

Sacramento County Department of Health Services
HIV Health Services Planning Council
Priorities and Allocations Committee
www.sacramento-tga.com

Meeting Agenda*

March 5, 2025, 9:00 AM – 11:00 AM

Meeting Location:

4600 Broadway, Sacramento, CA 95820
2nd Floor Conference/Community Room 2020

Facilitator: Jake Bradley-Rowe, Committee Chair

Scribe: Angelina Olweny – Council Staff

Meeting Invitees:

- Priorities and Allocations Committee Members
- Open to the Public

Topic	Presenter	Start Time	Length
Welcome and Introductions	Bradley-Rowe	9:00 AM	As Needed
Announcements	All	As Needed	
Public Comments –Agenda Items	All		
March Agenda Review*	Bradley-Rowe		
September 2024 Minutes Review*	Bradley-Rowe		
FY25 PAC Work Plan Draft*	Bradley-Rowe		
FY25 General Directive*	Bradley-Rowe		
FY25 Service Directive*	Bradley-Rowe		
PAC Self-Assessment	Bradley-Rowe		
Technical Assistance	Bradley-Rowe		
Public Comment – Non-Agenda Items	Bradley-Rowe		
Adjourn	Bradley-Rowe		

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*Action Items

Attachments:

- Minutes of December 2024*
- FY24 Part A December Monthly Report*
- FY24 Part B December Monthly Report
- FY25 PAC Work Plan Draft*
- FY25 General Directive*
- FY25 Service Directive*
- PAC Self-Assessment Monitoring Form

NEXT MEETING: May 7, 2025

HIV HEALTH SERVICES PLANNING COUNCIL – Priorities and Allocation Committee (PAC)

Meeting Minutes

September 11, 2024, 9:00 a.m. to 12:00 p.m.

Meeting Location:

4600 Broadway Sacramento, CA 95820

Facilitator: Jake Bradley-Rowe, Committee Chair

Council Staff: Angelina Olweny

Committee Member Attendees: Chelle Gossett, Carolyn Buck, Clarmundo Sullivan, Jake Bradley-Rowe, Keshia Lynch, Lenore Gotelli, Richard Benavidez, Zach Basler.

County Staff: Danielle Caravella, Alexa Bunton, Paula Gammell

Members Excused: Melissa Willett, Tami Emslie

Members Absent: N/A

Guests: Kristina Kendricks-Clark

Topic	Minutes
Welcome, Introductions and, Announcements	<p>Meeting and introductions started at 9:06 AM</p> <p>The next HIV and Aging Community Conversation is on Tuesday, September October 18th.</p> <p>The State of HIV Conference will be held on October 3rd.</p> <p>Golden Rules Services is celebrating its 25th anniversary on February 1st.</p> <p>Sunburst Projects is remodeling its premises. Group meetings will be held in the boardroom. The meetings will be split into two sessions until the remodeling is complete. The updated schedule is available on the Sunburst Projects website.</p> <p>The Recipient is working on submitting two grant applications and is requesting feedback from the community and providers regarding the needs of people living with HIV. The Recipient will host a Zoom call to gather feedback on Friday, September 20th.</p> <p>A National LatinX AIDS Awareness Day will take place at La Familia Counseling Center in October. Attendees will have access to free HIV testing and a food distribution drive. The Planning Council will engage in community outreach to recruit new members.</p> <p>Golden Rules Services aims to create a Latinx HIV Services Supportive Group to help clients learn more about their care and available resources.</p>
Public Comments- Agenda Items	N/A
Agenda Review*	<p>The September agenda was presented for review and approval. Richard Benavidez motioned to accept the agenda as presented and Zach Basler seconded the motion. The motion passed with a majority.</p> <p>Approve: Chelle Gossett, Clarmundo Sullivan, Carolyn Buck, Jake Bradley-Rowe, Keshia Lynch,</p>

Topic	Minutes
Minutes Review*	<p>Richard Benavidez, Zach Basler. Oppose: N/A Abstain: N/A</p> <p>The August minutes were presented for review and approval. Richard Benavidez motioned to accept the agenda as presented and Zach Basler seconded the motion.</p> <p>The following changes were made: On page 2, the statement should be corrected to state that the minutes were presented for review and approval. Richard Benavidez motioned to accept the agenda as presented and Zach Basler seconded the motion. The motion passed with a majority.</p> <p>Approve: Chelle Gossett, Clarmundo Sullivan, Carolyn Buck, Jake Bradley-Rowe, Keshia Lynch, Richard Benavidez, Zach Basler. Oppose: N/A Abstain: Lenore Gotelli</p>
COI	Members stated their Conflict of Interest.
FY24 Reallocations	<p>The committee reviewed and discussed the FY24 Reallocation Recommendations. Funding was reallocated across eleven service categories. Zach Basler motioned to accept the FY24 reallocation recommendations and Richard Benavidez seconded the motion. The motion passed with a majority.</p> <p>Approve: Clarmundo Sullivan, Jake Bradley-Rowe, Keshia Lynch, Lenore Gotelli, Richard Benavidez, Zach Basler. Oppose: N/A Abstain: Chelle Gossett, Carolyn Buck</p>
2025 January Meeting	The optional dates for the PAC meeting in January are January 7 th at 10:00 AM or January 8 th at 9:00 AM. The date will be confirmed after the room is reserved.

Topic	Minutes
Public Comment Non-agenda items	N/A
Technical Assistance	For technical assistance, reach out to Jake Bradley-Rowe.
Adjournment	10:58 AM

**HIV Health Services Planning Council
 Priorities and Allocations Committee
 FY 2025-26 WORK PLAN**

MEETING DATE	ACTIVITY	MATERIALS
March 2025	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY25 Allocation Updates If Needed • Update PAC Work Plan • FY25 General Directives • FY25 Service Directives 	<ul style="list-style-type: none"> • Grant Award Notice • Allocation and Reduction Scenarios • FY25 PAC Work Plan • FY25 Service Directives • FY25 General Directives
May 2025	<ul style="list-style-type: none"> • Part A Grant Award Notice Update • FY25 Allocation Updates If Needed • Begin Work on FY26 Grant Application and Reduction Scenarios • PAC Process Training • Work on FY26 Service Priorities 	<ul style="list-style-type: none"> • Grant Award Notice • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios • Service Priority Ranking Historical Data • Service Priorities Worksheet
June 2025	<ul style="list-style-type: none"> • Continue/Finalize Work on FY26 Grant Application and Reduction Scenarios • Work on FY26 Service Allocations • FY24 to FY25 Carryover 	<ul style="list-style-type: none"> • Historical Prior-Year Utilization Documents • Historical Allocation Scenarios • Allocation and Reduction Scenarios Worksheet
September 2025	<ul style="list-style-type: none"> • FY25 Reallocation 	<ul style="list-style-type: none"> • FY25 Recipient Reallocation Recommendations
January 2026	<ul style="list-style-type: none"> • Second Re-allocation (if needed) • FY26 General Directives • FY26 Service Directives • PAC Training 	<ul style="list-style-type: none"> • FY25 Recipient Reallocation Recommendations

STRATEGIES (from the CA Integrated HIV Surveillance, Prevention and Care Plan)

The following Strategies from the California Integrated HIV Prevention and Care Plan CY 2022-2026, apply to the ongoing work conducted by the Priorities and Allocations Committee in the Sacramento Transitional Grant Area:

2022-2026 Goals and Objectives

Impact Area 1: Racial Equity

- *Strategy 1b. Racial/Ethnic Data Collection and Stratification:* Identify, collect, analyze, and publicly share data that reflect the specific trends, needs, and outcomes of HIV, HCV, and STIs for BIPOC communities, to inform resource allocation and identify community-based strategies and solutions.
- *Strategy 1c. Equitable Distribution of Funding and Resources:* Review all CDPH OA and STD Control Branch contracts, budgets, guiding service formulas, policies, and program decisions with a racial justice lens, to advance equitable delivery of resources and opportunities to BIPOC.
- *Strategy 1d. Community Engagement:* Forge strategic partnerships to ensure more diverse public outreach, involvement, and engagement processes to reframe the structure, funding, and policies of HIV, HCV, and/or STI services and messaging to all Californians.

Impact Area 6: Stigma Free

- *Strategy 6a. Nothing About Us Without Us:* Meaningfully and consistently involve people living with HIV, HCV, and STIs in state and local planning, decision-making, and service delivery.
- *Strategy 6b. Reframe Policies and Messaging:* Work with communities to reframe the structure and policies of HIV, HCV, and STI services and associated messaging, so they do not stigmatize people or behaviors.

HIV Health Services Planning Council
General Directives Fiscal Year 20254-20265
(Here after, known as Current Fiscal Year)

General Directive 1

The service provider must have a process in place that documents that Ryan White is the payer of last resort, that no other resources are available, and that all appropriate referrals were made for eligible services.

General Directive 2

All HIV Care Services Program service categories will be provided in a manner that provides for 100% access and 0% disparity to all populations.

General Directive 3

With the exception of ambulatory care, behavioral/mental health, oral health, childcare and substance abuse/use services, clients cannot access services outside of their county of residence without referral and prior authorization through the Medical Case Management system.

General Directive 4

As the Priorities and Allocations committee develops alternate funding scenarios based on possible funding losses, the Recipient shall choose the nearest approved allocation scenario to fund provider contracts for the Current Fiscal Year.

The grant award will determine which scenario is to be used by the Recipient. The Recipient shall use the scenarios approved by PAC and the Council and the approved percent variances. In the Current Fiscal Year, it will be:

- If the grant award is within 5% higher or lower of the **application requested amount**, the Recipient will pro-rate the increases/decreases pro-rated across all service categories.
- If the award is 1% to 5% less than the prior fiscal year **actual award**, the Council approved prior fiscal year Flat Funding scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence which will remain at the prior fiscal year Allocation.
- If the award is 6% - 13% less than the prior fiscal year **actual award**, the 10% Council approved reduction scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence, which will remain at the prior fiscal year Allocation.
- If the award is 14% or more less than the prior fiscal year **actual award**, the Recipient will consult the HIV Health Services Planning

Council's Priorities and Allocation Committee to develop a final Current Fiscal Year Allocation plan.

- If the award is within 5% higher than the prior fiscal year **actual award**, the 5% increase scenario shall be used and pro-rated across all service categories.

General Directive 5

The Affordable Care Act (ACA) ensures that all legal U.S. residents are able to obtain affordable health care coverage, regardless of any pre-existing conditions. Legal California residents are able to get affordable private health care coverage from a variety of plans through Covered CA. There are Penalties if residents do not get coverage.

The service provider must have a process in place that documents that the client has been informed of the ACA requirements and that appropriate referrals were made for ACA enrollment.

General Directive 6

The Federal Ryan White HIV/AIDS Program defines eligibility for the program as an individual (1) with a medical diagnosis of HIV/AIDS and (2) who is low-income as defined by the State.

~~The California State Department of Public Health, under the Budget Act of 2019, shall apply the same financial eligibility requirements for its various HIV Care Program, which is formulated by using the Modified Adjusted Gross Income (MAGI) that does not exceed 500% of the Federal Poverty Level per year, based on family size and household income.~~

To maintain compliance with the State and Federal Government, the Sacramento TGA adopts the same financial eligibility requirements.

General Directive 7

All HIV Care Services Program funded providers shall make telehealth/tele-services available for medical case management, non-medical case management, outpatient ambulatory care, behavioral/mental health and/or other telehealth/tele-service appropriate services.

General Directive 8

Any HIV Care Services Program Service Standards with an annual "cap" limiting expenditures shall be reviewed annually by the Quality Advisory Committee for any applicable updates.

Adopted: _____ Date: **06/26/2024**
Richard Benavidez ~~Kristina Kendrick Clark~~, Vice Chair

Sacramento TGA

Service Category Directives, FY 20254-20265

Medical Transportation Services Directive 1

Medical Transportation funds shall be used for the reimbursement of volunteer drivers or for the purchase of ride share or public transportation fare (Light Rail or Bus pass).

Based on client acuity, transportation funds must be prioritized by means of transport to preserve the most cost-effective means such as

- family, friends, and other sources of transport for which the subrecipient does not incur any direct cost.
- volunteer services
- insurance provider
- public transit (to include Paratransit) or gas voucher
- ride share (such as Lyft or Uber)
- taxi service

Monthly bus passes are acceptable if there is documented need in the client's file that the cost of daily bus passes would exceed the cost of a monthly bus pass, in any given month.

Medical Case Management Directive 1

All agencies providing Ryan White-funded Medical Case Management services are either "Field Based" or "Office Based" to ensure that proper billing occurs. Any agency funded/billing for "field-based" **must** offer clients the alternative of meeting case management staff at locations outside the agency's normal place of business office and convenient for the client.

Adopted: _____ Date: _____
Richard Benavidez, ~~Kristina Kendrick-Clark~~, Vice Chair

HIV Health Services Planning Council
Priorities and Allocations Committee

Rating Category	Standards	Progress				Accomplishments/Barriers <ul style="list-style-type: none"> • What has been accomplished (by whom) • What still needs to occur (by whom) in order to complete the task
		NA	ND	IP	COM	
Priority Setting and Resource Allocation	1. A diverse set of stakeholders, including consumers, providers, and affected communities, are utilized in the priority setting and resource allocation processes.					
	2. Opportunities for input into the priority setting and resource allocation processes were well publicized.					
	3. PAC reviews a variety of data, including findings from needs assessment, comprehensive plan, utilization figures, outcome measures, costs, and availability of other funding, prior to setting priorities and allocations.					
	4. PAC receives training on priority setting and resource allocation processes prior to initiation of processes.					
	5. Priority setting and allocation decisions are well justified by data and documentation reviewed.					
	6. Conflict of interest is enforced during priority setting and resource allocation processes.					
	7. Multiple allocation scenarios are developed to account for various award decisions.					
	8. PAC specifies how priorities could be best addressed through directives to the recipient.					
	9. Utilization and expenditures are reviewed mid-year, and funds are reallocated as needed.					
	10. PAC receives feedback from the Planning Council on PAC committee outcomes/findings.					

Key: NA = Not Applicable ND = Not Done, IP = In Progress, COM = Complete

EL DORADO COUNTY - December 2024	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!	\$0
Oral Health	\$5,963	\$3,614	\$6,033		101.2%	-\$70
Health Insurance Premium & Cost Sharing Asst.	\$2,208	\$101	\$807		36.5%	\$1,401
Mental Health Services	\$13,613	\$839	\$10,773		79.1%	\$2,840
Medical Case Management	\$139,603	\$14,227	\$117,851		84.4%	\$21,752
Medical Transportation Services	\$9,425	\$935	\$7,480		79.4%	\$1,945
Emergency Financial Assistance	\$26,351	\$2,960	\$21,650		82.2%	\$4,701
Sub-Total El Dorado Counties	\$197,163	\$22,676	\$164,593		83.5%	\$32,570

PLACER COUNTY - December 2024	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Ambulatory/Outpatient Care	\$0	\$0	\$0		#DIV/0!	\$0
Oral Health	\$3,191	\$0	\$0		0.0%	\$3,191
Health Insurance Premium & Cost Sharing Asst.	\$858	\$0	\$858		100.0%	\$0
Mental Health Services	\$10,670	\$573	\$6,593		61.8%	\$4,077
Medical Case Management	\$149,385	\$10,730	\$111,430		74.6%	\$37,955
Medical Transportation Services	\$17,552	\$1,430	\$14,597		83.2%	\$2,955
Emergency Financial Assistance	\$38,679	\$2,699	\$34,086		88.1%	\$4,593
Sub-Total Placer County	\$220,335	\$15,433	\$167,564		76.0%	\$52,771

Priority Number

SACRAMENTO COUNTY - December 2024		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$438,269	\$33,690	\$354,417		80.9%	\$83,852
	SS: Ambulatory/Outpatient Medical Care	\$386,375	\$33,690	\$306,984		79.5%	\$79,392
	SS: Vendor paid viral/load resistance lab test	\$51,894	\$0	\$47,433		91.4%	\$4,461
2	ADAP/Prescription Medications	Not Funded at This Time					
3	Health Insurance Premium & Cost Sharing Asst.	\$2,000	\$0	\$1,272		63.6%	\$728
4	Oral Health	\$226,683	\$704	\$220,594		97.3%	\$6,089
5	Medical Case Management	\$1,088,524	\$89,525	\$917,194		84.3%	\$171,330
	SS: MAI	\$198,967	\$20,473	\$180,069		90.5%	\$18,898
	SS: Office Based Services	\$465,073	\$34,260	\$418,115		89.9%	\$46,958
	SS: Field/In-Home Services	\$420,557	\$34,565	\$316,265		75.2%	\$104,293
	SS: Pediatric Treatment Adherence	\$802	\$31	\$609		75.9%	\$193
	SS: Case Mgmt Child Care	\$3,125	\$196	\$2,136		68.3%	\$989
6	Case Management (Non-Medical)	\$138,520	\$7,076	\$112,746		81.4%	\$25,774
7	Food Bank/Home Delivered Meals	\$57,934	\$6,050	\$42,350		73.1%	\$15,584
8	Mental Health Services	\$467,235	\$37,630	\$356,493		76.3%	\$110,742
9	Psychosocial Support	Not Funded at This Time					
10	Medical Transportation Services	\$126,058	\$11,597	\$81,060		64.3%	\$44,998
11	Substance Abuse Services - Outpatient	\$158,888	\$15,712	\$123,779		77.9%	\$35,109
12	Substance Abuse Services - Residential	\$0	\$0	\$0		#DIV/0!	\$0
13	Housing Assistance	\$23,134	\$1,716	\$20,602		89.1%	\$2,532
14	Child Care Services	\$10,841	\$990	\$9,185		84.7%	\$1,656
15	Emergency Financial Assistance	\$16,688	\$4,184	\$14,506		86.9%	\$2,183
16	Medical Nutritional Therapy	\$40,296	\$7,856	\$30,727		76.3%	\$9,569
17	Health Education/Risk Reduction	Not Funded at This Time					
18	Outreach Services	Part B Funded Only					
19	Outreach Services MAI	Part B Funded Only					
20	Linguistic Services	Not Funded at This Time					
21	Home & Community Based Health Services	Not Funded at This Time					
22	Home Health Care	Not Funded at This Time					
23	Hospice	Not Funded at This Time					
24	Legal Services	Not Funded at This Time					
25	Permanency Planning	Not Funded at This Time					
26	Referral for Health Care and Support Services	Not Funded at This Time					
27	Rehabilitation Services	Not Funded at This Time					
28	Respite Care	Not Funded at This Time					
29	ADAP/Prescription Medications	Not Funded at This Time					
30	Early Intervention Services	Not Funded at This Time					
	Sub-Total Sacramento County	\$2,795,070	\$216,730	\$2,284,924		81.7%	\$510,146
	Sub-Total TGA Direct Service Expenditures	\$3,212,568	\$254,838	\$2,617,082		81.46%	\$595,486
	Recipient - Grantee Admin	\$373,901	\$27,711	\$296,822		79.39%	\$77,079
	Recipient - Quality Mgmt	\$186,950	\$13,425	\$125,195		66.97%	\$61,755
	Grand- Total Direct Services, Recipient	\$3,773,419	\$295,974	\$3,039,099		80.54%	\$734,320

Missing Invoices
 Transportation, Labs, EFA

		October
Under 5%		0-77%
Within 5%		78-88%
Over 5%		89% - Over

TGA Direct Service Expenditures by \$ Source	Approved Budget	Current Month	Accumulative Expenditures	% Shade	% Used	Remaining Balance
Part A	\$3,013,601	\$234,365	\$2,437,013		80.87%	\$576,588
Part A MAI	\$198,967	\$20,473	\$180,069		90.50%	\$18,898

	Allocations	Current	Cumulative	% of Alloc.	% Current Expenditure	% Cumulative Expenditure
Total Part A: 75/25 Expenditure Requirement						
Core Services (Does not include MAI MCM)	\$2,548,419	\$194,728	\$2,078,752	84.6%	83.1%	85.3%
Support Services	\$465,182	\$39,637	\$358,261	15.4%	16.9%	14.7%

Part B Only

YOLO COUNTY - December 2024	Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
Service Category						
Oral Health	\$2,463	\$0	\$2,463		100.0%	\$0
Medical Case Management	\$104,200	\$15,471	\$73,884		70.9%	\$30,317
Food Bank/Home Delivered Meals	\$13,600	\$853	\$11,013		81.0%	\$2,587
Medical Transportation Services	\$4,537	\$0	\$3,408		75.1%	\$1,128
Housing	\$1,000	\$0	\$0		0.0%	\$1,000
Emergency Financial Assistance	\$1,000	\$0	\$398		39.8%	\$602
Sub-Total YOLO County	\$126,800	\$16,324	\$91,166		71.9%	\$35,634

November		
Under 5%		0-69%
Within 5%		70-80%
Over 5%		81% - Over

Priority Number

SACRAMENTO COUNTY - December 2024		Approved Budget	Current Month	Cumulative Expenses	% Shade	Percentage Used	Remaining Balance
1	Ambulatory/Outpatient Care	\$349,473	\$30,947	\$256,991		73.5%	\$92,482
	SS: Ambulatory/Outpatient Medical Care	\$349,473	\$30,947	\$256,991		73.5%	\$92,482
	SS: Vendor paid viral/load resistance lab test						
							Part A Funded
2	ADAP/Prescription Medications						Not Funded at This Time
3	Health Insurance Premium & Cost Sharing Asst.						Part A Funded
4	Oral Health	\$177,711	\$9,737	\$173,186		97.5%	\$4,525
5	Medical Case Management	\$60,579	\$6,180	\$45,909		75.8%	\$14,670
	SS: MAI						Part A Funded
	SS: Office Based Services	\$48,479	\$5,717	\$41,318		85.2%	\$7,161
	SS: Field/In-Home Services	\$12,100	\$463	\$4,592		37.9%	\$7,509
	SS: Pediatric Treatment Adherence						Part A Funded
	SS: Case Mgmt Child Care						Part A Funded
6	Case Management (Non-Medical)	\$124,650	\$8,124	\$96,766		77.6%	\$27,884
7	Food Bank/Home Delivered Meals	\$18,000	\$1,020	\$17,720		98.4%	\$280
8	Mental Health Services	\$104,500	\$5,383	\$71,785		68.7%	\$32,715
9	Psychosocial Support						Not Funded at This Time
10	Medical Transportation Services	\$124,000	\$7,983	\$105,089		84.7%	\$18,911
11	Substance Abuse Services - Outpatient						Part A Funded
12	Substance Abuse Services - Residential						Part A Funded
13	Housing Assistance						Part A Funded
14	Child Care Services						Part A Funded
15	Emergency Financial Assistance						Part A Funded
16	Medical Nutritional Therapy						Part A Funded
17	Health Education/Risk Reduction						Not Funded at This Time
18	Outreach Services	\$37,235	\$2,019	\$30,614		82.2%	\$6,621
19	Outreach Services MAI						Not Funded at This Time
20	Linguistic Services						Not Funded at This Time
21	Home & Community Based Health Services						Not Funded at This Time
22	Home Health Care						Not Funded at This Time
23	Hospice						Not Funded at This Time
24	Legal Services						Not Funded at This Time
25	Permanency Planning						Not Funded at This Time
26	Referral for Health Care and Support Services						Not Funded at This Time
27	Rehabilitation Services						Not Funded at This Time
28	Respite Care						Not Funded at This Time
29	ADAP/Prescription Medications						Not Funded at This Time
30	Early Intervention Services						Not Funded at This Time
	Sub-Total Sacramento County	\$996,148	\$71,393	\$798,060		80.1%	\$198,088
	Sub-Total TGA Direct Service Expenditures	\$1,122,948	\$87,716	\$889,226		79.2%	\$233,722
	Recipient - Grantee Admin	\$132,112	\$14,752	\$85,646		64.8%	\$46,466
	Recipient - Quality Mgmt	\$66,056	\$5,715	\$44,916		68.0%	\$21,139
	Grand- Total Direct Services, Recipient	\$1,321,115	\$108,184	\$1,019,788		77.2%	\$301,327

Missing Invoices

		November
Under 5%		0-69%
Within 5%		70-80%
Over 5%		81% - Over