

**Austin Area Comprehensive HIV Planning Council
Allocations Committee Meeting Minutes
February 21st, 2017**

MEMBERS PRESENT

L.J. Smith, AACHPC Committee Chair

Jessica Pierce, AACHPC Committee member

MEMBERS ABSENT

None

AACHPC STAFF PRESENT

Crystal Flores, Program Manager

Dwight Scales, Admin

ADMINISTRATIVE AGENT STAFF PRESENT

Ruben Herrera

Grants Coordinator HIV Resources Administration Unit

OTHERS PRESENT

Emma Sinnott

Todd Logan

Leah Graham

I. Call to Order: AACHPC Chair, L.J. Smith at 6:11pm

II. Certification of Quorum: Quorum was established and certified by the AACHPC Vice Chair, L.J. Smith.

III. Introductions/Announcements: None
None

IV. Approval of January 17th, 2017 Minutes: The minutes were reviewed and approved as submitted. Motion was made by AACHPC Vice Chair, L.J. Smith

V. Review of Administrative Agent Expenditure Report

Ruben Herrera, AA (HRAU) reviewed the Ryan White Part A November 2016 expenditure report. Discussed the current variances: How expenditure variance is calculated: The service category expenditure year-to-date is compared to the contract term lapsed percentage. For example, if 50% of the contract term has lapsed, the YTD service category expenditure should be at 40%-60%. Service categories that do not have a variance of more than 10% are indicated as "Within Variance."
Note: Explanations and Projections shown below were provided by HIV services agencies in their Monthly Expenditure Variance Reports.

Core Medical Services	%	Explanation
Medical Case Management – not MAI	65%	Providers expect to fully expend allocations for this service by year-end.
Medical Case Management –	Within	

MAI	Variance	
Outpatient/Ambulatory Medical Care	68%	Currently underspent due to pending lab contract negotiations and salary savings. Service provider anticipates leaving about \$137,475 of funds by grant end.
AIDS Pharmaceutical Assistance – local	43%	Current under expenditure due to change in LPAP program. Service provider anticipates using about 52% of allocated funds by grant end and leave about \$158,178 unspent.
Health Insurance Premium & Cost Sharing Assistance	67%	Provider experienced some staffing challenges earlier, but has been catching up and expects to fully expend by year-end.
Mental Health Services	103%	Increased demand for this service across service providers has lead to increase in expenditure. Planned rapid reallocation will increase funds in this service category so final expenditures will be no more than 100%.
Substance Abuse Services – outpatient	71%	Underspent due to vacancy that has been filled. Service Provider anticipates expending all allocated funds by grant end.
Oral Health Care	68%	Providers expect to fully expend allocations for this service by year-end.
AIDS Drug Assistance Program (ADAP)	Within Variance	
Hospice Services	Within Variance	
Medical Nutrition Therapy	Within Variance	
Support Services	%	Explanation
Case Management Services Non-Medical – not MAI	62%	Providers expect to fully expend allocations for this service by year-end.
Case Management Services Non-Medical– MAI	65%	Providers expect to fully expend allocations for this service by year-end.
Substance Abuse Services – residential	96%	Unexpected increased demand for service which may expend funds prior to grant end. Service provider requests increased funds to meet community needs in this service category.
Medical Transportation Services	98%	Increase in demand for this service.
Psychosocial Support Services	Within Variance	
Outreach Services – not MAI	Within Variance	

Outreach Services – MAI	100%	Fully expended prior to grant end.
Food Bank / Home-Delivered Meals	99%	Higher demand for services than anticipated.
Emergency Financial Assistance	100%	Cost of bridging patient medications is greater than anticipated due to increased pharmaceutical costs so funds expended prior to grant end. Service provider requests increased funds to meet patient needs.

VI. Assessment of the Administrative Mechanism Survey

Crystal Flores, Program Manager reviewed and discussed the process of the Assessment of Administrative Mechanism Survey. The administrative mechanism is the system or processes employed by the Administrative Agent to carry out the federally required duties prescribed by the Ryan White Program. It is not a subjective evaluation of the Administrative Agent itself. For example, responsibilities considered to be part of the administrative mechanism include timely payment reimbursements, site monitoring, technical assistance, etc. The AACHPC is mandated by HRSA (the Health Resources and Services Administration) and its bylaws to annually evaluate the effectiveness and efficiency of the Administrative Mechanism. The Planning Council developed a questionnaire as a mechanism to evaluate this process. Crystal reviewed and discussed the current survey questions for suggestions and edits before it is sent out to providers for March.

Vote 2 to 0 Motion Approved

- Ruben Herrera, AA (HRAU) reviewed and discussed the Administrative Agency (AA) Policies CONTRACT DEVELOPMENT between AA and Service Providers
 1. Notice of Award received
 2. AA develops allocations within 10 business days and then Service Providers notified
 3. After Service Providers notified, AA notifies Social Services Policy Unit (SSPU) to request contract development (aka Initial Date)
 4. 2 days after Initial Date, AA sends email to agency with instructions and deadline for completing agreement exhibits in CTK
 5. Within 8 days of Initial Date: deadline for agency to complete agreement docs in CTK; staff review of agreement exhibits; exhibits printed from CTK and assembled; agreement sent to Service Providers for signature
 6. Also within 8 days of Initial Date: AA sends agency insurance and draft work statement to SSPU for forwarding to City Risk Manager for approval; agreement signed and returned by Service Providers
 7. Within 9-16 days of Initial Date: agreement packet routed internally for review/approval (add another week if an Interlocal Agreement)
 8. Within 16-30 days of Initial Date: agreement sent to COA Purchasing for contract execution
 9. Within 30 days of Initial Date: hard copy of executed contract agreement mailed to Service Providers and electronic copy uploaded into CTK by SSPU, another hard copy given to AA

- BILLING
 1. Deadline for Service Providers to submit payment request is by 5pm of the 15th of every month.

2. AA/Contract manager has 1.5 days after electronic notification received via CTK of a new payment request if no Service Provider errors found
 3. AA/Financial Specialist then has 1 working day for review and approval
 4. AA/Administrative Senior then has 0.5 working day to forward to Accounting department
- ANNUAL ONSITE MONITORING REVIEW by AA (not the RW monitoring)
 1. Usually conducted in February by AA
 2. One month before planned site visits, Service Providers are contacted by AA with various date options for the site visits.
 3. With one week prior to the visit, AA sends draft desk review to Service Provider
 4. AA conducts monitoring review via site visit
 5. No later than 30 days after the visit, the Service Provider receives Final Site Visit Report
 - **Contractor Policy review to align with survey**

The Allocations committee decided to approve the proposed Contractor Policy review to align with survey proposed by the Administrative Agent.

Vote 2 to 0 Motion Approved

See Attachment 1

VII. FY17 75/25 Core Medical Waiver Allocation Plan Proposal

The Planning Council reviewed the proposed Austin TGA'S application for a waiver of the core medical services requirement. The recommendation was made to be moved to full business committee vote.

See Attachment 2

Vote 2 to 0 Motion Approved

Modify FY17 Part A Allocation Plan

See Attachment 3

Vote 2 to 0 Motion Approved

VIII. Meeting Adjourned at 7:32pm

NEXT SCHEDULED MEETING

City Hall
301 W 2nd St, Austin, TX 78701
Room 1029
Tuesday, March 21st, 2017
6:00 P.M.

