# Austin Area Comprehensive HIV Planning Council Allocations Committee Meeting Minutes April 17<sup>th</sup>, 2018

#### MEMBERS PRESENT

L.J. Smith, AACHPC Committee Chair Barry Waller, Committee member

Jessica Pierce, Committee member Dale Thele, Committee member

## **MEMBERS ABSENT**

None

### **AACHPC STAFF PRESENT**

Laura Still, Planner

Cassandra DeLeon, Unit Manager

Scott Lyles,

## ADMINISTRATIVE AGENT STAFF PRESENT

Patricia Niswander

HIV Resources Administration Unit

## **OTHERS PRESENT**

- I. Call to Order: AACHPC Chair, L.J. Smith at 6:05pm
- II. <u>Certification of Quorum</u>: Quorum was established and certified by the AACHPC Vice Chair, L.J. Smith.
- III. <u>Introductions/Announcements:</u> None
- IV. Approval of the March 20, 2018 Minutes: The minutes were reviewed and approved as submitted.

# V. Administrative Agent Part A Expenditure and Variance Report

Patricia Niswander, HRAU reviewed the Ryan White Part A expenditure and variance reports. Final expenditures are still being processed. The AA estimates approximately \$200,000 in services allocations are unspent. Up to \$157,000 of these dollars can be applied to a carry-forward request to HRSA. The remaining amount would stay local and be allocated to ADAP. Any funds remaining in Administration and Quality Management would also be reallocated to ADAP. The AA is working on a formal application process to fund psychosocial services due to the previous provider no longer supporting this service.

Council members requested data on historical expenditure trends by service category. **See Attachments A and B.** 

## VI. Priority Setting and Resource Allocation Process

Planner, Laura Still, presented on the Priority Setting and Resource Allocation Process (PSRA) process and supporting tool for committee review and vote to present item at April 24<sup>th</sup> Business meeting. The group discussed adjusting process language to reflect the AA role in providing data for the PSRA process. Additionally, the priority setting tool will be included as part of the PSRA process. Weights of criteria factors in the priority setting tool will be determined by the Allocations Committee.

- ▶ Barry Waller made a motion to approve the PSRA process, which consists of the PSRA Process document and the priority setting tool with criteria factor percentages and rankings removed.
- ▶ Jessica Pierce seconded the motion.
- Vote: 4 approved-0-against-0-obstained. Motion carried unanimously.

## VII. PSRA Data Review

- Planner, Laura Still reviewed new data for service category prioritizing consideration. Specifically: the demographics section; provider responses to Allocations Committee survey regarding unmet needs, critical service needs, and underfunded critical services. The group also reviewed the HIV services reference guide, and the current service category rankings.
- Committee member Jessica Pierce asked the HRAU if there are any known reasons for the decline in number of clients served over the past few years. Patricia Niswander, HRAU, reported that the Oral Health Care provider listed the following reasons for declining number of clients served: high cost of dental supplies, people are having longer visits, and an increase in funds from other sources.
- ► The Committee discussed adjustments to specific service categories within Payor of Last Resort, and Consumer Priority. Specific changes recommended:
  - -Consumer Priority: medical and nonmedical case management ranked at 5, medical transportation keep at 5, mental health keep at 5, substance abuse decrease to 3, substance abuse residential decrease to 3, child care decrease to 3, and psychosocial support keep at 5.
  - -Payor of last resort: Oral health keep at 5, food bank keep at 3, mental health keep at 5, childcare services keep at 8.
- ► The Committee agreed that priority setting decisions will not be finalized until the PSRA process is approved at Business.

### VIII. Staff Updates

Planner, Laura Still announced April 21<sup>st</sup> Hill Country Ride for AIDS materials and tabling opportunity Unit Manager, Cassandra DeLeon announced that the Halana Kaleel has been selected for the administrative support position.

### IX. Adjournment

AACHPC Chair, L.J. Smith adjourned the meeting at 7:49 pm

**Attachment A: December 2017 Expenditure Report** 

11000	acimient A.		2017		2016			REVISED	Feb-18		YTD	
			Re-						% уеаг			% уеаг
Part A and MAI Service Categories	То	tal Budget	Al	location	С	аггуочег		TOTAL	Total Billed	elapsed	Total billed	elapsed
RW Part A funds	\$	4,831,171	\$	-	\$	153,812	\$	4,984,983	524,469.9000	91.67%	4,596,748.39	100.00%
									Amt Billed	% Billed	YTD Billed	% Billed
Core Services		2,992,744		57,000		44,000		3,093,744	293,666.62	9.49%	3,009,138.15	97%
Medical Case Management Incl. Treatment Adherence	\$	301,473	\$	(5,000)			\$	296,473	33,586.23	11.3%	259,482.22	88%
Health Insurance Premium Assistance	\$	208,325					\$	208,325	83,967.0300	40.3%	206,325.35	99%
Outpatient & Ambulatory Health Services	\$	1,207,094	\$	130,000			\$	1,337,094	1,970.71	0.1%	1,337,094.01	100%
ADAP	\$	1					\$	1	-	0.0%	0.00	0%
AIDS Pharmaceutical Assistance - Local	\$	344,984	\$	(145,000)			\$	199,984	-	0.0%	199,984.00	100%
Mental Health Services	\$	193,670	\$	25,000			\$	218,670	15,466.65	7.1%	199,701.96	91%
Oral Health Care	\$	513,167	\$	52,000	\$	24,000	\$	589,167	127,123.16	21.6%	589,167.00	100%
Substance Abuse Outpatient Services	\$	148,491					\$	148,491	11,248.22	7.6%	121,844.61	82%
Medical Nutrition Therapy	\$	75,539			\$	20,000	\$	95,539	20,304.62	21.3%	95,539.00	100%
Support Services	\$	1,113,750	\$	(57,000)	\$	109,812	\$	1,176,562	174,830.08	14.86%	1,031,459.22	88%
Medical Transportation Services	\$	21,274					\$	31,274	996.00	3.2%	21,332.70	68%
Case Management Non-Medical	\$	245,894	\$	(25,000)	\$	9,583	\$	230,477	58,637.82	25%	195,076.13	85%
Case Management Non-Medical MAI	\$	238,017	\$	(10,000)			\$	228,017	8,556.00	3.8%	163,357.87	72%
Substance Abuse Residential	\$	99,043					\$	99,043	7,500.00	7.6%	87,606.00	88%
Outreach Services	\$	76,736			\$	5,000	\$	81,736	27,132.76	33.2%	81,610.90	100%
Outreach Services MAI	\$	40,952	\$	10,000	\$	10,000	\$	60,952	22,802.51	37.4%	59,358.09	97%
Psychosocial Support	\$	14,536					\$	14,536	-	0.0%	10,914.53	75%
Emergency Financial Assistance	\$	163,130	\$	(32,000)			\$	131,130	-	0.0%	131,130.00	100%
Housing Services	\$	120,799			\$	50,000	\$	170,799	13,976.00	8.2%	152,475.00	89%
Food Bank / Home Delivered Meals	\$	93,369			\$	35,229	\$	128,598	35,228.99	27.4%	128,598.00	100%
Total Subcontracted	\$	4,106,494	\$	-	\$	153,812	\$	4,270,306	468,496.70	10.97%	4,040,597.37	95%
Administration	\$	724,677					\$	724,677	55,973.20	7.7%	556,151.02	77%
Admin Part A & MAI	\$	483,120					\$	473,120	45,857.34	9.7%	430,391.92	91%
QM Part A & MAI	\$	241,120					\$	241,120	10,115.86	4.2%	125,759.10	52%
Total	\$	4,831,171	\$	-	\$	153,812	\$	4,984,983	\$ 524,469.90	10.5%	4,655,386.21	93%

# **Attachment B: December 2017 Variance Report**

# MONTHLY EXPENDITURE VARIANCE REPORT BY HIV SERVICE CATEGORY

# for Categories that have Expenditure Variance of More than 10%

# Expenditure variance as of: February, 2018 Percent of year lapsed: 100%

<u>How expenditure variance is calculated</u>: 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."

<u>Note</u>: Explanations and Projections shown below were provided by HIV services agencies in their Monthly Expenditure Variance Reports.

Core Medical Services	%	Explanation
Medical Case Management	88%	Variance continues to be due to staff attrition.
- not MAI		
Health Insurance Premium	Within	
& Cost Sharing Assistance	Variance	
Outpatient/Ambulatory	100%	
Health Services		
AIDS Drug Assistance	Within	
Program (ADAP)	Variance	
AIDS Pharmaceutical	100%	
Assistance – local		
Mental Health Services	Within	
	Variance	
Oral Health Care	100%	
Substance Abuse Services – outpatient	82%	Agency experiencing staff turnover which has led to lower than expected expenditures for this category. Agency is working on closing the gap in spending.
Medical Nutrition Therapy	100%	

Support Services	%					
Medical Transportation Services	68%	Funds were moved from Quality Management to Medical Transportation. Final payment has not been settled.				
Case Management Services Non-Medical – not MAI	85%					
Case Management Services Non-Medical–MAI	72%	Variance continues to be due to staff attrition and funds being added late in the contract cycle. Agency now expects that there will be a small amount remaining unspent at the end of the grant year.				
Substance Abuse Services – residential	88%	Under variance due to billing lag between agency and their subcontractor.				
Outreach Services - not MAI	100%					
Outreach Services – MAI	Within Variance					
Psychosocial Support Services	75%	Variance due to staffing shortage earlier in the year. Agency ceased offering this service category.				
Emergency Financial Assistance	100%					
Housing Services	89%	Agency received carryover funds.				
Food Bank / Home- Delivered Meals	100%					