

AUSTIN TRAVIS COUNTY HEALTH AND
HUMAN SERVICES DEPARTMENT

DRAFT

RYAN WHITE PROGRAM PART A
GRANTEE AND AUSTIN AREA
COMPREHENSIVE HIV PLANNING
COUNCIL

MEMORANDUM OF
UNDERSTANDING

SEPTEMBER 2013

**This document outlines the roles and responsibilities of the Austin
TGA Ryan White Part A Grantee and the Austin Area Comprehensive
HIV Planning Council**

**RYAN WHITE PROGRAM PART A GRANTEE AND AUSTIN AREA COMPREHENSIVE HIV
PLANNING COUNCIL MEMORANDUM OF UNDERSTANDING**

This Memorandum of Understanding between the Austin Area Comprehensive HIV Planning Council, hereinafter referred to as the COUNCIL, and the City of Austin on behalf of its Austin Travis County Health and Human Services Department, hereinafter referred to as the GRANTEE, is undertaken to create a shared understanding of the relationship between the COUNCIL and the GRANTEE, define their respective roles and responsibilities and promote a mutually beneficial partnership. The partnership will ensure the effective planning and delivery of medical and support services to persons living with and affected by HIV in the Ryan White HIV/AIDS Treatment Extension Act of 2009.

The GRANTEE and the COUNCIL agree to the following terms:

The acronym "TGA" as used in this agreement refers to the Austin five county Transitional Grant Area. The phrase "RYAN WHITE PROGRAM" as used in this agreement refers to the Ryan White HIV/AIDS Treatment Extension Act of 2009, Public Law 111.87 and amendments thereto. The acronym "HRSA" as used in this agreement refers to the United States Department of Health and Human Services Health Resources and Services Administration, the federal agency that administers the RYAN WHITE PROGRAM.

The COUNCIL and GRANTEE agree to abide by RYAN WHITE PROGRAM legislative requirements and HRSA policies.

1. TERM OF THE AGREEMENT

The Term of this agreement shall be from _____ through _____

2. GRANTEE ROLES AND RESPONSIBILITIES

The GRANTEE is solely responsible for the following tasks as set forth in the RYAN WHITE PROGRAM legislation:

- a. **Procurement** - Manage the process for awarding contracts to service providers through the City of Austin's procurement process.
- b. **Contracting** - Disburse funds according to the priorities and allocations determined by the COUNCIL.
- c. **Contract monitoring** - Monitor vendor contracts to ensure that service providers funded with resources allocated by the COUNCIL are meeting their contract responsibilities and established standards of care.
- d. **Grant Application** - Prepare and submit the annual RYAN WHITE PROGRAM Part A grant application for the TGA
- e. **Conditions of Award and Reporting** - Meet conditions of grant awards and reporting requirements according to the TGA's Part A Notices of Grant Award.
- f. **Reallocation of Funds within a service area** - Reallocate unspent funds within a service area prioritized by the COUNCIL according to the GRANTEE's reallocation policy.

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g. Expenditure Reporting - Report RYAN WHITE PROGRAM combined Part A base expenditures by service category on a monthly basis to the COUNCIL according to the following schedule:

- (March 1 through March 31) - April ____
- (April 1 through April 30) - May ____
- (May 1 through May 31) - June ____
- (June 1 through June 30) - July ____
- (July 1 through July 31) - August ____
- (August 1 through August 31) - September ____
- (September 1 through September 30) - October ____
- (October 1 through October 31) - November ____
- (November 1 through November 30) - December ____
- (December 1 through December 31) - January ____
- (January 1 through January 31) - February ____
- (February 1 through February 28) - March ____
- (Final Expenditure Report at Grant Closeout—July 31)**

h. Expenditure Reporting Form (See Attachment 1)

Expenditures will be reported using the format in Attachment 1.

i. Assessment of the Administrative Mechanism

The Grantee will provide information to the Planning Council staff in response to the grantee evaluation component of the Assessment of the Administrative Mechanism.

j. Requests for Technical Assistance - Submit requests for Technical Assistance to HRSA. When the COUNCIL desires Technical Assistance, the GRANTEE will work with the COUNCIL to submit the request on behalf of the COUNCIL.

k. Relay communications from HRSA - Provide the COUNCIL with HRSA RYAN WHITE PROGRAM policy and guidance.

3. PLANNING COUNCIL ROLES AND RESPONSIBILITIES

The PLANNING COUNCIL is solely responsible for the following tasks as set forth in the RYAN WHITE PROGRAM legislation:

a. PLANNING COUNCIL Operations - Establish and follow COUNCIL operating procedures and policies to ensure smooth, efficient and fair operations. This includes adherence to established bylaws, revising them as needed, orienting and training members, following the established grievance policy and procedures, conducting open meetings, and abiding by conflict of interest standards.

b. Priority Setting and Resource Allocation - Set priorities among service areas and activities and allocate funds to those service areas and activities.

c. Assessment of the Administrative Mechanism and Effectiveness of Services - Through an evaluation process, assess the efficiency of the administrative mechanism in rapidly disbursing funds to areas with the greatest need in the TGA

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according to the COUNCIL's priorities.

d. Conditions of Award and Grant Application Documents - The COUNCIL Chair will submit the following letters of assurance and endorsement to GRANTEE staff as required to meet annual RYAN WHITE PROGRAM Part A grant conditions of award and reporting and application requirements:

- i. Letter from the COUNCIL reporting changes in COUNCIL membership composition within 20 days of the occurrence of changes in COUNCIL membership.
- ii. Letter of endorsement of allocations as prescribed in the Terms and Conditions section of the TGA's annual RYAN WHITE PROGRAM Part A Notice of Grant Award.
- iii. Letter of Assurance of Activities from the Austin Area Comprehensive Planning Council as set forth in the annual RYAN WHITE PROGRAM Part A grant application guidance.

4. SHARED RESPONSIBILITIES

The GRANTEE and the COUNCIL share the following responsibilities as set forth in the RYAN WHITE PROGRAM legislation:

a. Needs Assessment - Conduct an assessment of the needs of persons living with HIV within the TGA. The Needs Assessment will determine the size and demographics of the population of persons living with HIV in the TGA and identify their service needs and gaps in meeting those needs. The GRANTEE will provide the COUNCIL with information on service utilization. The GRANTEE will administer the contract(s) with consultants selected jointly by the COUNCIL and the GRANTEE to collect and analyze Needs Assessment data.

b. Comprehensive Planning - Develop a Comprehensive Plan for the organization, development and delivery of health and support services within the TGA. The Comprehensive Plan will be developed every 3 years, or as specified by HRSA, according to the Comprehensive Plan guidance provided by HRSA. The COUNCIL will take the lead in developing the Plan. The GRANTEE will provide information, and input into the development of the Plan. The GRANTEE will have a chance to review and suggest changes to the draft Comprehensive Plan before the COUNCIL approves it.

c. Quality Management- Establish and implement a quality management program to ensure that primary health care services are consistent with United States Public Health Service HIV care and treatment guidelines and to continuously improve the quality of RYAN WHITE PROGRAM funded health and social services. The GRANTEE has primary responsibility for managing quality management and will work with the COUNCIL to develop standards of care and outcomes measures. The Ryan White Quality Management Coordinator is responsible for leading quality management efforts, managing the Quality Management Advisory Committee, coordinating quality management planning activities with the COUNCIL and managing contracts with

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quality improvement and outcome evaluation consultants. The COUNCIL will be represented on the Quality Management Advisory Committee.

d. Participation in HRSA Part A Monitoring Calls - The COUNCIL's Executive Committee members and Support staff may participate with the Grantee staff for the second half of the Monthly Part A grant monitoring calls conducted by the HRSA Part A Project Officer. Times for the calls will accommodate participant schedules.

e. Participation in Development of Statewide Coordinated Statement of Need Both the GRANTEE and the COUNCIL will work with the Texas department of State Health Services, the Part B grantee, in the development of the Statewide Coordinated Statement of Need according to HRSA guidelines.

5. PLANNING COUNCIL SUPPORT AND STAFFING

a. Planning Council Budget- The GRANTEE will provide fiscal management of COUNCIL support funds through City of Austin's fiscal management system. The COUNCIL will work with the GRANTEE to establish the COUNCIL budget in accordance with RYAN WHITE PROGRAM requirements and City of Austin's salary schedules and fixed budget line item costs. The GRANTEE will report on COUNCIL expenditures through its monthly expenditure reports to the COUNCIL.

b. Employment of Planning Council Staff - The GRANTEE will provide staff for the COUNCIL in accordance with the COUNCIL budget and City of Austin's personnel policies and procedures. Staff positions, roles and responsibilities and processes and procedures for: hiring; providing direction; supervision; and evaluation are described in Exhibit A, attached hereto and incorporated herein.

c. Operational Support - The GRANTEE will provide operational support for the COUNCIL including, but not limited to: office space, computers, software, telephones, copier, printing services, fax machine, and office supplies; meeting space for COUNCIL meetings; and maintenance of the COUNCIL website.

6. COMMUNICATION

The GRANTEE and COUNCIL agree to strive for regular and open communication and sharing of information in a timely fashion. The COUNCIL and the GRANTEE are committed to the following principals of communication:

a. Establish and maintain open communication - GRANTEE staff, COUNCIL members and COUNCIL staff will share information in a timely fashion and review shared information when it is received.

b. GRANTEE attendance at COUNCIL meetings - At least one GRANTEE staff member will attend all full COUNCIL and COUNCIL committee meetings. GRANTEE staff attending meetings will be responsible for all communications and information requests related to their assigned committee. Requests for information from the COUNCIL to the GRANTEE and vice versa, along with a time line for producing the information will be recorded in the meeting minutes. All requests for data/information will be provided via Attachment 2: Data Request Form

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c. **Designated liaisons** - The GRANTEE and COUNCIL will have designated liaisons for information requests, questions or concerns that arise outside of COUNCIL meetings. The Ryan White Program Manager will be the designated liaison for the GRANTEE and the Planning Council Manager or their designee will be the designated liaisons for the COUNCIL. In the absence of the Ryan White Program Manager, the Ryan White Program Lead will act as the GRANTEE's liaison.

d. **Information not to be shared** - To maintain the confidentiality of sensitive information, the COUNCIL will not share the HIV status of COUNCIL members who have not publicly disclosed that they are living with HIV. The HIV status of council members will not be shared with GRANTEE staff or with other COUNCIL members except with those who are involved in the member nominations process and monitor COUNCIL membership reflectiveness.

The GRANTEE will not disclose information about applicants for funding to provide services or the performance of individual vendors contracted to provide services. Information will be provided only by service category.

e. **Clarification** - The COUNCIL and GRANTEE will work together to clarify and revise policies and procedures that are confusing or problematic.

7. SETTLING DISAGREEMENTS

The GRANTEE and the COUNCIL agree to pursue the following procedure should disputes or conflicts arise in the interpretation or implementation of this memorandum of understanding:

a. The parties involved in the conflict or dispute will meet face-to-face to attempt to reach a resolution. The meeting will be held within 5 working days after the issue arises.

b. If the parties involved cannot reach a resolution, the parties will meet with the Austin Travis County HHSD Assistant Director to work towards resolving the issue. The meeting with the Assistant Director will occur within 5 working days of the first meeting between the parties involved.

c. If the meeting with the Assistant Director does not result in resolution, the parties involved will identify a mutually acceptable independent mediator who will attempt to facilitate a resolution between the parties. The meeting with the mediator will occur within 10 working days of the meeting with the Assistant Director.

d. If the meeting with the mediator does not result in resolution of the dispute or conflict, the parties may begin a process of binding arbitration. The parties will select and retain an arbitrator who is acceptable to all those involved and agree to accept the arbitrator's decision as final. The parties will select the arbitrator within 10 working days of the meeting with the mediator and the first arbitration meeting will be held within 20 working days after selection. The costs of the mediation and arbitration processes will be split equally between the COUNCIL and the GRANTEE administration budgets. The time period for each of the above steps used to settle disagreements may be extended by

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mutual agreement of the parties involved.

8. MONITORING AND EVALUATION

a. The COUNCIL Chair, Planning Council Manager, Ryan White Program Manager and the Assistant Director may meet quarterly at the request of either party, to monitor implementation of this memorandum of understanding.

b. The COUNCIL or GRANTEE may request an annual independent evaluation of this memorandum of understanding. If such an evaluation is requested, the COUNCIL Chair or their designee, and the GRANTEE will jointly select an independent evaluator. The independent evaluation will include the following:

- i. An assessment of whether all or parts of the memorandum of understanding are meeting the needs of the COUNCIL and GRANTEE.
- ii. An assessment of satisfaction with the implementation of the procedures set forth herein.
- iii. A report on the results of the evaluation to be presented to the COUNCIL and GRANTEE. The evaluation will include recommendations on ways to improve this memorandum of understanding.

c. If an evaluation is conducted, the independent evaluator will survey COUNCIL members, COUNCIL and GRANTEE staff using written instruments, interviews and/or focus groups to gather information for the assessments.

9. CANCELLATION

The COUNCIL or the GRANTEE may cancel this Memorandum Of Understanding at any time by giving the other written notice at least ninety (90) days prior to the effective date of the cancellation.

10. AMENDMENTS

Any amendment to this Memorandum of Understanding shall be in writing and signed by authorized officers of each party.

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The Austin Area Comprehensive HIV Planning Council having signed this Agreement, and the City of Austin having duly approved this Memorandum of Agreement on this _____ day of _____, and pursuant to such approval, the proper City of Austin official having signed this Memorandum of Agreement, the parties hereto agree to be bound by the provisions herein set forth.

Reviewed by the City of Austin
Attorney's Office

Date: _____

Austin Travis County Health and Human
Services Department

By: _____
Assistant Director

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**Austin Area Comprehensive HIV Planning Council (COUNCIL) and
Austin Travis County Health and Human Services Department (GRANTEE)
Memorandum of Understanding**

EXHIBIT A

Austin Area Comprehensive HIV Planning Council Staffing

i. Staff positions and roles - COUNCIL staff will provide coordination of COUNCIL activities, administrative support and resources for the COUNCIL to fulfill its RYAN WHITE PROGRAM mandated roles and responsibilities. The COUNCIL staff complement will include:

a. Planning Council Manager - 1.0 FTE. The Planning Council Manager will lead the COUNCIL staff team and will be classified according to the City of Austin's personnel classification system. The Manager will provide leadership in assuring that the COUNCIL receives the management, logistical support, training, organizational development, information, resources and public visibility to carry out its responsibilities.

b. Planning Council Administrative Specialist - 1.0 FTE. The Council Administrative Specialist will be classified according to the City of Austin's personnel classification system. The Administrative Specialist will provide administrative and logistical support for all COUNCIL activities.

c. Health Planner- Will assist with needs assessment, planning, research, member recruitment and training, and other activities that support the work of the COUNCIL.

ii. Staff Responsibilities - COUNCIL staff duties include the following:

a. Maintain basic COUNCIL operations: Uphold COUNCIL bylaws and governing procedures including the grievance and conflict of interest policies; manage membership rosters; produce meeting schedules; distribute materials and communicate with COUNCIL members and other interested parties in a timely fashion to support the work of the COUNCIL and COUNCIL committees.

b. Support and staff COUNCIL committees: Schedule meeting times and places and distribute information and meeting products appropriately; record, review, distribute and archive meeting minutes; manage reports and materials to facilitate communication among committees, grantees, and other stakeholders.

c. Coordinate COUNCIL membership and support members: Conduct outreach activities to increase participation in forums and on committees; recruit, orient and work to retain qualified Council members according to RYAN WHITE COUNCIL reflectiveness and expertise requirements; develop and deliver training programs and materials to build member competencies according to the HRSA Planning Council Training Guide.

d. Coordinate research and evaluation activities: Collaborate with appropriate Council committees, needs assessment and evaluation consultants and the GRANTEE to develop

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required and desired research and evaluation activities and assure that results are communicated to and used effectively by COUNCIL members to make decisions and develop plans.

e. **Public relations:** Develop and distribute materials which explain and promote the work of the COUNCIL; develop and disseminate information about the COUNCIL and RYAN WHITE PROGRAM provided services through use of newsletters, Internet website, printed guides, and other venues as appropriate; develop and implement public relations plans to inform communities affected by the epidemic about the COUNCIL's role and opportunities for participation.

f. **Produce COUNCIL reports and materials:** Develop and distribute a consumer guide; develop the comprehensive plans; assist in the preparation of Part A annual grant applications and in meeting grant conditions of award.

g. **Coordinate strategic planning:** Coordinate processes that include COUNCIL members, RYAN WHITE PROGRAM grantees, providers, and community members that articulate a strategic vision of HIV services; develop and communicate clear timelines for meeting COUNCIL responsibilities including cycles of priority setting, allocations, review and reflective analysis of data, comprehensive planning and needs assessment.

iii. Hiring - COUNCIL staff will be hired according to City of Austin personnel hiring policies and procedures... The COUNCIL Chair or Co-Chair or their designee will serve on candidate interview teams to select qualified candidates when vacancies arise.

iv. Staff supervision, direction and performance evaluation - The GRANTEE's Community Services Division Assistant Director will supervise the Planning Council Manager. The Assistant Director reports to the Austin Travis County Health and Human Services Department Director. The Planning Council Manager will supervise the Planning Council Administrative Specialist and Planner. Support Staff Supervision will be carried out according to the City of Austin's personnel policies and procedures.

The COUNCIL Chair and the Community Services Division Assistant Director will meet periodically with COUNCIL staff to provide coordinated direction for the Planning Council Manager. The purpose of the meetings is to: assure a mutual understanding of expectations of staff in carrying out their duties; set mutually agreed upon timelines for the accomplishments of tasks; and ensure that the COUNCIL receives the support it needs to fulfill its responsibilities. COUNCIL Chair and staff will communicate directly as needed to attend to the daily needs of the COUNCIL.

The GRANTEE and COUNCIL mutually acknowledge that the Planning Council Manager, while employed by City of Austin, is fundamentally charged with meeting the needs and interests of the Planning Council in order for the COUNCIL to carry out its responsibilities as set forth by the RYAN WHITE legislation. If at any time the Planning Council Manager feels that she or he is instructed to act in a manner that is inconsistent with the needs and interests of the COUNCIL, the Planning Council Manager is encouraged to communicate these concerns directly with the COUNCIL Chair.

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The COUNCIL Chair will provide input into COUNCIL staff annual performance planning and reviews. COUNCIL Chair may solicit feedback from other COUNCIL members at their discretion.

**ATTACHMENT 1
Monthly Expenditure Report Format**

AUSTIN TGA PART A BILLING/EXPENDITURE SUMMARY
APRIL 2013

	Original Budgeted	Adjusted Budgeted	Reallocat ion	Mar-13		Apr-13		YTD			
				Total Billed	% year elapsed	Total Billed	% year elapsed	Total billed	% year elapsed		
RW Part A funds	\$ 1,577,981	\$ 1,577,981									
Reallocations											
Admin Agent											
Council			0								
Total reallocation			0								
				Amnt Billed		% Billed		YTD Billed		% Billed	
				1,046,261	18.0%	222,068	21.4%	400,300	38.2%		
Care Services											
Medical Case Management Incl. Treatment Adherence	\$ 48,951	\$ 48,981		\$ 10,040	21.4%	\$ 7,112	17.8%	\$ 17,152	34.9%		
Medical Case Management Pilot	\$ 36,681	\$ 36,681		\$ 6,519	17.8%	\$ 8,827	27.0%	\$ 18,348	44.6%		
Medical Case Management Pilot MAI	\$ 27,516	\$ 27,516		\$ 7,601	27.0%	\$ 7,728	0.0%	\$ 15,328	55.7%		
Health Insurance Premium Assistance	\$ 90,395	\$ 90,395			0.0%				0.0%		
Outpatient & Ambulatory Health Services	\$ 380,387	\$ 380,387		\$ 52,400	13.8%	\$ 101,066	26.4%	\$ 153,465	40.4%		
ADAP	\$ 1	\$ 1			0.0%				0.0%		
AIDS Pharmaceutical Assistance - Local	\$ 136,085	\$ 136,085		\$ 41,262	30.3%	\$ 28,764	21.2%	\$ 70,048	51.5%		
Mental Health Services	\$ 106,729	\$ 106,729		\$ 17,198	16.1%	\$ 17,828	16.7%	\$ 34,824	32.6%		
Oral Health Care	\$ 158,889	\$ 158,889			0.0%			\$ 28,785	18.1%		
Substance Abuse Outpatient Services	\$ 42,887	\$ 42,887		\$ 13,983	32.8%	\$ 12,224	28.5%	\$ 26,207	61.4%		
Hospice Services	\$ 36,444	\$ 36,444		\$ 12,803	35.1%	\$ 13,087	35.9%	\$ 25,890	71.0%		
Medical Nutrition Therapy	\$ 25,498	\$ 25,498		\$ 5,928	23.3%	\$ 6,307	24.7%	\$ 12,235	48.0%		
	\$ 293,066	\$ 293,066		\$ 42,828	14.6%	\$ 46,431	15.8%	\$ 111,368	37.9%		
Support Services											
Medical Transportation Services	\$ 9,079	\$ 9,079		\$ 907	9.9%	\$ -	0.0%	\$ 907	9.9%		
Case Management Non-Medical Tier 1	\$ 82,165	\$ 82,165		\$ 12,566	15.3%	\$ 15,862	19.3%	\$ 28,448	34.6%		
Case Management Non-Medical TIER 2	\$ 56,055	\$ 56,055		\$ 6,834	12.2%	\$ 9,136	16.3%	\$ 15,770	28.1%		
Case Management Non-Medical Tier 1 MAI	\$ 37,879	\$ 37,879		\$ 7,031	18.6%	\$ 8,903	23.5%	\$ 15,834	41.8%		
Case Management Non-Medical TIER 2 MAI	\$ 20,380	\$ 20,380		\$ 1,921	9.4%	\$ 2,380	11.7%	\$ 4,301	21.1%		
Substance Abuse Residential	\$ 21,057	\$ 21,057		\$ 6,285	29.8%	\$ 14,994	71.2%	\$ 20,279	96.3%		
Outreach Services	\$ 23,636	\$ 23,636		\$ 5,911	25.0%	\$ 6,647	28.1%	\$ 11,558	48.9%		
Outreach Services MAI	\$ 15,327	\$ 15,327		\$ 2,326	15.2%	\$ 2,270	14.8%	\$ 4,598	30.0%		
Psychosocial Support	\$ 5,303	\$ 5,303		\$ 424	8.0%	\$ 377	7.1%	\$ 801	15.1%		
Food Bank / Home Delivered Meals	\$ 22,334	\$ 22,334		\$ -	0.0%	\$ 8,961	40.1%	\$ 8,961	40.1%		
To be Allocated											
Total Subcontracted	\$ 1,341,286	\$ 1,341,286		\$ 210,357	15.7%	\$ 300,990	22.4%	\$ 511,368	38.1%		
Administration	\$ 236,895	\$ 236,895		\$ 44,419	18.8%	\$ 64,803	27.4%	\$ 109,022	46.1%		
Admin	\$ 157,797	\$ 157,797		\$ 36,905	23.4%	\$ 50,629	32.1%	\$ 86,234	54.7%		
QM	\$ 78,888	\$ 78,888		\$ 8,514	11.2%	\$ 13,974	17.7%	\$ 22,788	28.9%		
Total	\$ 1,877,981	\$ 1,877,981		\$ 264,776	14.1%	\$ 365,001	19.4%	\$ 620,378	33.1%		

**Attachment 2
Monthly Administrative Agency Report Format**

**Administrative Agency Report
Submitted to the
Austin Area Comprehensive HIV Planning Council
PRELIMINARY REPORT
SEPTEMBER 2012**

I. PART A & MAI GRANTS ADMINISTRATION/ MANAGEMENT UPDATE

A. PART A GRANT APPLICATION PROCESS

HRSA held its 2012 Part A Funding Opportunity Announcement Technical Assistance Call on Tuesday, August 21, 2012. Questions regarding the FOA were answered. There were not any significant changes made. AA staff is developing a work plan. The new due date is October 22, 2012.

B. HRSA HAB Reorganization

Division of Metropolitan HIV/AIDS Program, Steven Young is new Director. Project Officer positions are still being filled.

C. Part A FY 2011 Carryover Request

The request was submitted on Friday, August 30, 2012.

D. HRSA Site Visit Schedule

HRSA is developing its site visit schedule and plan to ensure that all grantees receive an on-site visit every five years. Grantees who have not received a visit within the last five years will be scheduled first.

E. FY12 PART A EXPENDITURE SUMMARY

The FY12 Part A overall expenditure estimate is shown below. Forty two percent (42%) of the year has expired and approximately thirty four percent (34%) of funds have been expended through July 2012. Table 1 below shows the overall expenditures summary. The low level of expenditures reflects start of the new grant year and billings that have not been processed. **A Service category expenditure table is included in Attachment 1.**

GATEGORY	Budgeted Amount	Expended Amount	Percent Expended
*DIRECT SERVICES	\$3,650,583	\$1,245,749	34%
ADMINISTRATION (Including Planning Council Support)	\$429,912	\$162,205	38%
Quality Management	\$214,956	\$41,739	19%
TOTAL	\$4,295,451	\$1,449,693	34%

*Billings for one provider estimated based on ARIES database.

F. AUSTIN/TRAVIS COUNTY COMMUNITY HEALTH ASSESSMENT

The Austin/Travis County Community Health Assessment (CHA) is completed and we are transitioning to the Community Health Improvement Plan (CHIP). Austin/Travis County Health and Human Services Department, Travis County Health and Human Services and Veteran's Services, Central Health, St. David's Foundation, Seton Healthcare Family, and the University of Texas Health Science Center at Houston School of Public Health Austin Regional Campus are building workgroups that will develop action plans for three major health priorities. These priorities, determined from the CHA results are as follows: 1) Chronic Disease (focus on obesity); 2) Built Environment (focus on transportation and healthy food access); and 3) Access to Primary Care and Mental/Behavioral Health (focus on navigating the healthcare system).

Materials and information for the Community Health Assessment (CHA) and Improvement Plan can be found by visiting the following HHSD internet page: <http://www.austintexas.gov/healthforum>

The public presentation of the CHA key findings, themes, and next steps is accessible at the above site. In addition, we will post the draft CHA report on or before August 24th. As we move forward, information on the Community Health Improvement Plan (CHIP) will also be posted to the same site.

II. CLINICAL QUALITY MANAGEMENT ACTIVITIES

- Next QM meeting will be held Thursday, Aug. 9th.
- Due date for 2012 QM Plans from agencies is Aug. 9th.
- HRAU is coordinating with BVCOG to review and provide feedback on the QM Plans to ensure that Agencies have a well-rounded Plan.
- MCM SOC Work group is meeting at least every two weeks to finalize the acuity scale and then will work on its scoring methodology.
- Participation in the In+ Care Campaign interventions included:
 - Participation in the North Texas Regional Quality Management Group meeting Aug 1st which focused specifically on retention of care best practices and lessons learned.
 - Linkage with both the HIVQual Consultant and the In+ Care Coordinator at the National Quality Center

III. CLIENT COMPLAINTS

None

**AUSTIN TGA -FY2010 RYAN WHITE PART A SERVICE CATEGORY
EXPENDITURE SUMMARY**

CORE MEDICAL SERVICES

OUTPATIENT/AMBULATORY/HEALTH SERVICES (MIS)		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$945,768	PLANNED	3,662
REALLOCATION	(77,736)	ACTUAL	3,313
CARRY OVER	0	PERCENT	90%
TOTAL FUNDS	\$868,032	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	966
Y-T-D EXPENDITURES	\$868,032	ACTUAL	1,071
PERCENT	100%	PERCENT	111%
Comments			

OUTPATIENT/AMBULATORY/HEALTH SERVICES (Lab)		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$207,559	PLANNED	4,755
REALLOCATION	\$79,331	ACTUAL	4,907
CARRY OVER	0	PERCENT	104%
TOTAL FUNDS	\$286,890	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	N/A
Y-T-D EXPENDITURES	\$286,890	ACTUAL	N/A
PERCENT	100%	PERCENT	N/A
Comments:			

AIDS/PHARMACEUTICAL ASSISTANCE/LOCAL		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$348,217	PLANNED	7,483
REALLOCATION	\$45,501	ACTUAL	9,637
CARRY OVER	0	PERCENT	129%
TOTAL FUNDS	\$393,718	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	785
Y-T-D EXPENDITURES	\$393,718	ACTUAL	1,121
PERCENT	100%	PERCENT	143%
Comments:			

ORAL HEALTH CARE SERVICES		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$343,813	PLANNED	2,465
REALLOCATION	0	ACTUAL	2,465
CARRY OVER	\$39,685	PERCENT	100%
TOTAL FUNDS	\$383,498	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	714
Y-T-D EXPENDITURES	\$383,498	ACTUAL	714
PERCENT	100%	PERCENT	100%
Comments:			

MENTAL HEALTH SERVICES		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$267,447	PLANNED	4,025
REALLOCATION	(\$7,699)	ACTUAL	4,020
CARRY OVER	0	PERCENT	99%
TOTAL FUNDS	\$259,748	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	249
Y-T-D EXPENDITURES	\$259,748	ACTUAL	440
PERCENT	97%	PERCENT	177%
Comments:			

SUBSTANCE ABUSE OUTPATIENT CARE		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$169,777	PLANNED	3,129
REALLOCATION	(\$32,250)	ACTUAL	2,261
CARRY OVER	0	PERCENT	72%
TOTAL FUNDS	\$137,527	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	88
Y-T-D EXPENDITURES	\$137,527	ACTUAL	112
PERCENT	81%	PERCENT	127%
Comments:			

MEDICAL CASE MANAGEMENT		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$106,698	PLANNED	5,688
REALLOCATION	7,598	ACTUAL	6,238
CARRY OVER	0	PERCENT	110%
TOTAL FUNDS	\$114,296	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	700
Y-T-D EXPENDITURES	\$114,296	ACTUAL	934
PERCENT	107%	PERCENT	133%
Comments:			

HEALTH INSURANCE PREMIUMS & COST SHARING ASSISTANCE		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$40,000	PLANNED	313
REALLOCATION	0	ACTUAL	303
CARRY OVER	\$46,300	PERCENT	97%
TOTAL FUNDS	\$86,300	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	35
Y-T-D EXPENDITURES	\$86,300	ACTUAL	33
PERCENT	215%	PERCENT	94%
Comments:			

HOSPICE SERVICES		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$74,106	PLANNED	261
REALLOCATION	0	ACTUAL	261
CARRY OVER	0	PERCENT	100%
TOTAL FUNDS	\$74,106	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	8
Y-T-D EXPENDITURES	\$74,106	ACTUAL	8
PERCENT	100%	PERCENT	100%
Comments:			

SUPPORTIVE SERVICES

CASE MANAGEMENT (NON-MEDICAL)		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$313,927	PLANNED	13,551
REALLOCATION	(\$4,967)	ACTUAL	13,322
CARRY OVER	0	PERCENT	98%
TOTAL FUNDS	\$308,960	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	443
Y-T-D EXPENDITURES	\$308,960	ACTUAL	309
PERCENT	100%	PERCENT	70%
Comments:			

FOOD BANK/HOME DELIVERED MEALS		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$30,000	PLANNED	2,119
REALLOCATION	0	ACTUAL	2,119
CARRY OVER	46,300	PERCENT	100%
TOTAL FUNDS	\$76,300	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	175
Y-T-D EXPENDITURES	\$76,300	ACTUAL	177
PERCENT	254%	PERCENT	101%
Comments:			

MEDICAL TRANSPORTATION		NUMBER OF UNITS PROVIDED AND NUMBER OF UNDUPLICATED CLIENTS SERVED	
FUNDING/EXPENDITURE SUMMARY		UNITS	
ALLOCATION	\$30,000	PLANNED	9,428
REALLOCATION	(9,777)	ACTUAL	12,666
CARRY OVER	0	PERCENT	134%
TOTAL FUNDS	\$20,223	UNDUPLICATED CLIENTS	
Final Adjustments	0	PLANNED	361
Y-T-D EXPENDITURES	\$20,223	ACTUAL	409
PERCENT	67%	PERCENT	113%
Comments:			

**RYAN WHITE PROGRAM PART A GRANTEE AND AUSTIN AREA COMPREHENSIVE HIV
PLANNING COUNCIL MEMORANDUM OF UNDERSTANDING**

**Attachment 3
Request for Data Form**

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL
DATA & INFORMATION REQUEST FORM**

INSTRUCTIONS:

All fields shaded in gray should be completed by the requesting party. All other fields should be completed by the responsible party processing the request form, unless otherwise noted.

WHAT: All material data and information requested from the Ryan White Part A Administrative Agency (AA) must be submitted using this form. Requests included in e-mails or made during meetings should also be documented with said form.

WHO: Form may be completed by a Planning Council committee chair, Planning Council member, or a Planning Council staff person acting on behalf of Planning Council.

HOW: Routing of form: 1) Requestor to Planning Council manager; 2) PC manager to AA manager, or appropriate AA staff member; 3) AA returns completed form with requested data/information to PC staff; 4) PC staff disseminates data/information to original requestor and/or the full Planning Council accordingly.

REQUESTOR	Name: Kimberly Pemberton	Title: Program Manager
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COMMITTEE OVERSIGHT (IF APPLICABLE)	HIVPC Needs Assessment/Allocations Committee
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Requestor Check one:	Date Received by AA Staff	Responsible Party Processing
<input checked="" type="checkbox"/> 1 st Request - Date: 08 / 10 / 2010	08/ 10 /2010	Compile data - Cynthia Manor
<input type="checkbox"/> 2 nd Request - Date: / /	/ /	
<input type="checkbox"/> 3 rd Request - Date: / /	/ /	

DATA / INFORMATION REQUESTED

This data / information may be categorized as: (check all that apply, but use a separate form for each request.)

- Utilization data Demographic data Epidemiological data Funding Sources Expenditure data Other Service Category data
 Other Report(s)

Additional description of request (e.g., date, author, agency source, etc.)

Report to include utilization data w/client demographic information according to five counties: Bastrop, Caldwell, Hays, Travis, Williamson

Planning / Programmatic Need:

Determination of service utilization, impact, and needs for FY 11 planning process.

ADMINISTRATIVE AGENCY TRACKING

This is a 1-day request

PROJECTED COMPLETION TIME: < 2 wks 2 wks to 30 days > 30 days other time frame, _____
(Projected completion time should be documented here and immediately reported to PC staff via e-mail.)

INFORMATION RECEIPT AND DELIVERY DATE(S)

(To be completed when data/information is delivered to PC staff)

DATE DELIVERED:	DESCRIBE DATA / INFORMATION DELIVERED, IF DIFFERENT THAN REQUEST
/ /	

Additional Notes / Comments: Cynthia Notes: Projected completion time is based on my understanding of the request and taking into account other job tasks/projects I will be working on.