



Austin TGA Administrative Agent (AA) Report To HIV Planning Council January 2019

PART A & MAI GRANTS ADMINISTRATION/ MANAGEMENT UPDATE

- The official Notice of Award from HRSA for the TGA’s FY19 Award was received January 17, 2019. For the first time, the TGA’s base award topped \$5 million:

FY19-20 Austin TGA (Part A) Ryan White HIV/AIDS Program Award				
	FY18	FY19	Change	% Change
Formula	\$3,100,713	\$3,163,723	\$63,010	+2.03%
Supplemental	\$1,479,241	\$1,584,058	\$104,817	+7.09%
MAI	\$340,775	\$351,071	\$10,296	+3.02%
Total	\$4,920,729	\$5,098,852	\$178,123	+3.62%

The AA is finalizing awards by service category using the Allocations Scenario passed by the Planning Council for an award less than the 5% increase requested. All service categories will receive increases from FY18 amounts, but not at the requested 5% level. Since Part A and MAI funding awards are separated, percentage increases in MAI service categories will be less than in Part A service categories. Particularly notable is the 7.09% increase in Supplemental funds; this is the result of the quality of the application in justifying need. Also notable is that the award covers the full grant year, a welcome change from many years of multiple partial awards; this will reduce Subrecipient and AA burden significantly and will allow time previously spent on contract-related changes to spent on other important needs. The AA has not received the TGA’s official application score at this time.

Most Texas and Louisiana TGAs/EMAs received comparable increases, although one TGA is known to have received an overall 0.7% decrease.

The successful Austin TGA application is the result of a true team effort involving many parties, including HRAU Staff, HIV Planning Council and Support Staff, Subrecipients, APH Planning & Evaluation and Epidemiology, and others. On behalf of the PLWH in our jurisdiction who will benefit from this increase, the AA thanks everyone involved for their contributions! Work on FY19 Subrecipient contracts will begin as soon as allocations by Subrecipient are finalized.



2. The AA is pleased to welcome a new addition to the HIV Resources Administration Unit (HRAU) Team. Anthony Kitzmiller began work on December 26 as the unit's new Financial Analyst, replacing Carmen Chronis, who retired December 31. Anthony joins the Austin AA from the San Antonio TGA, where he was the Grants Financial Analyst for the Administrative Agent in that Part A jurisdiction. With mixed emotions, the AA is also saying "so long" to two other long-serving staff members taking their well-earned retirements January 31: David Garza and Jackie Johnson-Garza. Those positions will be filled as quickly as possible.
3. Phase I of the restructured annual monitoring process, including OAHs clinical chart monitoring, has been completed, and subrecipients were provided with verbal summaries of results at exit conferences. Phase II is expected to be completed in March 2019. This timing will place the TGA on its desired schedule for 2020, when annual monitoring can be scheduled to begin approximately 90 days after the end of the Part A grant period in order to review the most recently completed Part A cycle in a timely manner. Subrecipients will receive written reports for this year's monitoring within 30 days of its conclusion. The first year of this restructured monitoring process is being regarded by the AA as a Technical Assistance opportunity and will not be punitive in nature, although Corrective Action Plans will be required for items classed as Findings.
4. The AA submitted its Corrective Action Plan (CAP) for the August 2018 Part A Site Visit by the November 30, 2018 deadline. Only four items, including Planning Council representation and composition, were classed as Findings and required a formal CAP. The AA continues to review a number of Improvement Opportunities contained in the report for incorporation as best practices into administration of the TGA program or other appropriate action.
5. To date, the AA has initiated only one reallocation using the Rapid Reallocation process: \$7,500 from Psychosocial Services to Substance Abuse Services-Residential. Additional Rapid Reallocations are possible after a full review of December invoices from subrecipients, which are currently being processed for payment. At the January Allocations Committee meeting, the AA Manager discussed with the Committee the issue of large ADAP expenditures and maximum carryover requests in previous years as well as some potential ideas that might be further discussed to address the issue, garnered from discussions with other Texas/Louisiana TGAs/EMAs and other research.
6. The AA, including the Manager and CQM Coordinator, continue participating in Getting to Zero/Fast Track Cities activities such as the Fast Track Cities Seamless System of Care Kickoff meeting on January 23.

PART A & MAI FISCAL UPDATE

7. Expenditure Summary for March 2018-November 2018

Percent of year elapsed: 75%

CATEGORY	Budgeted Amount	Expended Amount	Percent Expended
DIRECT SERVICES	\$4,477,489	\$3,134,496	70%
ADMINISTRATION (HRAU & Planning Council Support)	\$457,995	\$285,252	62%
QUALITY MANAGEMENT	\$166,998	\$115,945	69%
TOTAL	\$5,102,482	\$3,535,693	69%

Expenditures by service category are provided monthly to the Allocations Committee.

OTHER HIV RESOURCES ADMINISTRATION UNIT NEWS

- HRAU is in final negotiations for new City General Fund HIV services contract awards. Recommendations to City Council include contracts for EIS Services, Non-Medical Case Management, and Non-Medical Case Management with a concentration on housing navigation services, and Housing Services. City Council will be requested on January 31 to approve 42-month contracts plus two 12-month renewals for these services that contribute to Austin’s Fast Track City goals to end the HIV epidemic, honor community input received at the 2018 community stakeholder forum, coordinate with the City’s “Housing First” strategy, and continue to sustain services that serve PLWH with unique physical/medical challenges. This will be HRAU’s first foray into multiyear contracts, which, while still dependent on City Council’s adoption of funding each budget cycle, do not require renewal processes during the initial 42-month period.

QUALITY MANAGEMENT/DATA MANAGEMENT UPDATE

- The AA finalized the Consumer Satisfaction Survey (CSS) tool and held a pre-survey meeting to review the CSS process on January 22 with the CSS contractor and subrecipients. The survey will be administered by contractor-employed staff who have signed confidentiality agreements. The process is designed to gather input on medical care received by consumers throughout the TGA, regardless of provider, in addition to opinions of services



and care provided by RWHAP-funded subrecipients. On-site survey administration will continue through approximately February 22, or until a minimum of 300 individual surveys have been completed. Upon completing the survey, respondents will also be given a flyer soliciting participation in other TGA activities, including a possible TGA-wide Consumer Advisory Board. Following completion of data aggregation and analysis, there will be a presentation to Planning Council and other stakeholders on results of the survey. The redesigned CSS process is an initial step in strengthening the TGA CQM Program to meet legislative and HRSA/HAB expectations and to increase input and involvement of RWHAP consumers in the TGA Program, as required by RWHAP legislation and HRSA/HAB CQM guidance.

10. The AA Quality Management Coordinator and the Planning Council Chair are enrolled in The Center for Quality Improvement and Innovation (CQII)'s Training of Consumers on Quality Plus (TCQPlus) Program to be held in Austin January 30 - February 1. CQII is the primary entity funded by HRSA/HAB to provide RWHAP recipients with Technical Assistance and training. Throughout January, the training partners have been completing TCQPlus pre-work and pre-training webinars. This effort is another targeted activity in the AA's initiative to increase the involvement of consumers in the TGA Program.
11. The Quality Management Coordinator is considering possible changes to service category outcome measures in response to the recent revision of HRSA/HAB Policy Clarification Notice (PCN) #15-02. This PCN, issued in December, changed the required number of service category outcome measures based on the percentage of the recipients' total Ryan White eligible clients who receive at least one unit of a particular service.
12. Quarterly FY18 Outcomes Reports from all subrecipients are being reviewed for achievement of outcome targets established for each service category. Follow-up on performance issues will take place as needed. This quarterly reporting fulfills the corrective action required from one of the four Site Visit Findings.
13. RSR training has been completed for all subrecipients. Training includes testing of new XML coding. Testing numbers are looking similar to last year. Part C of the RSR Provider report is in Certified status. Part A is expected to be in Certified status at any time.

CLIENT COMPLAINTS

14. No written complaints have been received this month.

