDIX G
HEALTHY PEOPLE 2020 OBJECTIVES ADDRESSED BY THE PANWEST-WEST TEXAS 2017-2020 COMPREHENSIVE PLAN

Number	Objectives	Plan Addressed
HIV-2	Reduce the number of new HIV infections among adolescents and adults	Goal 3
HIV-3	Reduce the rate of HIV transmission among adolescents and adults	Goal 3
HIV-8.1	Reduce newly diagnosed perinatally acquired HIV cases.	Goal 3
HIV-9	Reduce the proportion of persons with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV infection.	Goal 1
HIV-13	Increase the proportion of persons living with HIV who know their serostatus LHI.	N/A
HIV-14.1	Increase the proportion of adolescents and adults who have ever been tested for HIV.	N/A
HIV-14.2	Increase the proportion of men who have sex with men (MSM) who report having been tested for HIV in the past 12 months.	N/A
HIV-14.3	Increase the proportion of pregnant women who have been tested for HIV in the past 12 months.	N/A
HIV-16	Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling and support.	N/A
HIV-18	Reduce the proportion of men who have sex with men (MSM) who reported unprotected anal intercourse with a partner of discordant or unknown status during their last sexual encounter.	Goal 3
HIV-19	(Developmental) Increase the proportion of persons who are linked to HIV medical care (had a routine HIV medical visit) within 3 months of HIV diagnosis.	Goal 1
HIV-20	(Developmental) Increase the proportion of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6-month period of the 24-month measurement period, with a minimum of 90 days between medical visits.	Goal 2
HIV 21	(Developmental) Increase the proportion of persons with an HIV diagnosis in medical care who were prescribed antiretroviral therapy for the treatment of HIV infection at any time in the 12-month measurement period.	Goal 1

HIV-22	(Developmental) Increase the proportion of person with an HIV diagnosis in medical care with a viral load <200 copies/ml. at the last test during the 12-month measurement period.	Goal 1
HIV-23	(Developmental) Reduce the proportion of persons with an HIV diagnosis receiving HIV services who were homeless or unstably housed in the 12-month measurement period.	Goal 1

APPENDIX H
SERVICE PRIORITY RANKINGS

Services priorities developed from the Targeted Needs Assessment and the Previous Service Priority Rankings.

PanWest:Amarillo HIV Service Delivery Area (HSDA) Priorities

Core Medical Services		Support Services	
Service Priority	**Service Category**	**Service Priority**	**Service Category**
Priority 1	Medical Case Management	**Priority 3**	Psychosocial Support Services
Priority 2	Early Intervention Services	**Priority 4**	Medical Transportation
Priority 5	Health Insurance Premium Assistance	**Priority 6**	Treatment Adherence Counseling
Priority 8	Outpatient/Ambulatory Health Services	**Priority 7**	Health Education/Risk Reduction
Priority 9	Mental Health Services	**Priority 10**	Susbtance Use Disorder- Residential
Priority 10	Substance Use Disorder- Outpatient	**Not Ranked**	Housing Services
Not Ranked	Home and Community Based Services	**Not Ranked**	Non-Medical Case Management
Not Ranked	Home Health Care	**Not Ranked**	Linguistic Services
Not Ranked	Hospice Services	**Not Ranked**	Referral for Health Care Services
Not Ranked	AIDS Pharmaceuticals Assistance (LPAP)	**Not Ranked**	Child Care Services
Not Ranked	Medical Nutrition Therapy	**Not Ranked**	Emergency Financial Assistance (EFA)
Not Ranked	Oral Health Care	**Not Ranked**	Food Bank
		Not Ranked	Legal Services
		Not Ranked	Outreach Services
		Not Ranked	Rehabilitation Services
		Not Ranked	Respite Care
	A priority does not determine the allocation.		
	Four main services:		
	Outpatient/Ambulatory Health Services		
	Local AIDS Pharmaceutical Assistance Program (LPAP)		
	Health Insurance & Premium Cost Sharing		
	Case Management: Medical and Non-Medical		

Allocations include direct and indirect costs.

ADAP: AIDS Drug Assistance Program-State of TX, administered by TX HIV Medication Program

Part B: Ryan White Federal funds, 75% must go to core medical services, in TX, DSHS gets Part B.

State Services: State of Texas funds to match portion of Part B, does not require 75% into medical.

HOPWA: Housing Opportunities for People with AIDS (DSHS): grant is not allocated by AA. City of El Paso receives HUD HOPWA directly.

PanWest: Lubbock HIV Service Delivery Area (HSDA) Priorities

Core Medical Services		Support Services	
Service Priority	**Service Category**	**Service Priority**	**Service Category**
Priority 2	Substance Use Disorder- Outpatient	**Priority 1**	Medical Transportation
Priority 4	Health Insurance Premium Assistance	**Priority 2**	Substance Use Disorder-Residential
Priority 5	Early Intervention Services	**Priority 3**	Psychosocial Support Services
Priority 7	Mental Health Services	**Priority 6**	Housing Services
Priority 9	Medical Case Management	**Priority 8**	Linguistic Services
Priority 11	Outpatient/Ambulatory Health Services	**Priority 10**	Health Education/Risk Reduction
Not Ranked	Home and Community Based Services	**Priority 12**	Referral for Health Services
Not Ranked	Home Health Care	**Priority 13**	Treatment Adherence Counseling
Not Ranked	Hospice Services	**Priority 14**	Child Care Services
Not Ranked	AIDS Pharmaceuticals Assistance (LPAP)	**Priority 15**	Non-Medical Case Management
Not Ranked	Medical Nutrition Therapy	**Not Ranked**	Emergency Financial Assistance (EFA)
Not Ranked	Oral Health Care	**Not Ranked**	Food Bank
		Not Ranked	Legal Services
		Not Ranked	Outreach Services
		Not Ranked	Rehabilitation Services
		Not Ranked	Respite Care
	A priority does not determine the allocation.		
	Four main services:		
	Outpatient/Ambulatory Health Services		
	Local AIDS Pharmaceutical Assistance Program (LPAP)		
	Health Insurance & Premium Cost Sharing		
	Case Management: Medical and Non-Medical		

Allocations include direct and indirect costs.

ADAP: AIDS Drug Assistance Program-State of TX, administered by TX HIV Medication Program

Part B: Ryan White Federal funds, 75% must go to core medical services, in TX, DSHS gets Part B.

State Services: State of Texas funds to match portion of Part B, does not require 75% into medical.

HOPWA: Housing Opportunities for People with AIDS (DSHS): grant is not allocated by AA. City of El Paso receives HUD HOPWA directly.

PanWest: Permian Basin HIV Service Delivery Area (HSDA) Priorities

Core Medical Services		Support Services	
Service Priority	**Service Category**	**Service Priority**	**Service Category**
Priority 1	Medical Case Management	**Priority 3**	Psychosocial Support Services
Priority 2	Early Intervention Services	**Priority 4**	Medical Transportation
Priority 5	Health Insurance Premium Assistance	**Priority 6**	Treatment Adherence Counseling
Priority 8	Outpatient/Ambulatory Health Services	**Priority 7**	Health Education/Risk Reduction
Priority 9	Mental Health Services	**Priority 10**	Susbtance Use Disorder- Residential
Priority 10	Substance Use Disorder- Outpatient	**Not Ranked**	Housing Services
Not Ranked	Home and Community Based Services	**Not Ranked**	Non-Medical Case Management
Not Ranked	Home Health Care	**Not Ranked**	Linguistic Services
Not Ranked	Hospice Services	**Not Ranked**	Referral for Health Care Services
Not Ranked	AIDS Pharmaceuticals Assistance (LPAP)	**Not Ranked**	Child Care Services
Not Ranked	Medical Nutrition Therapy	**Not Ranked**	Emergency Financial Assistance (EFA)
Not Ranked	Oral Health Care	**Not Ranked**	Food Bank
		Not Ranked	Legal Services
		Not Ranked	Outreach Services
		Not Ranked	Rehabilitation Services
		Not Ranked	Respite Care
	A priority does not determine the allocation.		
	Four main services:		
	Outpatient/Ambulatory Health Services		
	Local AIDS Pharmaceutical Assistance Program (LPAP)		
	Health Insurance & Premium Cost Sharing		
	Case Management: Medical and Non-Medical		
Allocations include direct and indirect costs.			
ADAP: AIDS Drug Assistance Program-State of TX, administered by TX HIV Medication Program			
Part B: Ryan White Federal funds, 75% must go to core medical services, in TX, DSHS gets Part B.			
State Services: State of Texas funds to match portion of Part B, does not require 75% into medical.			
HOPWA: Housing Opportunities for People with AIDS (DSHS): grant is not allocated by AA. City of El Paso receives HUD HOPWA directly.			

West Texas: El Paso HIV Service Delivery Area (HSDA) Priorities

Core Medical Services		Support Services	
Service Priority	**Service Category**	**Service Priority**	**Service Category**
Priority 2	Early Intervention Services	**Priority 1**	Psychosocial Support Services
Priority 4	Medical Case Management	**Priority 3**	Medical Transportation
Priority 5	Mental Health Services	**Priority 6**	Substance Use Disorder-Residential
Priority 6	Substance Use Disorder- Outpatient	**Priority 7**	Linguistic Services
Priority 9	Health Insurance Premium Assistance	**Priority 8**	Health Education/Risk Reduction
Priority 13	Outpatient/Ambulatory Health Services	**Priority 10**	Housing Services
Not Ranked	Home and Community Based Services	**Priority 11**	Non-Medical Case Management
Not Ranked	Home Health Care	**Priority 12**	Treatment Adherance Counseling
Not Ranked	Hospice Services	**Priority 14**	Referral for Health Care Services
Not Ranked	AIDS Pharmaceuticals Assistance (LPAP)	**Priority 15**	Child Care Services
Not Ranked	Medical Nutrition Therapy	**Not Ranked**	Emergency Financial Assistance (EFA)
Not Ranked	Oral Health Care	**Not Ranked**	Food Bank
		Not Ranked	Legal Services
		Not Ranked	Outreach Services
		Not Ranked	Rehabilitation Services
		Not Ranked	Respite Care
	A priority does not determine the allocation.		
	Four main services:		
	Outpatient/Ambulatory Health Services		
	Local AIDS Pharmaceutical Assistance Program (LPAP)		
	Health Insurance & Premium Cost Sharing		
	Case Management: Medical and Non-Medical		

Allocations include direct and indirect costs.

ADAP: AIDS Drug Assistance Program-State of TX, administered by TX HIV Medication Program

Part B: Ryan White Federal funds, 75% must go to core medical services, in TX, DSHS gets Part B.

State Services: State of Texas funds to match portion of Part B, does not require 75% into medical.

HOPWA: Housing Opportunities for People with AIDS (DSHS): grant is not allocated by AA. City of El Paso receives HUD HOPWA directly.