



## **Austin TGA Administrative Agent (AA) Report To HIV Planning Council February 2019**

### **PART A & MAI GRANTS ADMINISTRATION/ MANAGEMENT UPDATE**

1. Subrecipients have received notice of their FY19 Part A & MAI allocations, although awards in Non-Medical Case Management and Early Intervention Services are tentative until adjustments are approved by the HIV Planning Council on February 25. The AA is contracting with a consultant to review and, where necessary, rewrite Part A contract Scopes of Work to a consistent level of quality and completeness for monitoring purposes. With the current additional workload due to vacancies, existing staff do not have the bandwidth to concentrate on this task.
2. The AA's Quarterly HIV Provider meeting was held February 22. As a change, this meeting included only subrecipient Executive Directors, the AA Manager, and the AA Part A Lead Coordinator. This was designed to allow for confidential, high-level policy discussion. Participants suggested that the ED-only meeting be held twice a year.
3. The Fiscal portion of the Annual Subrecipient Monitoring has been completed. Phase II, covering compliance with contract terms and conditions, TGA Service Standards, and AA policies, will take place in March. Two monitoring reports will be issued for each subrecipient; one will cover compliance with HRSA/HAB National Monitoring Standards, and the other will include Phase II monitoring results. The 2018-2019 multi-phase monitoring is being considered a baseline evaluation and an opportunity for technical assistance where needed. Potential areas that may require formal HRSA/HAB Technical Assistance for the Recipient as well as Subrecipients are being identified and discussed with the consultant. Next year's monitoring is planned to take place around May 2020 to allow for review of the most recently completed Part A and C grant years.
4. The Allocations Committee has begun discussing with the AA ideas for changes to the reallocation process that would allow for swifter reaction to anticipated underspending and unobligated year-end funding. The Allocation Committee's and AA's goal is to expend all funding on services for PLWH by the end of the grant period. Current processes, whereby reallocations are not generally considered until October and are based only on voluntary rescission by subrecipients, is not achieving the objective of expending grant funding completely during the grant term. Enhanced AA review of monthly subrecipient expenditures and variance explanations are also part of the planning to improve the



utilization of all award dollars. These new processes may potentially include mid-year redistribution/reallocation in subrecipient contracts if reimbursement patterns/rates and history indicate a likelihood that funding will remain unspent at the end of the grant year. The enhanced monitoring and accountability that will begin with the new grant year was discussed with subrecipient EDs in the February 22 provider meeting. The AA has been discussing expenditure monitoring processes and redistribution/reallocation processes with other TX/LA Part A jurisdictions over the last year to prepare for this change in fiscal administration, and will be producing a policy to ensure consistent processes are followed.

### PART A & MAI FISCAL UPDATE

#### 5. Expenditure Summary for March 2018-December 2018

**Percent of year elapsed: 83%**

CATEGORY	Budgeted Amount	Expended Amount	Percent Expended
DIRECT SERVICES – PART A	\$4,100,713	\$3,245,932	79%
DIRECT SERVICES – MAI	\$376,775	\$245,828	65%
ADMINISTRATION (AA & Planning Council Support)	\$457,995	\$307,422	67%
QUALITY MANAGEMENT	\$166,998	\$131,659	79%
<b>TOTAL</b>	<b>\$5,102,482</b>	<b>\$3,930,841</b>	<b>77%</b>

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

### OTHER HIV RESOURCES ADMINISTRATION UNIT NEWS

- The online Contract Management System that has been in use by APH for over 10 years is being retired due to obsolescence and will be replaced by a new cloud-based system in mid-2019. Design, customization, and testing are underway on the new “PartnerGrants” system. As with the present system, HIV contracts will use some specially designed forms and processes for contract documents, payments, and monthly monitoring. Once design and testing are complete, some backfill of information will be required in order to migrate existing contracts to the new system in the midst of the program period. An exact migration date is not known, but all required information must be populated in the system by the time July subrecipient invoices are due. At this time, there has been no discussion of additional staff resources to assist with the migration and transition.

7. City of Austin HIV social service contract funding is entering its final contracting sprint. Due to challenges with adequate resources within the HOPWA program, changes to submitted scopes of work with grantees have been negotiated that will dedicate a significant amount of Non-Medical Case Management resources to housing navigation services, activities of which will meet allowability criteria for RWHAP Maintenance of Effort funding.

#### **QUALITY MANAGEMENT & DATA MANAGEMENT UPDATE**

8. The Consumer Satisfaction Survey data collection phase began on January 23 and will continue through February 22. If needed, additional surveys will be completed by February 28. As of February 19, 288 surveys of the goal of 300 have been completed. Demographics are being monitored throughout the process in order to ensure proportional representation based on TGA demographics. A presentation on survey results will take place at the March or April Planning Council Business Meeting.
9. The CQI Committee met on February 14. Agenda items included a presentation on the TCQ+ Program; service providers' CQI updates with a focus on Quality Improvement activities; a progress update on the Ryan White Services Report (RSR); and a work session on updating HIV service category outcome measures and targets for FY 2019.
10. The Austin HIV Services Performance Portfolio has been updated to align with HRSA/HAB Policy Clarification Notice (PCN) 16-02, which modified Service Category Descriptions and Program Guidance for six of the service categories funded in the TGA. Based on performance data and other factors, changes also were made to outcome measures and outcome targets that were established in FY17.
11. A full-day subrecipient training on the provision of culturally appropriate services to transgender individuals is in the planning stages and is tentatively scheduled for June. This was the top issue identified in a provider training survey conducted by the AA in 2018.
12. The FY19 CQM budget includes funding for a consultant to conduct a review and evaluation of the Austin TGA system of care with a view toward identifying and eliminating gaps. Ultimately, improvements must enhance linkage to and retention in care and improve viral suppression rates. The study will dovetail with a new Getting to Zero/Fast Track Cities committee working toward a goal of a seamless system of care in Austin.

13. The Data Manager continues to work with DSHS on the HRSA/HAB core performance measure reports recently updated in ARIES. These reports have not functioned properly since the update in late 2018.
14. A HIPAA training for TGA subrecipients is scheduled for April.
15. The QM Coordinator and a consumer training partner completed the three-day Training Consumers on Quality Plus (TCQ+) Program conducted by CQII in Austin. Cards with contact information are being distributed to consumers completing the Client Satisfaction Survey, with the goal of engaging more consumers in meaningful participation in advocacy, including the planning and implementation of quality improvement activities.

#### CLIENT COMPLAINTS

16. No written complaints have been received this month.