

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, JUNE 19th, 2018**



**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL
ALLOCATIONS COMMITTEE MEETING MINUTES**

**COMMITTEE MEETING
TUESDAY, JUNE 19TH, 2018**

The Austin Area Comprehensive HIV Planning Council Allocations Committee convened in a committee meeting on Tuesday, June 19th, 2018 at City Hall, 301 West 2nd Street, Room 1029 in Austin, Texas.

Committee Chair *L.J. Smith* called the Board Meeting to order at 6:00p.m.

Council Members in Attendance:

Committee Chair *L.J. Smith, Barry Waller, Dale Thele, Roger Baltazar*

Staff in Attendance: *Cassandra DeLeon, Program Manager, Laura Still, Planner, Halana Kaleel, Administrative Senior*

Administrative Agent: *Brenda Mendiola, Glenn Selfe, and Trish Niswander*

Presenters: *None*

1. CERTIFICATION OF QUORUM

Committee Chair L.J. Smith established and certified Quorum.

2. CITIZEN COMMUNICATION

- a. Holly Ainsworth who has been attending various HIV Planning Council meetings as part of research for school announced she will be moving out of state and wanted to thank council for answering her questions and being welcoming to her as she observed.
- b. Alberto Barragan spoke on Item #6 of the Agenda.

3. INTRODUCTION/ANNOUNCEMENTS

No Announcements occurred.

4. APPROVAL OF MINUTES

The minutes from the meeting of May 15th, 2018 were approved with corrections.

5. ADMINISTRATIVE AGENT PART A EXPENDITURE AND VARIANCE REPORT

- a. Administrative Agent Trish Niswander reviewed the Part A Expenditure and Variance Report with the committee (*See Appendix A*).
 - i. Expenditures higher than anticipated due to partial award amounts.
 - ii. Providers look like they are outside variance but once final award is granted after the reallocation process the data will be more relevant.

6. FY18 MAI INCREASE AWARD- REALLOCATION TO MEET 75/25

- a. Alberto Barragan from AIDS Services of Austin (ASA) discussed with the committee the proposed idea to move Outreach Services funding to Early Intervention Services (EIS)

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category. ASA as an agency have discussed this move and will be able to meet the EIS standards if committee votes on this moving of funding.

- b. Support Staff Laura Sill presented the worksheets to the committee (*See Attachment A*). These worksheets outline the FY18 MAI increase award and reallocation of Outreach funds to EIS, reallocation of FY18 Quality Management Funds, and allocation of FY17 Carryover Funds.
- c. Administrative Agent Glenn Selfe presented memo to council (*See Appendix B*) on FY18 Allocations and 75% Core Services Requirement.
 - i. FY18 application increased MAI award swung the percentages below 75% for Core Services.
 - ii. Submitting a Core Services Waiver Request is possible if submitted by June 30th. However, Administrative Agent not confident in this waiver request with the deadline fast approaching.
 - iii. Moving forward through FY18, the Administrative Agent recommends that the Council allocate funding to Core Services at no less than 76.5% of the Direct Services total at any given time and to Support Services at no more than 23.5% at any given time.
- d. Recommendation for adoption by Planning Council the Reallocation of Outreach Funds to EIS fund to meet the 75% Core Services Requirement was approved on Committee Member Barry Waller motion, Committee Member Dale Thele second on a 4-0 vote.

7. FY18 REALLOCATION OF QUALITY MANAGEMENT FUNDS

- a. Recommendation for adoption by Planning Council the reallocation of Quality Management Funds of \$62,000 proportionally into each service category was approved on Committee Member Barry Waller motion, Committee Member Dale Thele second on a 4-0 vote.

8. FY17 CARRYOVER FUNDS ALLOCATION

- a. Recommendation for adoption by Planning Council the reallocation of Carryover Funds of \$146,000 Part A and \$36,000 MAI proportionally into each service category was approved on Committee Member Barry Waller motion, Committee Member Dale Thele second on a 4-0 vote.

9. FY 19 RESOURCE ALLOCATION

- a. Committee reviewed Allocations and Expenditures 2013-2018 for Ryan White Part A and MAI (*See Attachment B*) to inform their decisions on FY19 Resource Allocation.
- b. Committee Chair L.J. Smith asked in preparation for FY19 Resource Allocation at July's Committee meeting that committee members review Allocations and Expenditures, Service Category rankings for FY19-20 decided by the committee, and decide on their % of change to FY19 Baseline as homework.
- c. Chair L.J. Smith requested to support staff to be able to adjust a percentage instead of dollar amount while completing FY19 Resource Allocation.

10. STAFF REPORT

- a. The presentation was made by Laura Still, Planner, Austin Public Health.
- b. June 20th is the launch of the Fast Track Cities/Getting to Zero Initiative. Planning Council is invited and encourage to attend.
- c. Meetings for the month of July are being pushed back a week due to 4th of July holiday unless there is conflicts for planning council members.

11. ADJOURNMENT

Committee Chair L.J. Smith adjourned the meeting at 7:49p.m. without objection.

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Appendix A

MONTHLY EXPENDITURE VARIANCE REPORT BY HIV SERVICE CATEGORY

for Categories that have Expenditure Variance of More than 10%

Expenditure variance as of: APRIL, 2018
Percent of year lapsed: 16.67%

Please note that the Part A Award that has been issued to contractors at this time is approximately 44% of Part A and 42% of MAI from our 2018 total Application budget levels.

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	34%	Expenditures higher than anticipated for the partial award due to billing cycles.
Health Insurance Premium & Cost Sharing Assistance	Within Variance	
Outpatient/Ambulatory Health Services	44%	Expenditures higher than anticipated for the partial award due to billing cycles.
AIDS Drug Assistance Program (ADAP)	Within Variance	
AIDS Pharmaceutical Assistance – local	38%	Expenditures higher than anticipated for the partial award due to billing cycles.
Mental Health Services	Within Variance	
Oral Health Care	40%	Expenditures higher than anticipated for the partial award due to billing cycles.
Substance Abuse Services – outpatient	Within Variance	
Medical Nutrition Therapy	34%	Expenditures higher than anticipated for the partial award due to billing cycles.

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Support Services	%	
Medical Transportation Services	0%	No funds were expended in April; still using supply of passes purchased in Fy'17.
Case Management Services Non-Medical – not MAI	40%	Part A funds were not expended in April. Agency using other funding sources.
Case Management Services Non-Medical– MAI	40%	Expenditures higher than anticipated for the partial award due to billing cycles.
Substance Abuse Services – residential	Within Variance	
Outreach Services – not MAI	36%	Expenditures higher than anticipated for the partial award due to billing cycles.
Outreach Services – MAI	47%	Expenditures higher than anticipated for the partial award due to billing cycles.
Psychosocial Support Services	0%	Contract was not in place for April billing.
Emergency Financial Assistance	46%	Expenditures higher than anticipated for the partial award due to billing cycles.
Housing Services	39%	Expenditures higher than anticipated for the partial award due to billing cycles.
Food Bank / Home-Delivered Meals	45%	Expenditures higher than anticipated for the partial award due to billing cycles.

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Part A and MAI Service Categories	Total Budget	Mar-18		Apr-18		YTD	
		Total Billed	% year elapsed	Total Billed	% year elapsed	Total billed	elapsed
RW Part A funds	\$ 2,224,798	157,115.26	8.3%	581,757.92	16.67%	738,873.18	16.67%
Funds are 1st and 2nd grant awards							
		Amt Billed	% Billed	Amt Billed	% Billed	YTD Billed	% Billed
Core Services	1,423,718	72,907.88	5.1%	456,161.54	32.0%	529,069.42	37%
Medical Case Management Incl. Treatment Adheren	\$ 144,509	22,993.90	15.9%	26,364.09	18.2%	49,357.99	34%
Health Insurance Premium Assistance	\$ 101,516	10,485.77	10.3%	10,152.92	10.0%	20,638.69	20%
Outpatient & Ambulatory Health Services	\$ 619,165		0.0%	274,155.00	44.3%	274,155.00	44%
ADAP	\$ 1		0.0%		0.0%	0.00	0%
AIDS Pharmaceutical Assistance - Local (LPAP)	\$ 107,430		0.0%	41,137.58	38.3%	41,137.58	38%
Mental Health Services	\$ 94,753	1,345.65	1.4%	19,872.83	21.0%	21,218.48	22%
Oral Health Care	\$ 242,220	31,953.81	13.2%	65,533.23	27.1%	97,487.04	40%
Substance Abuse Outpatient Services	\$ 73,898		0.0%	11,524.66	15.6%	11,524.66	16%
Medical Nutrition Therapy	\$ 40,226	6,128.75	15.2%	7,421.23	18.4%	13,549.98	34%
Support Services	\$ 467,362	70,215.15	15.0%	89,480.69	19.1%	159,695.84	8%
Medical Transportation Services	\$ 9,128		0.0%		0.0%	0.00	0%
Case Management Non-Medical	\$ 112,804	13,184.87	2.8%	16,586.95	3.5%	29,771.82	26%
Case Management Non-Medical MAI	\$ 106,155	21,847.34	20.6%	21,065.10	19.8%	42,912.44	40%
Substance Abuse Residential	\$ 45,023		0.0%	7,750.00	17.2%	7,750.00	17%
Outreach Services	\$ 34,727	6,157.79	17.7%	6,498.42	18.7%	12,656.21	36%
Outreach Services MAI	\$ 18,265	4,347.53	0.9%	4,306.47	0.9%	8,654.00	47%
Psychosocial Support	\$ 6,017		0.0%		0.0%	0.00	0%
Emergency Financial Assistance	\$ 37,776		0.0%	17,337.00	45.9%	17,337.00	46%
Housing Services	\$ 55,064	14,500.00	26.3%	7,230.75	13.1%	21,730.75	39%
Food Bank / Home Delivered Meals	\$ 42,403	10,177.62	24.0%	8,706.00	20.5%	18,883.62	45%
Total Subcontracted	\$ 1,891,080	143,123.03	31%	545,642.23	117%	688,765.26	36%
Administration	\$ 333,718	13,992.23	4.2%	36,115.69	10.8%	50,107.92	15%
Admin Part A & MAI	\$ 222,478	7,307.42	3.3%	23,919.82	10.8%	31,227.24	14%
QM Part A & MAI	\$ 111,240	6,684.81	6.0%	12,195.87	11.0%	18,880.68	17%
Total	\$ 2,224,798	\$ 157,115.26	7.1%	\$581,757.92	26.1%	738,873.18	33%

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**Appendix B
MEMORANDUM**

TO: Austin HIV Planning Council Executive Committee and Allocations Committee
FROM: Glenn Selfe, Acting Manager, HIV Resources Administration Unit (HRAU)
DATE: June 13, 2018
SUBJECT: FY18 Allocations and 75% Core Services Requirement

As discussed at the Planning Council Executive Committee Meeting on June 5, in working to allocate final award funding to the Part A Service Categories based on the Council's adopted FY18 Allocation Plan and accompanying directives, HRAU discovered an unintended and unexpected consequence of our funding increase from FY17 levels. By following Council protocols to reduce service categories proportionally from the requested funding, the Austin TGA would not be in compliance with the legislative requirement that at least 75% of funding be spent on Core Medical Services. While the Planning Council's request consisted of 75.11% Core Services, a larger than expected increase in MAI funding, both funded categories of which are classified as Support Services, worked against the TGA in this situation. MAI funding is awarded as a separate category in Part A Notices of Award, and cannot be allocated using the relative percentages based on the total Part A/MAI award. MAI funds must be contracted using the specific dollar amounts specified in the Notice of Award.

By the time the final Notice of Award was received, and we had calculated preliminary allocations by service category and discovered the issue, I could not determine that we had adequate time and resources to create and submit a successful Core Services Waiver Request to HRSA. The Waiver Request contains a large amount of data that must be updated and also requires items such as letters from various officials certifying that core services are fully met with existing funding in the TGA.

At the Executive Committee meeting, I was asked if I had considered moving Outreach Services funding to the Early Intervention Services (EIS) category. While I had heard this discussed in relation to the FY19 application, I had not heard the proposal for FY18 funding and gladly agreed to explore options related to such a change.

I can report the following to you at this time:

1. Our HRSA Project Officer has identified no barriers to moving the funding post-award from Outreach Services in the Support Services category to the EIS in the Core Services category, even though the FY18 application contained no request for funding for EIS.
2. Our current subrecipient receiving Part A and MAI Outreach Services funding has reviewed the DSHS Standards of Care and HRSA Service Category Definition for EIS and has provided assurance that their current Outreach Services program will meet the intent and requirements of the EIS category.

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3. In working with the figures, HRAU has concluded that the move of Outreach Services funding to EIS will, *for the time being*, ensure that we are in compliance with the 75% Core Services requirement. Our calculations show this change on its own will increase Core Services to 77.02% of the Direct Services total. Should the Council wish to take this route, this change should be approved at the June Business Meeting to allow HRAU time to prepare and submit our Program Terms Report. Please note that this issue has also prevented HRAU from releasing final award amounts to subrecipients; we can proceed immediately to this should Council decide to make this allocations change.

Moving forward through FY18, the Administrative Agent recommends that the Council allocate funding to Core Services at no less than 76.5% of the Direct Services total at any given time and to Support Services at no more than 23.5% at any given time. With no opportunity for a Core Services Waiver this year, we must ensure that expenditures as well as budgets meet the 75% requirement at the end of the grant year. The 76.5% Core Services minimum will provide us with a modest margin should unspent funding at the end of the year unexpectedly be concentrated in Core Services.

I also offer these additional considerations:

- If the Council wishes to decide on Service Category allocations for the redirected \$62,000 in FY18 Quality Management Funding at this time, HRAU can include that adjustment in the Program Terms Report. However, I don't feel that decision is as urgent as the move of funds from Outreach to EIS. The AA requests that the \$62,000 be allocated in a manner that preserves the cumulative minimum 76.5% Core Services funding percentage.
- While the Council may choose to pursue its allocation plan for the FY17 Carryover Request at any time, the Request is usually not due to HRSA until December. That said, the AA will begin work on the Request as soon as is practical after Council adopts its allocation plan. Again, the AA requests that Council ensure it retains a cumulative minimum 76.5% Core Services percentage when allocating funds for the Carryover Request; our final reported expenditures include approved Carryover funds and, thus, these funds contribute to the minimum 75% spend. As a reminder, the Carryover Request is \$182,000, of which \$36,000 must be assigned to MAI services.

The AA has discussed the specifics of these situations with Planning Council staff, who will provide additional support for the Allocations Committee and full Council to deliberate and decide these items.

I believe this is a worthy proposal to solve the issue at hand and appreciate the suggestion and opportunity to research a solution for the Council.

I will be present at the June 19 Allocations Committee and will be happy to respond to questions then, or before then if needed. Per request, Brenda Mendiola will also be attending the committee meeting, along with your primary staff liaison, Trish Niswander.