Greater Phoenix Ryan White Planning Council  
Executive Committee Minutes  
4041 N. Central Avenue, Phoenix, AZ 85012  
Planning Council Support Office: (480) 431-1207

MINUTES  
Executive Committee  
Monday, April 25, 2022  
ZOOM Teleconference

<table>
<thead>
<tr>
<th>Committee Members</th>
<th>Planning Council Members</th>
<th>Recipient Staff</th>
<th>Guests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randall Furrow</td>
<td>Rocko Cook</td>
<td>Carmen Batista</td>
<td>Hedda Fay – Northland Cares</td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rocko Cook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carmen Batista</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duvia Lozano</td>
<td></td>
<td></td>
<td>Jason Vail Cruz</td>
</tr>
<tr>
<td>Committee Vice-Chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chantie Coleman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shane Sangster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eric Moore</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chantie Coleman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheryl Moats – Northland Cares</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daniel Iniguez – ALT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eric Eason</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthony Holscher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaghan Kramer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P = Present        AP = Alternate Present        A = Absent        🛫 = Phone/Zoom

Support Staff: Jason Landers and Carmen Batista

Call to order  
Randall Furrow, called the meeting to order at 12:34 pm.

Determination of Quorum  
5 of 6 members present at 12:38 pm QUORUM ESTABLISHED (Need 4+)

Welcome and Introductions  
The Chair welcomed Planning Council members and guests. The Chair asked everyone to announce their name and for Planning Council members to declare any conflicts of interest for the record.
<table>
<thead>
<tr>
<th>Business Item</th>
<th>Discussion / Motion</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Review of the Minutes and Action Items</td>
<td>A motion to approve the February 21, 2022 minutes as amended was made by C. Albrecht and 2nd by E. Eason. The minutes were approved by unanimous vote.</td>
<td>Motion made to approve the February 21, 2022 Executive Meetings Minutes. Motion: C. Albrecht 2nd: E. Eason Passed unanimously</td>
</tr>
<tr>
<td>II. Chair Update</td>
<td>Randall Discussed that he wants to appoint Meaghan Kramer as the Chair of the CHPS committee and appoint Eric Eason as Vice-Chair of the CHPS committee. Meaghan shared that she is happy to take this role until a community member is found that would like to take her place. Eric Eason shared that he is deeply honored for this role as the Vice-Chair and looks forward to the opportunity this position brings.</td>
<td>Motion to approve both appointments of Meaghan Kramer as the Chair for the CHPS committee and Eric Eason as Vice Chair for CHPS. Motion: E Moore 2nd: C. Albrecht Passed unanimously</td>
</tr>
<tr>
<td>III. PC Logistics</td>
<td>Carmen discussed updates on the “gentle” transition and opportunities for guidance from the executive committee on preferred practices of Planning Council Support and preparation. - Align the numbering between agendas and minutes. - Draft meeting agendas based on PCAT and the previous meeting’s notes. - Make sure that all agenda topics have language indicating that a vote may occur. - Move guest speakers towards the top of the agenda, with consideration for time limits - Packets: o Include individual items, numbered to align to the agenda o The minutes that are being submitted for review will be a consolidated PDF of all materials from the last meeting. - Audio recording of the meetings will be posted within 3 business days regardless of approval. Discussed adding 10–15-minute provider presentations to the Planning Council agenda beginning in June. Chuck Albrecht said he would like to have a presentation from the providers or the Part A group to help provide a general understanding of the different reports to help bring a clear understanding for those on the Planning Council that may need help to understand how to read these reports. Carmen will see about finding a slide deck and things to help prepare something at the next meeting. Also discussed if we need to lengthen the Executive meetings 30 minutes longer because they seem to typically run longer in the past. Asked Jason Landers to look into creating a DOODLE poll or something to find out how everyone felt about options, such as an earlier start time perhaps to allow to finish at 4:00 pm, or 2:30 pm to 4:30 pm, etc... A Recommendation to allow PC Coordination calls to take place on the following Mondays going forward and to hold an additional Catch-up PC Workgroup: Chuck Albrecht, Eric Moore, Meaghan Kramer, Randall Furrow and Jason Landers</td>
<td>Will need to schedule a workgroup to create an evaluation form for the PC Support position. Workgroup: Chuck Albrecht, Eric Moore, Meaghan Kramer, Randall Furrow and Jason Landers</td>
</tr>
</tbody>
</table>
Coordination call next week for the Exec & PC to catch up to get us on track with the new schedule as recommended.  

Also discussed having the Planning Council create an employee review form for the Planning Council support position. They want to simplify the review questions and provide something to help with this document. Chuck Albrecht, Eric Moore, Meaghan Kramer, Randall Furrow, and Jason Landers will build a workgroup. We will send copies of the document and older versions that might help as well.  

Jason Landers also provided the new Planning Council Support Phone Number to the committee: (480) 431-1207.  

Carmen shared with the Executive committee:  
- The Part A Expenditure Reports by Service Category  
- Reviewed Reallocation Requests from the Recipient’s Office  
- Discussed HRSA Planning Council Guidance and Term Limits  
- Eligibility Updates Provided with changes to proof of income and residency. Eligibility will also be changing from a 6-mo renewal period to a 1-year renewal period.  

Eric Eason shared an update on Escalate. Escalate meets monthly with a subject matter expert from NMAC, formerly known as the National Minority AIDS Council. They are working on three (3) Goals:  
- Goal1: Create an evaluation plan to measure the impact of media campaigns, such as Positively You.  
- Goal2: Include cultural humility components in existing organizational assessment for providers.  
- Goal3: Provide a toolkit of strategies for providers to use to address cultural humility.  

These are still being developed.  

Chuck Albrecht shared with the Executive committee about increasing community participation without changing PC Membership. Explained the discussion at TEAMS about allowing non-members being allowed to vote in the hope to help invite more participation for community members.  

This would possibly require the creation of a separate committee to help find good people to groom that would be good leaders that reflect the community members. There are some thoughts about how the voting options would work with the Bylaws and requirements.  

Eric Moore shared that this is more of a community or advisory board and thought this was a good idea, but prefers not to use the language of a committee, but a consumer advisory board instead so as not to be confused with the language of the Bylaws. Chuck said he agreed, and perhaps this could be a Caucus instead, but wants to make sure the consumer’s voices felt they were more heard. Chuck wants to bring this back to the TEAM committee to consider the best way to consider this. Jason Landers shared a similar caucus of allowing the community voice to be heard in a townhall like setting, such as some churches do, and then to add this as a line item to discuss at the next committee and/or council meeting. Chuck will think more about how to better increase consumer participation.
Chuck shared that for training, he is almost completed the PowerPoint, and looking for holding a training day that includes a day and night option to work with their working schedules.

Chuck shared that we had a couple of member applications being presented at the Planning Council meeting on 4/26/22 for Cedric “CJ” McIntosh with Terros Health as Primary and Matt Balbarino as CJ’s Alternate. However, Matt has been taken off the schedule as it appears he is no longer with Terros. Therefore, CJ will be presented as the primary.

Chuck asked for an update on the status of the new membership applications for Jason Vail Cruz, Casey Simon, and Frank Schaffer. Their background checks have been received and approved for submission to the BOS. Jason will keep Chuck updated.

Chuck shared that Shane Sangster was dropped from the BOS membership; therefore, he has provided a new membership application to get Shane back on the board. Jason will watch for his application and begin the process to get Shane going.

Chuck asked if we need volunteers for the Rainbows Festival from Planning Council. Jason will check with Jeremy and will send out another email if there is a need. Jeremy replied that they are still in need of volunteers. Jason will send out another email for volunteers to sign up.

Chuck asked Chantie about the promotional materials for the event. Chantie to discuss this with Chuck and Chantie about what we need for this event.

**VI. CHPS Committee Update**

Randall congratulated Meaghan Kramer and Eric Eason for step one being presented to the Planning Council on 4/26/2022 for approval for CHPS as Chair and Vice Chair.

Randall shared the HIV Housing Coalition Recommendations to be reviewed at the Planning Council on 4/26/2022. He wanted to have the Executive to also to review and vote on these recommendations:

1. **Continued collaborations with statewide housing authorities and AZ Housing Coalition.**

2. **Collaboration with RWPA, RWPB, City of Phoenix, and ADOH to provide training to Case Managers on housing resources for all case managers.**

3. **Additions to Case Management standards of care.**

4. **Possible prioritization of RWPA housing funds to address unstable housing for targeted populations.**

5. **Development and distribution of Ryan White’s “Road Map for Housing” for clients and case managers.**

6. **Support ADHS RWPB in efforts to complete data sharing agreements with housing authorities, including ADOH (Arizona Department of Housing) and Continuums of Care.**

Randall asked for a consensus on the 7 recommendations from the HIV Housing Coalition, as a vote is not necessary for this. A consensus was reached.
7. Establish an RWPA Planning Council workgroup to identify areas of focus related to housing for 2022 and 2023.

Carmen shared that the Housing Coalition are finishing a roadmap. It is almost ready. It’s a one-page summary to help answer a lot of questions. Debbie Elliot will be presenting.

Randall shared that there will be training to case managers held this Thursday from 2 – 4 and any planning council members and guests of the council are all invited to attend if they would like.

Randall shared that last year, the Housing Workgroup met quarterly, and they may only be meeting this year every six (6) months.

Randall asked for a consensus on the seven (7) recommendations as a vote is not necessary for this. He asked for a consensus, and a consensus was reached.

<table>
<thead>
<tr>
<th>VII. STaR Committee Update</th>
</tr>
</thead>
</table>
| Eric Moore shared that the Planning Council will review the Bylaws for approval on 4/26/22. He thanked everyone for all the work to get these updated.  
The highlight of the changes made are:  
1. Changed the language and took out an administrative agent and replaced it with recipients’ office.  
2. Changed all the pronouns like she/he, her/him, hers/his to reflect as them/they.  
3. Added the minimum number of Planning Council Members to be set to min 21 and a max of 30. With 1/3 at min should be min Part A Clients. We strive for more than 1/3.  
4. Added Language to allow all the committees to create policies and procedures to be submitted for review.  
5. Added to set the Term-Limits limited to two (2) consecutive three (3) year terms and must take one (1) year off before serving again to follow HRSA expectations.  
These will go into effect after they get submitted and approved by the board of supervisors. Could take anywhere between four (4) months and 3 years. |
| Carmen will follow up with Eric Moore about the Acuity scale for Part B being rolled out next month in preparation for these meetings.  
Eric shared that at the May meeting STaRs will return to the Standards of Care. Debbie Elliott has agreed to attend the meeting and help.  
The May meeting will begin to discuss the Standards of Care for substance abuse for outpatient, Psychosocial, and Housing. Carmen will follow up with Eric Moore about the Acuity scale for Part B being rolled out next month in preparation for these meetings. Duvia asked Carmen if there is a rule for feedback and changes or is this set-in stone to be moved forward to be put into place. What is the expectation of the STaR committee for the Acuity scale? Carmen explained that this is set as a support as the council works to help carry these out.  
Eric Moore explained that HRSA is encouraging the RapidART is to help when someone is newly diagnosed or not receiving HIV treatment care, whether it’s identified in emergency care, case management or wherever it is identified, that the individual would be treated with antiviral treatment within 72 hours. Depending on the May meeting, STaR is looking to get the RapidART addressed at the July Meeting, and ADHS will be invited to provide their input on this. |
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIII. Review Bylaws for approval</td>
<td>This was discussed during the STaR Committee as an update and no vote was needed from the Executive Committee.</td>
<td>Discussion Only. No Action</td>
</tr>
</tbody>
</table>
| IX. Review and approve final allocations based on actual award amount | Carmen shared that the notice of award should unofficially be received around the end of May.  
Randall asked if this would affect PSRA. Carmen shared that PSRA is scheduled in August and walked through the process timeline. She explained that we just moved from an annual grant year process to every three-year grant process, and we are waiting for specific guidance about when the allocations will be due to HRSA. It looks like it will be tied to our Progress of terms report and maybe 60 – 90 days after getting the full award notice. We are holding the space in August for now.  | Discussion Only. No Action |
| X. Negotiation of PC Budget amount with recipient | Randall explained that once we get the grant award, the executive committee will review and negotiate the Planning Council budget.  
Discussion of the transfer of travel decisions, within County travel parameters must follow Maricopa County and our jurisdictions, and they do not cover anything outside of the Continental U.S. and will not cover the upcoming United States HIV/AIDS Conference taking place in Puerto Rico. Carmen shared we usually budget for this conference and are looking for the Planning Council to decide on how they want us to participate if we can. Randall shared there are several scholarships that may help with the cost for anyone interested in going. Randall recommends that anyone interested apply and encouraged the Planning Council to participate. | Discussion Only. No Action |
| XI. Review and Resolve Parking Lot Items      | Duvia Lozano provided an update on the recommended changes for the Guiding Principles for Allocations Decisions from CHPS. She gave a brief highlight of the changes made:  
- Changed the language to remove the word “Living” from People Living with HIV/AIDS (PLWHA) to now be Person with HIV/AIDS (PWHA).  
- We also changed the document to update the name of the planning council to read as The Greater Phoenix Ryan White HIV Services Planning Council (Council).  
- We did a cleanup of the hyphenations and punctuation throughout the document.  
- Updated the bylaws to be changed from the language of the 2006 Ryan White HIV/AIDS Treatment Modernization Act to the 2009 language.  
- Biggest changes made were the service categories.  
- Changed PLWHA to PWHA  
- Funding for higher rate categories should be preserved before lower rank priorities.  
- Removed the last bullet and replaced it with revisions for clarification on how to preserve higher ranked categories.  
- Added referral for Health Care/Supportive Services, particularly Central Eligibility activities.  
- We added Current and Emerging Needs under Decision Making.  
Randall shared that for the Memorandum of Understanding, there were no changes made to the document, and has signed it for an extension to allow more time to review. He mentioned there was a question on page | Discussion Only. No Action |
four (4) from Chuck Albrecht under the Principles for Effective Communications regarding the terminology: Planning Council Program Coordinator in this case is the Planning Council Support.

That he has signed it as is, and that it may also be removed from the Parking Lot items.

XII. Determination of Action/Agenda Items for Next Meeting

Reviewed the summary of the things to be discussed at the next meeting.
Carmen asked to add:
  • PC Logistics
  • Evaluation for the Workgroup
Carmen shared that she has eight (8) pages of examples tied to PC support and a few vintage items to help the workgroup review.

Discussion Only. No Action

XIII. Current Event Summaries

Randall Furrow shared that he will be down for a surgical procedure on his leg, so he may not be able to attend the Rainbows Festival.

Discussion Only. No Action

XIV. Call to the Public

Randall thanked Northland Cares for being on the call today.
Carmen shared that she met with the state that are working on the needs assessment data, and she has requested information for help on PSRA data with the client’s needs, gaps, and barriers, and also a review on the state side around our priority populations and ensuring we have the priority populations that match the emerging needs. More to come in the next couple of months on this.

Discussion Only. No Action

SCHEDULE OF NEXT MEETINGS

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>April 26, 2022</td>
<td>2:30 p.m.</td>
<td>Planning Council</td>
</tr>
<tr>
<td>Tuesday</td>
<td>May 24, 2022</td>
<td>10:00 a.m.</td>
<td>TEAM Committee</td>
</tr>
<tr>
<td>Tuesday</td>
<td>May 24, 2022</td>
<td>12:00 p.m.</td>
<td>CHPS Committee</td>
</tr>
<tr>
<td>Tuesday</td>
<td>May 24, 2022</td>
<td>2:30 p.m.</td>
<td>STaR Committee</td>
</tr>
<tr>
<td>Monday</td>
<td>June 27, 2022</td>
<td>12:30 p.m.</td>
<td>Executive Committee</td>
</tr>
</tbody>
</table>

Adjournment

TIME 2:22 PM

Randall Furrow (Jun 28, 2022 11:48 PDT)
The Maricopa County Part A Grant Award arrived on 5.25.2022 for $10,455,209 which was more than we were able to ask for. Additional funds are related to national under-spending in 2020.

### Allocation Recommendations

<table>
<thead>
<tr>
<th>Priority</th>
<th>Core/Support</th>
<th>Part A Service Category</th>
<th>Allocation</th>
<th>Anticipated Carryover</th>
<th>Total Allocation</th>
<th>PSRA</th>
<th>Variance Allocation to PSRA</th>
<th>Allocation / PSRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Core</td>
<td>Outpatient Primary Care Services</td>
<td>$1,760,000</td>
<td>$1,760,000</td>
<td>$1,861,860</td>
<td></td>
<td>(101,860)</td>
<td>95%</td>
</tr>
<tr>
<td>2</td>
<td>Core</td>
<td>Mental Health Services</td>
<td>$147,281</td>
<td>$147,281</td>
<td>$111,300</td>
<td></td>
<td>35,981</td>
<td>132%</td>
</tr>
<tr>
<td>3</td>
<td>Support</td>
<td>Housing</td>
<td>$100,055</td>
<td>$100,055</td>
<td>$84,900</td>
<td></td>
<td>15,155</td>
<td>118%</td>
</tr>
<tr>
<td>4</td>
<td>Support</td>
<td>Medical Transportation Services</td>
<td>$220,195</td>
<td>$220,195</td>
<td>$255,814</td>
<td></td>
<td>(35,619)</td>
<td>86%</td>
</tr>
<tr>
<td>5</td>
<td>Core</td>
<td>Medical Case Management</td>
<td>$1,981,096</td>
<td>$1,981,096</td>
<td>$2,047,502</td>
<td></td>
<td>(66,406)</td>
<td>97%</td>
</tr>
<tr>
<td>6</td>
<td>Support</td>
<td>Psychosocial</td>
<td>$102,701</td>
<td>$102,701</td>
<td>$63,115</td>
<td></td>
<td>39,586</td>
<td>163%</td>
</tr>
<tr>
<td>7</td>
<td>Support</td>
<td>Food Bank Meals</td>
<td>$198,440</td>
<td>$198,440</td>
<td>$144,900</td>
<td></td>
<td>53,540</td>
<td>137%</td>
</tr>
<tr>
<td>10</td>
<td>Core</td>
<td>Medical Nutrition Services</td>
<td>$495,870</td>
<td>$495,870</td>
<td>$490,425</td>
<td></td>
<td>5,445</td>
<td>101%</td>
</tr>
<tr>
<td>13</td>
<td>Core</td>
<td>Substance Abuse Services</td>
<td>$18,101</td>
<td>$18,101</td>
<td>$18,300</td>
<td></td>
<td>(199)</td>
<td>99%</td>
</tr>
<tr>
<td>14</td>
<td>Support</td>
<td>Non-Medical Case Management</td>
<td>$726,538</td>
<td>$13,637</td>
<td>$700,721</td>
<td></td>
<td>39,454</td>
<td>104%</td>
</tr>
<tr>
<td>15</td>
<td>Support</td>
<td>Referral for Healthcare</td>
<td>$668,021</td>
<td>$668,021</td>
<td>$590,978</td>
<td></td>
<td>77,043</td>
<td>113%</td>
</tr>
<tr>
<td>16</td>
<td>Core</td>
<td>Health Insurance Premiums</td>
<td>$2,003,310</td>
<td>$273,692</td>
<td>$1,829,648</td>
<td></td>
<td>396,354</td>
<td>107%</td>
</tr>
<tr>
<td>17</td>
<td>Core</td>
<td>Early Intervention Services</td>
<td>$533,575</td>
<td>$533,575</td>
<td>$577,455</td>
<td></td>
<td>(43,880)</td>
<td>92%</td>
</tr>
<tr>
<td>18</td>
<td>Support</td>
<td>Emergency Financial Assistance</td>
<td>$40,000</td>
<td>$40,000</td>
<td>$40,000</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Part A Total: $8,995,183

Total Services Available: $8,995,183
Direct Service Expenditures between 3.1.22 and 4.30.22

The Planning Council sets service category priorities and allocations (budget amounts during the annual Priority Setting and Resource Service Allocation in the summer). Throughout the year, the Council is responsible for monitoring the service category expenditures and making recommendations to move funds between service categories, as needed.

Monthly total spending comparison of this grant year (3/22-2/23) to last grant year (3/21-2/22)

![Graph showing monthly spending comparison between 2021 GY and 2022 GY]

Spending by Service Category

<table>
<thead>
<tr>
<th>Priority</th>
<th>Service</th>
<th>March</th>
<th>April</th>
<th>YTD Total</th>
<th>BUDGET</th>
<th>FORECAST</th>
<th>FORECAST VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary Medical Care</td>
<td>52,082</td>
<td>59,510</td>
<td>111,592</td>
<td>1,780,000</td>
<td>669,552</td>
<td>1,090,448</td>
</tr>
<tr>
<td>5</td>
<td>Medical Case Management</td>
<td>178,711</td>
<td>149,710</td>
<td>328,451</td>
<td>1,999,995</td>
<td>1,970,700</td>
<td>29,290</td>
</tr>
<tr>
<td>17</td>
<td>Early Intervention Services</td>
<td>30,111</td>
<td>27,253</td>
<td>57,364</td>
<td>586,601</td>
<td>344,184</td>
<td>242,417</td>
</tr>
<tr>
<td>2</td>
<td>Mental Health Services</td>
<td>5,576</td>
<td>9,516</td>
<td>15,095</td>
<td>147,281</td>
<td>90,570</td>
<td>56,711</td>
</tr>
<tr>
<td>16</td>
<td>Health Insurance Premiums</td>
<td>130,317</td>
<td>126,956</td>
<td>257,273</td>
<td>2,003,310</td>
<td>1,549,638</td>
<td>459,672</td>
</tr>
<tr>
<td>10</td>
<td>Medical Nutrition Services</td>
<td>33,441</td>
<td>33,843</td>
<td>67,284</td>
<td>495,870</td>
<td>403,704</td>
<td>92,166</td>
</tr>
<tr>
<td>13</td>
<td>Substance Abuse Services</td>
<td>1,132</td>
<td>1,911</td>
<td>3,043</td>
<td>18,101</td>
<td>18,158</td>
<td>157</td>
</tr>
<tr>
<td>14</td>
<td>Non-Medical Case Management</td>
<td>61,928</td>
<td>57,380</td>
<td>119,308</td>
<td>761,638</td>
<td>715,848</td>
<td>45,790</td>
</tr>
<tr>
<td>4</td>
<td>Medical Transportation Services</td>
<td>17,887</td>
<td>16,153</td>
<td>34,040</td>
<td>220,195</td>
<td>204,240</td>
<td>15,955</td>
</tr>
<tr>
<td>7</td>
<td>Food Bank Meals</td>
<td>10,065</td>
<td>10,780</td>
<td>20,845</td>
<td>158,440</td>
<td>125,070</td>
<td>33,370</td>
</tr>
<tr>
<td>3</td>
<td>Housing</td>
<td>2,730</td>
<td>2,730</td>
<td>5,460</td>
<td>100,055</td>
<td>16,380</td>
<td>83,675</td>
</tr>
<tr>
<td>6</td>
<td>Psychosocial</td>
<td>6,808</td>
<td>10,456</td>
<td>17,264</td>
<td>102,701</td>
<td>103,554</td>
<td>853</td>
</tr>
<tr>
<td>18</td>
<td>Emergency Financial Assistance</td>
<td>896</td>
<td>496</td>
<td>40,000</td>
<td>2,876</td>
<td>57,824</td>
<td>57,824</td>
</tr>
<tr>
<td>15</td>
<td>Referral for Health Care</td>
<td>50,694</td>
<td>49,468</td>
<td>100,162</td>
<td>658,021</td>
<td>600,972</td>
<td>57,049</td>
</tr>
<tr>
<td></td>
<td>Total Direct Services</td>
<td>579,143</td>
<td>555,699</td>
<td>1,134,842</td>
<td>9,102,209</td>
<td>6,809,052</td>
<td>2,293,157</td>
</tr>
<tr>
<td></td>
<td>Admin Agent</td>
<td>38,259</td>
<td>60,668</td>
<td>99,927</td>
<td>843,000</td>
<td>597,222</td>
<td>245,778</td>
</tr>
<tr>
<td></td>
<td>Planning Council</td>
<td>640</td>
<td>640</td>
<td>1,280</td>
<td>3,840</td>
<td>1,171,600</td>
<td>117,160</td>
</tr>
<tr>
<td></td>
<td>Quality Management</td>
<td>18,081</td>
<td>17,467</td>
<td>35,548</td>
<td>369,020</td>
<td>213,348</td>
<td>155,682</td>
</tr>
<tr>
<td></td>
<td>Total Administration</td>
<td>57,020</td>
<td>78,715</td>
<td>135,735</td>
<td>1,353,000</td>
<td>814,410</td>
<td>538,590</td>
</tr>
<tr>
<td></td>
<td>Total Monthly Expenditure</td>
<td>656,163</td>
<td>634,418</td>
<td>1,290,577</td>
<td>10,455,299</td>
<td>7,625,462</td>
<td>2,831,747</td>
</tr>
<tr>
<td></td>
<td>Change from Last Month</td>
<td>(1,749)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: The budget is aligned to the proposed allocations in this report. Will be adjusted for future reports.
Projections and Funding Streams

The further along we get in the year, the more accurate the projections become and the less time we have to make changes. We do anticipate more clients and primary medical care costs later in the year. There is ~$834,667 in federal EHE funding for Community Health Centers to implement HIV testing and PrEP. Their processes

Considerations for Projections

The further along we get in the year, the more accurate the projections become and the less time we have to make changes.

We do anticipate more clients and primary medical care costs later in the year. There is ~$834,667 in federal EHE funding for Community Health Centers to implement HIV testing and PrEP. Their processes

Understanding the Part A Funding Streams

HRSA uses a unique framework to describe the funding and spending.

What's included in the award?

**Formula Award, Part A**
Awarded based on the number of persons with HIV and AIDS in the jurisdiction. Must spend at least 95% or receive a penalty.

**Supplemental, Part A**
Awarded based on increasing prevalence rates, documented demonstrated need and service gaps, and a demonstrated disproportionate impact on vulnerable populations.

**Minority AIDS Initiative (MAI)**
Funds used to improve access to health care and medical outcomes for racial and ethnic minorities.

**Carryover (Part A + MAI)**
Unspent money from previous grant year. Part A is limited to 5% of formula award. MAI is not limited.

How does the total award get spent?

- **>85%** At least 85% must be spent on direct services (medical, etc.)
- **<10%** Up to 10% can be spent on administration and planning council
- **<5%** Up to 5% can be spent on quality management

**Core Services Medical Services**
Includes Medical Care, Medical Case Management, Early Intervention Services, and more!
GREATER PHOENIX RYAN WHITE HIV SERVICES
PLANNING COUNCIL

Job Performance Review for Planning Council Support Staff
For use with professional staff

Name of Staff Member being reviewed: EMPLOYEE NAME
Position: JOB TITLE
Name of Reviewer: REVIEWER NAME
Status of Reviewer (Please Circle): 1. Executive Committee Member or Committee Vice Chair
2. Recipient Representative

Instructions to Reviewer:
Select the behavioral description on each factor along the 5-point scale that most clearly describes the staff member’s performance.

If you feel that you do not have sufficient information to make a judgment, there is an option “I don’t have enough information to review.” Selection of this option will not impact the score.

If you rate an area 1, 2, or 5 please provide a comment about why you selected this option.

Completion of the tool should reflect the challenge and anticipated growth within the position. It is an aspirational tool intended to support team members in developing and growing within the position.
1. Quality of work: accuracy and thoroughness  
   Score: _____
   - I don’t have enough information
   - 1 – Poor, undue number of errors
   - 2 – Sometimes careless and inaccurate
   - 3 – Meets standards of good quality
   - 4 – Works quite carefully
   - 5 – Outstanding, highly accurate

2. Quantity of work: amount and promptness of work accomplished  
   Score: _____
   - I don’t have enough information
   - 1 – Work output very low
   - 2 – Does less than reasonable amount
   - 3 – Work volume meets job standards
   - 4 – Output higher than required
   - 5 – Usually high output

3. Initiative: ability to act on own responsibility without instruction  
   Score: _____
   - I don’t have enough information
   - 1 – Always waits to be told
   - 2 – Often waits for directions
   - 3 – Goes ahead of regular work
   - 4 – Resourceful beyond needs of job
   - 5 – Seeks additional tasks

4. Willingness to work with others  
   Score: _____
   - I don’t have enough information
   - 1 – Refuses to cooperate
   - 2 – Non-cooperative tendencies
   - 3 – Generally works well with others
   - 4 – Willing team worker
   - 5 – Exceptionally good team worker

5. Relationships with constituents (public, consumers, providers, and others)  
   Score: _____
   - I don’t have enough information
   - 1 – Irritating or indifferent
   - 2 – Ineffective or lacking
   - 3 – Maintains normal relations
   - 4 – Above normal requirements
   - 5 – Ideal attitudes and contacts

6. Dependability, amount of supervision required  
   Score: _____
   - I don’t have enough information
   - 1 – Requires constant supervision
   - 2 – Needs frequent checks on work output
   - 3 – Generally reliable
   - 4 – Requires only occasional direction
   - 5 – Extremely reliable

7. Judgment: ability to apply sound thinking to problem situations  
   Score: _____
   - I don’t have enough information
   - 1 – Unreliable, not acceptable
   - 2 – Frequently lacking
   - 3 – Dependable on routine matters
   - 4 – Most decisions well thought out
   - 5 – Usually quick and sound

8. Breadth of factual, theoretical, and other knowledge relating to the job  
   Score: _____
   - I don’t have enough information
   - 1 – Demonstrates little or inaccurate knowledge
   - 2 – Demonstrates limited knowledge
   - 3 – Generally acceptable
   - 4 – Demonstrates superior knowledge
   - 5 – Considered authority in field

9. Professionalism: general impression on others  
   Score: _____
   - I don’t have enough information
   - 1 – Consistently unprofessional
   - 2 – Generally poor
   - 3 – Generally acceptable
   - 4 – Very good
   - 5 – Always professional and appropriate
10. Attendance: regularity of attendance and punctuality, keeping of appointments  Score: _____
   I don’t have enough information  3 – Usually on time and on duty
   1 – Habitually late or absent      4 – Rarely tardy or absent
   2 – Often late or absent         5 – Always on time or early

11. Knowledge of Ryan White Legislation and Program based  Score: _____
   I don’t have enough information  3 – Satisfactory
   1 – Marginal                    4 – Very good
   2 – Fair                       5 – Exceptional

12. Knowledge of PC/B responsibilities, structure, policies and procedures  Score: _____
   I don’t have enough information  3 – Satisfactory
   1 – Marginal                    4 – Very good
   2 – Fair                       5 – Exceptional

13. Skills in working with PC/B members of diverse backgrounds and expertise and encourage member
    retention and involvement with a special focus on consumers  Score: _____
   I don’t have enough information  3 – Satisfactory
   1 – Marginal                    4 – Very good
   2 – Fair                       5 – Exceptional

14. Ability to provide or arrange appropriate orientation and training for PC/B  Score: _____
   I don’t have enough information  3 – Satisfactory
   1 – Marginal                    4 – Very good
   2 – Fair                       5 – Exceptional

15. Demonstrated ability to work productively with Recipient and executive leadership  Score: _____
   I don’t have enough information  3 – Satisfactory
   1 – Marginal                    4 – Very good
   2 – Fair                       5 – Exceptional

16. Provides required support for Planning Council and Committee meetings.  Score: _____
   I don’t have enough information  3 – Satisfactory
   1 – Marginal                    4 – Very good
   2 – Fair                       5 – Exceptional

17. Help the PC manage its budget. Annually, Planning Council Support shall submit a proposed
    budget for the following grant year to the Executive Committee for approval  Score: _____
   I don’t have enough information  3 – Satisfactory
   1 – Marginal                    4 – Very good
   2 – Fair                       5 – Exceptional

18. Maintains collaborative partnership between PC and recipient. Work with the recipient and PC to
    develop and/or implement an MOU between the PC and the recipient.  Score: _____
   I don’t have enough information  3 – Satisfactory
   1 – Marginal                    4 – Very good
   2 – Fair                       5 – Exceptional

This tool has been modified from HRSA’s Compendium of Materials for Planning Council Support Staff, available at www.targetHIV.org/planning-chatt/pcs-compendium. Review tool was approved for use by the Planning Council on DATE.
Reviewer Summary and Comments on Job Performance

Name and Position of Staff Member being reviewed: __________________________________

Name and Position of Reviewers: _________________________________________________


1. Overall review
   1 – Marginal
   2 – Fair
   3 – Satisfactory
   4 – Very Good
   5 – Exceptional

2. Mean score : ____________________
   [Calculated by averaging all numerical scores provided.]

3. Comments on employee’s strength and weaknesses

4. Suggestions for improving the employee’s performance

5. Employee Career Objectives: To be completed based on discussions with the employee in connections with the performance appraisal. These should reflect the employee’s stated goals without any judgement by the manager as to the likelihood of their being achieved.
   a. One Employee near term goal (1-2 years): ____________________________________
   b. One Employee Longer Term Goals (3-5 years): _________________________________

6. Recommended Development Steps: These recommendations should be the manager’s suggestions for specific steps the employee should take to acquire additional skills as the basis for possible advancement.

Employee’s Comments Regarding Review

I hereby certify that this review has been discussed with me.

_____ I concur with the review.

_____ I do not concur with the review.

________________________________  ____________________________  __________
Signature of Staff Person                  Position                  Date

________________________________  ____________________________  __________
Signature of Planning Council Chair        Position                  Date

________________________________  ____________________________  __________
Signature of Planning Council Vice Chair  Position                  Date

This tool has been modified from HRSA’s Compendium of Materials for Planning Council Support Staff, available at www.targetHIV.org/planning-chatt/pcs-compendium. Review tool was approved for use by the Planning Council on DATE.
Recipient Information
1. Recipient Name
Maricopa County
301 W Jefferson St
Phoenix, AZ 85003-2143
2. Congressional District of Recipient
07
3. Payment System Identifier (ID)
186600472A8
4. Employer Identification Number (EIN)
866000472
5. Data Universal Numbering System (DUNS)
602062515
6. Recipient’s Unique Entity Identifier
LM85MG1513K5
7. Project Director or Principal Investigator
Carmen Batista
Program Manager
carmen.batista@maricopa.gov
(602)372-7091
8. Authorized Official
Carmen Batista
Carmen.Batista@maricopa.gov
(602)372-7091

Federal Agency Information
9. Awarding Agency Contact Information
Olusola Dada
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ODada@hrsa.gov
(301) 443-0195
10. Program Official Contact Information
Linden Alexander
HIV/AIDS Bureau (HAB)
lalexander@hrsa.gov
(301) 945-5838

Federal Award Information
11. Award Number
6 H89HA11478-14-01
12. Unique Federal Award Identification Number (FAIN)
H8911478
13. Statutory Authority
42 U.S.C. § 300ff-11-20; 300ff-121
14. Federal Award Project Title
Ryan White Part A HIV Emergency Relief Grant Program
15. Assistance Listing Number
93.914
16. Assistance Listing Program Title
HIV Emergency Relief Project Grants
17. Award Action Type
Administrative
18. Is the Award R&D?
No

Summary Federal Award Financial Information
19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023
20. Total Amount of Federal Funds Obligated by this Action
$7,173,005.00
20a. Direct Cost Amount
20b. Indirect Cost Amount
21. Authorized Carryover
$0.00
22. Offset
$0.00
23. Total Amount of Federal Funds Obligated this budget period
$10,455,209.00
24. Total Approved Cost Sharing or Matching, where applicable
$0.00
25. Total Federal and Non-Federal Approved this Budget Period
$10,455,209.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025
27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Project Period
$10,455,209.00
28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Brad Barney on 05/18/2022

30. Remarks
This award consists of the following amounts:
FY20 Formula: $238,102
FY22 Formula: $6,272,536
FY22 MAI: $662,789
FY22 Suppl: $3,281,782
Total FY22 Award: $10,455,209
HIV/AIDS Bureau (HAB)

Notice of Award
Award Number: 6 H89HA11478-14-01
Federal Award Date: 05/18/2022

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

- a. Salaries and Wages: $0.00
- b. Fringe Benefits: $0.00
- c. Total Personnel Costs: $0.00
- d. Consultant Costs: $0.00
- e. Equipment: $0.00
- f. Supplies: $0.00
- g. Travel: $0.00
- h. Construction/Alteration and Renovation: $0.00
- i. Other: $0.00
- j. Consortium/Contractual Costs: $0.00
- k. Trainee Related Expenses: $0.00
- l. Trainee Stipends: $0.00
- m. Trainee Tuition and Fees: $0.00
- n. Trainee Travel: $0.00
- o. TOTAL DIRECT COSTS: $10,455,209.00
- p. INDIRECT COSTS (Rate: % of S&W/TADC): $0.00
- q. TOTAL APPROVED BUDGET: $10,455,209.00
    - i. Less Non-Federal Share: $0.00
    - ii. Federal Share: $10,455,209.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

- a. Authorized Financial Assistance This Period $10,455,209.00
- b. Less Un obligated Balance from Prior Budget Periods
  - i. Additional Authority $0.00
  - ii. Offset $0.00
- c. Unawarded Balance of Current Year’s Funds $0.00
- d. Less Cumulative Prior Award(s) This Budget Period $3,282,204.00
- e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION $7,173,005.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>$10,455,209.00</td>
</tr>
<tr>
<td>16</td>
<td>$10,455,209.00</td>
</tr>
</tbody>
</table>

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

- a. Amount of Direct Assistance $0.00
- b. Less Unawarded Balance of Current Year’s Funds $0.00
- c. Less Cumulative Prior Award(s) This Budget Period $0.00
- d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION $0.00

35. FORMER GRANT NUMBER
6 H89HA00031-15-02

36. OBJECT CLASS
41.15

37. DHCMIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

- a. The program authorizing statute and program regulation cited in this Notice of Award;
- b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds;
- c. 45 CFR Part 75; 
- d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; and
- e. Federal Award Performance Goals; and
- f. The Terms and Conditions cited in this Notice of Award.

In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

<table>
<thead>
<tr>
<th>FY-CAN</th>
<th>CFDA DOCUMENT</th>
<th>AMT. FIN. ASST.</th>
<th>AMT. DIR. ASST.</th>
<th>SUB PROGRAM CODE</th>
<th>SUB ACCOUNT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 - 3771356</td>
<td>93.914 22H89HA11478</td>
<td>$3,192,353.00</td>
<td>$0.00</td>
<td>FRML</td>
<td>22H89HA11478</td>
</tr>
<tr>
<td>20 - 3779208</td>
<td>93.914 22H89HA11478</td>
<td>$238,102.00</td>
<td>$0.00</td>
<td>FRML</td>
<td>22H89HA11478</td>
</tr>
<tr>
<td>22 - 3771357</td>
<td>93.914 22H89HA11478</td>
<td>$3,281,782.00</td>
<td>$0.00</td>
<td>SUPPL</td>
<td>22H89HA11478</td>
</tr>
<tr>
<td>22 - 3771355</td>
<td>93.914 22H89HA11478</td>
<td>$460,768.00</td>
<td>$0.00</td>
<td>MAI</td>
<td>22H89HA11478</td>
</tr>
</tbody>
</table>
HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSEnternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Specific Condition(s)

1. Due Date: Within 30 Days of Award Issue Date
   Due within 30 days of the issuance of the Notice of Award. In consultation with your HRSA HAB Project Officer, submit a revised SF-424A and Budget Narrative per the guidance provided in the Notice of Funding Opportunity.

Grant Specific Term(s)

1. Fiscal year (FY) 2020 unobligated balances have been deobligated from FY 2020 and reobligated for use in FY 2022. These funds must be tracked separately by the recipient as FY 2020 funds according to funding type. Please refer to the “Remarks” section of the NoA face page for the amount, type and purpose of these funds.

   This action by the DGMO is in accordance with Title XXVI of the Public Health Service (PHS) Act, Section 2603(b) (for Eligible Metropolitan Areas) and Section 2609(d)(2) (for Transitional Grant Areas), as amended by the Ryan White HIV/AIDS Program Treatment Extension Act of 2009.

2. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR § 75.352, requires recipients to monitor the activities of subrecipients to ensure funding is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward, as well as to ensure that performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds. To meet the monitoring requirements, RWHAP Parts A and B recipients must conduct annual subrecipient site visits. Note: this term supersedes Program Specific term #21 included in your initial fiscal year 2022 (FY22) Notice of Award.

3. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients. Guidance for compliance is detailed in the National Monitoring Standards for RWHAP recipients. (https://ryanwhite.hrsa.gov/grants/manage/recipient-resources). Note: this term supersedes Program Specific term #21 included in your initial fiscal year 2022 (FY22) Notice of Award.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2022 (FY22) funding based on HRSA's FY2022 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

2. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs within 150 days prior to the budget period end date. Please refer to HRSA EHBs for the specific due date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds. Note: this term supersedes Grant Specific term #1 included in your initial fiscal year 2022 (FY22) Notice of Award.

Reporting Requirement(s)

1. Due Date: Within 60 Days of Award Release Date
   The recipient must submit a FY 2022 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

2. Due Date: 12/09/2022
   The recipient must submit the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2022-
2026, consistent with the Centers for Disease Control and Prevention and Health Resources and Services Administration’s Integrated HIV Prevention and Care Plan Guidance, including the Statement Coordinated Statement of Need, CY 2022-2026. The guidance is available online: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf.

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

All prior terms and conditions remain in effect unless specifically removed.

**Contacts**

**NoA Email Address(es):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmen Batista</td>
<td>Authorizing Official, Program Director</td>
<td><a href="mailto:carmen.batista@maricopa.gov">carmen.batista@maricopa.gov</a></td>
</tr>
</tbody>
</table>

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).
Phoenix EMA Ryan White Part A
February 2022 Expenditures and Allocations Report

Summary:

- Not on track for a penalty. We anticipate a return of formula funds between $0 (with possible overspending) and $16,288. (Calculated from the Funding Category Snapshot Chart). This is within the allowed carryover amount.

- Service Category Notes:
  - Most underspent: Primary Medical Care at an estimated ~$78,298 underspent.
  - Most overspent: Food Bank Meals at $18,556.
  - Housing is primarily allocated to Ending the HIV Epidemic funds, with one unfilled housing position and first month’s rental assistance being funded from Part A.

- Reporting delays/notes: This report has about a two-month lag time due to processing time at the Administrative and Provider level.

<table>
<thead>
<tr>
<th>Monthly Expenditures</th>
<th>Priority</th>
<th>Service</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>YTD Total</th>
<th>BUDGET</th>
<th>FORECAST</th>
<th>FORECAST VARIANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary Medical Care</td>
<td>89,073</td>
<td>97,353</td>
<td>195,112</td>
<td>126,956</td>
<td>121,245</td>
<td>108,102</td>
<td>85,059</td>
<td>104,744</td>
<td>182,353</td>
<td>142,756</td>
<td>1,392,753</td>
<td>1,392,753</td>
<td>1,392,753</td>
<td>127,771</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Medical Case Management</td>
<td>182,399</td>
<td>146,855</td>
<td>140,979</td>
<td>146,764</td>
<td>128,382</td>
<td>162,821</td>
<td>156,481</td>
<td>144,296</td>
<td>124,634</td>
<td>134,274</td>
<td>1,467,885</td>
<td>1,467,885</td>
<td>1,467,885</td>
<td>16,771</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Early Intervention Services</td>
<td>42,031</td>
<td>38,283</td>
<td>41,135</td>
<td>40,858</td>
<td>42,569</td>
<td>34,559</td>
<td>33,050</td>
<td>42,824</td>
<td>38,652</td>
<td>38,329</td>
<td>396,268</td>
<td>496,000</td>
<td>496,000</td>
<td>81,771</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mental Health Services</td>
<td>9,683</td>
<td>7,428</td>
<td>8,376</td>
<td>9,542</td>
<td>10,617</td>
<td>12,770</td>
<td>12,641</td>
<td>15,191</td>
<td>8,589</td>
<td>9,330</td>
<td>104,167</td>
<td>143,133</td>
<td>125,000</td>
<td>18,133</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Health Insurance Premiums</td>
<td>85,893</td>
<td>144,391</td>
<td>177,168</td>
<td>211,475</td>
<td>185,633</td>
<td>300,231</td>
<td>222,566</td>
<td>29,204</td>
<td>409,208</td>
<td>192,476</td>
<td>1,988,245</td>
<td>2,559,144</td>
<td>2,385,323</td>
<td>373,250</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Medical Nutrition Services</td>
<td>29,717</td>
<td>32,624</td>
<td>30,095</td>
<td>27,610</td>
<td>25,588</td>
<td>22,041</td>
<td>38,918</td>
<td>33,796</td>
<td>38,707</td>
<td>54,410</td>
<td>351,416</td>
<td>450,425</td>
<td>424,099</td>
<td>16,874</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Substance Abuse Services</td>
<td>980</td>
<td>1,791</td>
<td>979</td>
<td>1,098</td>
<td>1,098</td>
<td>1,202</td>
<td>1,344</td>
<td>1,115</td>
<td>1,095</td>
<td>11,833</td>
<td>17,500</td>
<td>14,200</td>
<td>3,300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Non-Medical Case Management</td>
<td>114,139</td>
<td>95,621</td>
<td>88,613</td>
<td>88,646</td>
<td>88,059</td>
<td>100,220</td>
<td>87,436</td>
<td>90,827</td>
<td>86,780</td>
<td>94,259</td>
<td>994,600</td>
<td>1,139,563</td>
<td>1,121,520</td>
<td>18,043</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Medical Transportation Services</td>
<td>14,329</td>
<td>13,207</td>
<td>11,452</td>
<td>12,682</td>
<td>13,097</td>
<td>15,619</td>
<td>12,862</td>
<td>13,958</td>
<td>12,888</td>
<td>14,032</td>
<td>133,776</td>
<td>165,814</td>
<td>160,511</td>
<td>5,283</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Food Bank Meals</td>
<td>63,030</td>
<td>63,250</td>
<td>67,100</td>
<td>47,768</td>
<td>49,417</td>
<td>50,408</td>
<td>50,820</td>
<td>51,937</td>
<td>16,485</td>
<td>459,675</td>
<td>588,444</td>
<td>607,000</td>
<td>15,133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Housing</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>35,000</td>
<td>35,000</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Psychosocial</td>
<td>3,814</td>
<td>5,925</td>
<td>3,992</td>
<td>2,584</td>
<td>2,485</td>
<td>2,933</td>
<td>2,975</td>
<td>3,622</td>
<td>2,684</td>
<td>840</td>
<td>-</td>
<td>-</td>
<td>(35,000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Emergency Financial Assistance</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12,744</td>
<td>5,030</td>
<td>3,200</td>
<td>4,868</td>
<td>4,235</td>
<td>1,936</td>
<td>31,833</td>
<td>40,000</td>
<td>38,200</td>
<td>1,800</td>
<td></td>
</tr>
<tr>
<td>Total Direct Services</td>
<td>572,058</td>
<td>646,508</td>
<td>767,099</td>
<td>735,315</td>
<td>679,285</td>
<td>847,831</td>
<td>726,756</td>
<td>541,117</td>
<td>963,526</td>
<td>709,186</td>
<td>7,188,621</td>
<td>8,938,040</td>
<td>8,687,985</td>
<td>(250,055)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin Agent</td>
<td>51,527</td>
<td>63,318</td>
<td>77,791</td>
<td>55,597</td>
<td>39,293</td>
<td>86,495</td>
<td>67,170</td>
<td>79,680</td>
<td>67,824</td>
<td>85,782</td>
<td>674,477</td>
<td>625,187</td>
<td>809,372</td>
<td>(15,815)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning Council</td>
<td>5,000</td>
<td>8,023</td>
<td>16,648</td>
<td>-</td>
<td>12,882</td>
<td>17,207</td>
<td>10,717</td>
<td>9,688</td>
<td>8,483</td>
<td>88,490</td>
<td>190,000</td>
<td>106,378</td>
<td>(23,622)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Management</td>
<td>17,937</td>
<td>17,109</td>
<td>21,684</td>
<td>16,800</td>
<td>15,194</td>
<td>15,758</td>
<td>15,792</td>
<td>27,111</td>
<td>23,772</td>
<td>22,387</td>
<td>191,544</td>
<td>258,000</td>
<td>229,835</td>
<td>(28,147)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Administration</td>
<td>69,464</td>
<td>85,427</td>
<td>107,498</td>
<td>89,045</td>
<td>52,487</td>
<td>115,136</td>
<td>100,169</td>
<td>117,508</td>
<td>101,284</td>
<td>116,651</td>
<td>954,669</td>
<td>1,213,187</td>
<td>1,145,603</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Monthly Expenditure</td>
<td>641,522</td>
<td>731,935</td>
<td>874,537</td>
<td>824,360</td>
<td>731,772</td>
<td>962,967</td>
<td>826,925</td>
<td>658,625</td>
<td>1,064,810</td>
<td>825,837</td>
<td>8,143,290</td>
<td>10,151,227</td>
<td>9,833,588</td>
<td>(317,639)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Change from Last Month | 90,413 | 142,602 | (50,177) | (92,588) | 231,195 | (136,042) | (168,300) | 406,185 | (238,973) |
This snapshot shows that the grant will be underspent by $16,288 (Projection #1) or overspent by $139,762 (Projection #2). Considering allowable carryover of up to $309,939 for Part A, this would lead to a carryover request between $0 (overspent) and $16,288. HRSA approved carryover can be spent in the next grant year. We anticipate that actual spending will be somewhere between the two projected estimates.

Notes:
- Planning Council allocation guidance is critical in this year.
- We have 10 months of data and less than 1 remaining months of the grant year. The earlier we make a change, the larger the impact will be. The later we make a change, the smaller the impact will be.
- Some categories change more, particularly primary medical care, health insurance premiums and cost sharing, food bank meals (Food Vouchers), and Medical Transportation.
Phoenix EMA Ryan White Part A  
February 2022 Expenditures and Allocations Report

DRAFT Allocation Recommendations:

**Increase** Health Insurance Premiums and Cost Sharing by $35,000.

**Decrease**s of $35,000 in Housing due to salary cost savings.

Summary of the Grant Year 2022-2023 Planning Council Approved Service Category Reallocations, plus the unapproved, proposed February reallocation.

<table>
<thead>
<tr>
<th>Part A Service</th>
<th>BUDGET</th>
<th>Reallocation December</th>
<th>Reallocation January</th>
<th>Revised Allocation</th>
<th>Reallocation February</th>
<th>Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Medical Care</td>
<td>1,600,756</td>
<td>(60,000.00)</td>
<td>1,540,756.00</td>
<td>1,540,756.00</td>
<td>1,540,756.00</td>
<td></td>
</tr>
<tr>
<td>Medical Case Management</td>
<td>1,550,388</td>
<td>(88,000.00)</td>
<td>1,462,388.00</td>
<td>1,462,388.00</td>
<td>1,462,388.00</td>
<td></td>
</tr>
<tr>
<td>Early Intervention Services</td>
<td>561,005</td>
<td>(45,000.00)</td>
<td>469,000.00</td>
<td>469,000.00</td>
<td>469,000.00</td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>175,133</td>
<td>(32,000.00)</td>
<td>143,133.00</td>
<td>143,133.00</td>
<td>143,133.00</td>
<td></td>
</tr>
<tr>
<td>Health Insurance Premiums</td>
<td>1,897,139</td>
<td>250,000.00</td>
<td>2,459,144.00</td>
<td>2,494,144.00</td>
<td>2,494,144.00</td>
<td></td>
</tr>
<tr>
<td>Medical Nutrition Services</td>
<td>490,425</td>
<td>(85,000.00)</td>
<td>405,425.00</td>
<td>405,425.00</td>
<td>405,425.00</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td>17,500</td>
<td>(100,000.00)</td>
<td>890,727.00</td>
<td>890,727.00</td>
<td>890,727.00</td>
<td></td>
</tr>
<tr>
<td>Non-Medical Case Management</td>
<td>990,727</td>
<td>(100,000.00)</td>
<td>890,727.00</td>
<td>890,727.00</td>
<td>890,727.00</td>
<td></td>
</tr>
<tr>
<td>Medical Transportation Services</td>
<td>190,814</td>
<td>(25,000.00)</td>
<td>165,814.00</td>
<td>165,814.00</td>
<td>165,814.00</td>
<td></td>
</tr>
<tr>
<td>Food Bank Meals</td>
<td>588,444</td>
<td>(50,000.00)</td>
<td>538,444.00</td>
<td>538,444.00</td>
<td>538,444.00</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>35,000</td>
<td>(35,000.00)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Emergency Financial Assistance</td>
<td>40,000</td>
<td>(100,000.00)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Psychosocial</td>
<td>12,840</td>
<td>-</td>
<td>12,840.00</td>
<td>12,840.00</td>
<td>12,840.00</td>
<td></td>
</tr>
<tr>
<td>Total Part A Direct Services</td>
<td>8,150,171</td>
<td>-</td>
<td>80,000</td>
<td>8,230,171</td>
<td>8,230,171</td>
<td></td>
</tr>
<tr>
<td>MAI Service</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Primary Medical Care</td>
<td>40,846</td>
<td>-</td>
<td>40,846.00</td>
<td>40,846.00</td>
<td>40,846.00</td>
<td></td>
</tr>
<tr>
<td>Medical Case Management</td>
<td>366,827</td>
<td>-</td>
<td>366,827.00</td>
<td>366,827.00</td>
<td>366,827.00</td>
<td></td>
</tr>
<tr>
<td>Non-Medical Case Management</td>
<td>248,836</td>
<td>-</td>
<td>248,836.00</td>
<td>248,836.00</td>
<td>248,836.00</td>
<td></td>
</tr>
<tr>
<td>Psychosocial</td>
<td>51,360</td>
<td>-</td>
<td>51,360.00</td>
<td>51,360.00</td>
<td>51,360.00</td>
<td></td>
</tr>
<tr>
<td>Total MAI Direct Services</td>
<td>707,869</td>
<td>-</td>
<td>707,869.00</td>
<td>707,869.00</td>
<td>707,869.00</td>
<td></td>
</tr>
<tr>
<td>Total Direct Services</td>
<td>8,858,040</td>
<td>-</td>
<td>80,000</td>
<td>8,938,040</td>
<td>8,938,040</td>
<td></td>
</tr>
<tr>
<td>Admin Agent</td>
<td>825,187</td>
<td>-</td>
<td>825,187.00</td>
<td>825,187.00</td>
<td>825,187.00</td>
<td></td>
</tr>
<tr>
<td>Quality Management</td>
<td>318,000</td>
<td>(60,000.00)</td>
<td>258,000.00</td>
<td>258,000.00</td>
<td>258,000.00</td>
<td></td>
</tr>
<tr>
<td>Planning Council</td>
<td>150,000</td>
<td>(20,000.00)</td>
<td>130,000.00</td>
<td>130,000.00</td>
<td>130,000.00</td>
<td></td>
</tr>
<tr>
<td>Total Monthly Expenditure</td>
<td>10,151,227</td>
<td>-</td>
<td>10,151,227</td>
<td>10,151,227</td>
<td>10,151,227</td>
<td></td>
</tr>
</tbody>
</table>
### PSRA Ranking Priorities Ground Rules

1. As required by the legislative mandate of the Ryan White HIV/AIDS Treatment Modernization Act and Arizona Open Meetings Law, all PSRA meetings are open to the public. During meetings, only voting members and staff (Planning Council Support, Planning, and Recipient/Administrative Agent) may participate in discussions and deliberations. Meeting guests may provide comment to the group during "Public Comment Periods" as listed on the meeting agenda.

2. Utilize the best available, accurate, and detailed information to identify service gaps/emerging needs and determine how to best use Part A funds to fill gaps in care. The responsibility of PSRA meetings is to determine how limited Part A resources can be used, and incompleteness of data should not be used as a justification for not making a decision.

3. Respect the group decision-making process. If your personal opinion differs from the final decision reached by the group, do not criticize or dismiss the group's final decision as incorrect or misinformed.

4. Members are expected to follow the Planning Council's conflict of interest guidelines as defined by the Planning Council's By-Laws and the Planning Council's Guiding Principles.

5. When service category scores are tied, the core service is listed above the non-core service.
Joint Arizona Ryan White & ADAP Acuity Scale

Client Name: ____________________________________

Instructions: While administering this scale, listen for and acknowledge strengths and resiliency to help empower your client to overcome obstacles in their life. Systems of oppression impact people differently based on their identities. Additional intersecting identities can create higher burdens and levels of resiliency.

Check one level (1-4) in each Life Area category. Add total checkmarks for each level, and multiply the number of checkmarks by the level number to calculate total points.

<table>
<thead>
<tr>
<th>Life Areas</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language &amp; literacy</td>
<td>□ No identified language or literacy needs.</td>
<td>□ Language or literacy needs have minimal impact on engagement with HIV care and treatment.</td>
<td>□ Language or literacy needs have some impact on engagement with HIV care and treatment.</td>
<td>□ Language or literacy needs have severe impact on engagement with HIV care and treatment.</td>
</tr>
<tr>
<td>MEDICAL NEEDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge &amp; understanding of HIV</td>
<td>□ Fully knowledgeable about HIV process and treatment.</td>
<td>□ Minor gaps in knowledge and understanding have minimal impact on HIV care and treatment.</td>
<td>□ Substantial gaps in knowledge and understanding have some impact on HIV care and treatment and requires periodic education.</td>
<td>□ Significant gaps in knowledge and understanding have severe impact on HIV care and treatment and requires ongoing education.</td>
</tr>
<tr>
<td>Health care coverage</td>
<td>□ Insured with no current gaps in coverage for HIV care and treatment.</td>
<td>□ Insured with minor gaps in coverage. Current minimal impact on HIV care and treatment.</td>
<td>□ Substantial gaps in coverage. Some impact on HIV care and treatment and requires support.</td>
<td>□ Significant gaps in coverage. Severe impact on HIV care and treatment and requires ongoing support.</td>
</tr>
<tr>
<td>Ability to manage viral load</td>
<td>□ Virally suppressed for over 1 year. No issues with obtaining and/or taking medication.</td>
<td>□ Virally suppressed for less than 1 year. Minimal issues with obtaining and/or taking medication. OR Unable to achieve viral suppression despite adherence.</td>
<td>□ Virally suppressed for less than 1 year. Monthly issues with obtaining and/or taking medication.</td>
<td>□ Not currently virally suppressed. Significant issues with obtaining and/or taking medication.</td>
</tr>
<tr>
<td>Life Areas</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>Access to prevention</td>
<td>□ Client is knowledgeable of risk, and empowered to use harm</td>
<td>□ Some understanding of risk. Has <strong>little to no exposure</strong> to high</td>
<td>□ Some understanding of risk. Has <strong>monthly exposure</strong> to high</td>
<td>□ Significant gaps in understanding of risk. <strong>Currently engages</strong></td>
</tr>
<tr>
<td>resources</td>
<td>reduction strategies.</td>
<td>risk situations.</td>
<td>risk situations.</td>
<td>in high risk behavior.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER HEALTH CONDITIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental/Oral health</td>
<td>□ No current oral health concerns and can access coverage.</td>
<td>□ Current oral health concerns, with <strong>minimal impact</strong> on</td>
<td>□ Current oral health concerns causing <strong>some impact</strong> on</td>
<td>□ Current oral health concerns causing <strong>significant impact</strong> on</td>
</tr>
<tr>
<td></td>
<td></td>
<td>engagement with HIV care and treatment and/or interruption to</td>
<td>engagement with HIV care and treatment and/or interruption to</td>
<td>engagement with HIV care and treatment and/or interruption to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>daily life.</td>
<td>daily life.</td>
<td>daily life.</td>
</tr>
<tr>
<td>Substance use</td>
<td>□ No current alcohol or other drug use and/or in self defined</td>
<td>□ Current alcohol or other drug use, with <strong>minimal impact</strong> on</td>
<td>□ Current alcohol or other drug use causing <strong>some impact</strong> on</td>
<td>□ Current alcohol or other drug use causing <strong>significant impact</strong></td>
</tr>
<tr>
<td></td>
<td>recovery.</td>
<td>engagement with HIV care and treatment and/or interruption to</td>
<td>engagement with HIV care and treatment and/or interruption to</td>
<td>on engagement with HIV care and treatment and/or interruption to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>daily life.</td>
<td>daily life.</td>
<td>daily life.</td>
</tr>
<tr>
<td>Mental health</td>
<td>□ No current mental health concerns.</td>
<td>□ Current mental health concerns, with <strong>minimal impact</strong> on</td>
<td>□ Current mental health concerns causing <strong>some impact</strong> on</td>
<td>□ Current mental health concerns causing <strong>significant impact</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>engagement with HIV care and treatment and/or interruption to</td>
<td>engagement with HIV care and treatment and/or interruption to</td>
<td>on engagement with HIV care and treatment and/or interruption to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>daily life.</td>
<td>daily life.</td>
<td>daily life.</td>
</tr>
<tr>
<td>Hepatitis C (hep C) and</td>
<td>□ <strong>Confirmed negative status</strong> for hep C and syphilis, and has</td>
<td>□ <strong>Unknown status</strong> for hep C or syphilis.</td>
<td>□ <strong>Unknown status</strong> for hep C or syphilis with exposure to high</td>
<td>□ Confirmed positive for hep C or syphilis but <strong>not receiving</strong></td>
</tr>
<tr>
<td>syphilis</td>
<td>access to routine screening.</td>
<td></td>
<td>risk situations, <strong>OR receiving treatment</strong> for confirmed hep C</td>
<td>treatment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>or syphilis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASIC NEEDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>□ Has reliable transportation.</td>
<td>□ Utilizes transportation services with <strong>minimal impact</strong> on</td>
<td>□ Current transportation needs, with <strong>some impact</strong> on HIV</td>
<td>□ Consistent transportation needs, with <strong>significant impact</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Joint Arizona Ryan White & ADAP Acuity Scale

<table>
<thead>
<tr>
<th>Life Areas</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition/food</td>
<td>□ Has reliable access to food without utilizing nutritional programs.</td>
<td>□ Utilizes nutritional programs, and nutritional needs are met.</td>
<td>□ Needs frequent support to utilize nutritional programs, or has difficulty meeting nutritional needs.</td>
<td>□ Does not have access to or unable to utilize nutritional programs, and nutritional needs currently not being met.</td>
</tr>
<tr>
<td>Adequate housing</td>
<td>□ Living in clean, stable housing with full use of utilities, and does not need housing or utilities assistance.</td>
<td>□ Stable housing (subsidized or not) but needs occasional assistance with housing or utilities. (1-2 times per year)</td>
<td>□ Unstable housing (subsidized or not); housing subsidy violation or eviction imminent; needs frequent assistance with housing or utilities. (3-4 times per year)</td>
<td>□ Severe barriers to maintaining stable housing; recently evicted; homeless or living in temporary housing; needs ongoing assistance with housing or utilities. (5+ times per year)</td>
</tr>
<tr>
<td>Legal involvement</td>
<td>□ No recent or current legal needs.</td>
<td>□ Possible recent or current legal needs, with minimal impact HIV care and treatment.</td>
<td>□ Current legal involvement or needs, with some impact on HIV care and treatment.</td>
<td>□ Current legal crisis with significant impact on HIV care and treatment.</td>
</tr>
<tr>
<td>Safety</td>
<td>□ Clients feels safe and experiences no fear in all areas of life.</td>
<td>□ Client has history of feeling unsafe but no current safety concerns, with minimal impact on HIV care and treatment.</td>
<td>□ Client currently experiencing fear and/or feels unsafe in an area of their life, some impact on HIV care and treatment.</td>
<td>□ Client currently experiencing fear and/or feels unsafe in an area of their life, has significant impact on HIV care and treatment.</td>
</tr>
<tr>
<td>Other identified need:</td>
<td>□ No impact.</td>
<td>□ Minimal impact.</td>
<td>□ Some impact.</td>
<td>□ Significant impact.</td>
</tr>
</tbody>
</table>

**Strengths:**

<table>
<thead>
<tr>
<th>TOTAL POINTS PER SECTION</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Total Points:** ____________________
Instructions: Check one level (1-4) in each Life Area category. Add total checkmarks for each level, and multiply the number of checkmarks by the level number to calculate total points.

Before a level is assigned:

1. A client is automatically a Level 3 if:
   a. They are newly diagnosed with HIV.
   b. They are a refugee arriving in the past 365 days to the United States.

2. If a client scored a 4 in one or more highlighted life areas, consider raising the acuity to a higher level.
   a. If a client scores 4 in Adequate Housing, they are automatically a Level 3.

3. Mark if any of the following conditions apply. If so, consider raising the acuity to a higher level.
   ☐ Relinked to care in past 180 days
   ☐ Pregnancy (high-risk)
   ☐ Released from incarceration in past 180 days
   ☐ Client is a refugee residing in the United States for 366 days or longer
   ☐ Client or assessor identifies serious domestic violence and/or safety concerns

<table>
<thead>
<tr>
<th>TOTAL POINTS</th>
<th>16-30 pts</th>
<th>31-47 pts</th>
<th>48-64 pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A</td>
<td>☐ Level 1</td>
<td>☐ Level 2</td>
<td>☐ Level 3</td>
</tr>
<tr>
<td></td>
<td>Referral for Healthcare and Support Services</td>
<td>Non-Medical Case Management</td>
<td>Medical Case Management</td>
</tr>
<tr>
<td></td>
<td><em>Self-managed with quarterly communication from a peer</em></td>
<td><em>Reassess acuity at least every 6 months</em></td>
<td><em>Reassess acuity at least every 3 months</em></td>
</tr>
<tr>
<td>Part B</td>
<td>☐ Level 1</td>
<td>☐ Level 2</td>
<td>☐ Level 3</td>
</tr>
<tr>
<td></td>
<td>Non-Medical Case Management</td>
<td>Medical/Non-Medical Case Management*</td>
<td>Medical Case Management</td>
</tr>
<tr>
<td></td>
<td><em>Reassess acuity at least annually</em></td>
<td><em>Reassess acuity at least every 6 months</em></td>
<td><em>Reassess acuity at least every 3 months</em></td>
</tr>
</tbody>
</table>

Reassessment Due: ________________________________

Individual Care Plan must be completed for all clients and should reflect needs identified in acuity assessment.

*Level 2 for RWPB may be MCM or NMCM; decision at assessor’s discretion. Clients may receive MCM and NMCM if there is a need for different services through different agencies.

Staff Member Completing Signature: ________________________________ Date ____________________
<table>
<thead>
<tr>
<th>Task</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive reports of standing committees</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Updates and Collaboration with the Recipient’s Office</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review and resolve parking lot items</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive award from HRSA/HAB for grant year. Review and approve final allocations based actual award amount. (If a partial award is received, this process could take place again when another award is received.)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negotiation of PC budget amount with recipient</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design the Assessment of the efficiency of the administrative mechanism (AAM).</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review and Sign Annual Progress Report/Program Terms Report</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administer the Assessment of the efficiency of the administrative mechanism (AAM).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administer the results of Assessment of the efficiency of the administrative mechanism (AAM).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Review and approve carryover request from the Recipient’s Office</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation of PC letter to accompany grant application</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Scope of Work &amp; Planning Council Activity Timelines (PCAT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment of Committee Chairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of Directives to the Recipient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSRA - Review framework and meeting logistics for PSRA</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRSA - Identify datasets for PSRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive award from HRSA/HAB for grant year. Review and approve final allocations based actual award amount. (If a partial award is received, this process could take place again when another award is received.)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSRA - Review EMA Continuum of Care by Service Category</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>