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

PART A & MAI GRANTS ADMINISTRATION/ MANAGEMENT UPDATE

1. The AA and its consultant, Collaborative Research (CR), are sprinting with subrecipients to have FY19 Part A/MAI contracts executed by April 15 to allow timely billing for the first month of the grant year. CR has rewritten all Part A/MAI contract Scopes of Work, Performance Measures, and Budget Narratives to a consistent level of quality and completeness for compliance and monitoring purposes. The CR contract also includes training for HRAU staff in creating high-quality and consistent RWHAP contract documents. The results of the consultant's work could also provide valuable input to subrecipients about successful ways to describe their services and outcomes.

2. Final annual subrecipient monitoring activities are scheduled for March 26. CR will provide drafts of two monitoring reports to the AA. The first report will cover compliance with HRSA/HAB National Monitoring Standards, and the second report will contain all other monitoring elements for the year, such as compliance with TGA Service Standards, contract terms and conditions, and policies and other guidance. This enhanced annual monitoring process will be considered a baseline and, where appropriate, an opportunity for technical assistance. Barring any extraordinary identification of negligent care or misuse of funds, there will be no punitive action because of the baseline findings, although Corrective Action Plans and follow-up will be required. The next annual monitoring is scheduled for Spring 2020 to allow for earlier monitoring of the most recently completed Part A grant year.

3. The HIVPC Allocations Committee and the AA have continued to discuss potential changes to the reallocations process to allow for a swifter response to trending under expenditures. The primary objective of this exploration is to identify ways in which all funding can be spent on services for PLWH within the grant year, reducing or eliminating the need for a carryover request. On the contract management side, the AA is instituting more robust monthly reporting by subrecipients to explain expenditure variances in more detail, with possible required spending plans that must be met for the remainder of the grant year if an unexplained significant, trending variance is identified. Monthly reports will also be used to gather new information on significant changes in funding from other sources, program vacancies and vacancy savings, noteworthy improvements or successes, and a summary of any formal complaints by clients during the month. The enhanced monitoring could trigger earlier consideration of mid-year reallocations. The AA will also institute a new procedure

to allow subrecipients to propose additional funding for program expansion or improvement, which will be analyzed by AA staff upon receipt and which will build a ready "wish list" of vetted requests that can be recommended by the AA when needed. The recent discovery of an extant HIVPC directive to prioritize spending of MAI funding may also play a part in reallocations or redistributions (the move of funding from one subrecipient to another, but within the same service category).

The AA would like YOUR input as this conversation continues. Discussion has included ideas such as potentially identifying portions of the grant year where a not-to-exceed amount of funding could be rapidly reallocated by the approval of the Allocations Committee Chair and HIVPC Chair. For example, during the first four months of the grant year, the current reallocations process might remain in place, with approval requiring the full Allocations Committee-Business Meeting cycle; during the second four months, the Allocations Chair and HIVPC Chair might be authorized by the HIVPC to approve reallocations up to a maximum not-to-exceed amount with all action reported to the full HIVPC; and the third four months might allow the AA to slightly expand the period of time for the current 10% maximum rapid reallocations process, but could also include additional approval steps/requirements. These particular ideas are not yet a proposal, but only a potential scenario to illustrate one possible type of arrangement. Any ideas identified as serious considerations will be vetted with the HRSA Part A Project Officer. HRSA/HAB guidance, HIVPC By-Laws, and the HIVPC/AA Memorandum of Understanding will also be reviewed as necessary when analyzing potential reallocation policy/process changes.

All input and ideas are welcome. If you have suggestions for reallocations process changes, please provide it to Allocations Committee Chair Barry Waller. Suggestions and comments may also be passed to Barry via Planning Council Support Staff.

4. The AA has completed second-round interviews for its vacant Grants Coordinator position with a goal of having that position filled by mid-May. In addition, a new AA position with the working title of *HIV Program Development Coordinator* is expected to be posted any day. The vacant Administrative Senior position previously assigned to HRAU will no longer be an HRAU employee. The loss of this staff/administrative capacity has pushed critical support functions previously covered by that individual to other staff.

PART A & MAI FISCAL UPDATE

5. Expenditure Summary for March 2018-January 2019

Percent of year elapsed: 92%

CATEGORY	Budgeted Amount	Expended Amount	Percent Expended
DIRECT SERVICES – PART A	$4,100,713	$3,565,811	87%
DIRECT SERVICES – MAI	$376,775	$292,485	78%
ADMINISTRATION (AA & Planning Council Support)	$457,996	$307,422	67%
QUALITY MANAGEMENT	$166,998	$166,744	100%
TOTAL	**$5,102,482**	**$4,332,462**	**85%**

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

OTHER HIV RESOURCES ADMINISTRATION UNIT NEWS

6. 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. This system change, by its nature, will be an enormous upheaval in terms of contract management activities due to the many months of training for APH staff, not to mention subrecipient staff, on a completely different software platform and design. A decision by the existing vendor to not exercise the last one-year renewal of the existing software contract means that subrecipient expenditure and performance reporting and payment processing must migrate to the new system by the time July reimbursement requests are due to the AA. Before the actual migration, for every active contract, backfill of contract setups, financial and performance forms, and processed expenditure reports and reimbursement requests must be manually entered into the new system.

7. The HIVPC Executive Committee requested that the AA provide a clear explanation to HIVPC members regarding Formal Client Complaint ("Grievance") processes and what is represented by the information in the Client Complaints item on the monthly AA report.

    - All subrecipients are required to have an internal formal complaint policy that must be consistently followed with every client.

- The subrecipient's formal complaint policy must be provided to every client at intake, and the subrecipient must post information on how to file a formal complaint at its service location(s).
- Minimum requirements for subrecipients' formal complaint policies are included in a formal TGA policy.
- Clients who go through a subrecipient's formal complaint process and are not satisfied with the outcome may file the formal complaint with the AA, but they are required to complete the subrecipient's formal complaint process first (Exceptions due to extraordinary circumstances could potentially be made.)
- Formal complaints made to the AA are investigated by and reported upon by the Quality Management Coordinator. These formal complaints are reported to the HIVPC in the last section of this monthly report.
- The Quality Management Coordinator may occasionally provide information about receiving a complaint that has not yet been made formally, but which appears likely to do so.

QUALITY MANAGEMENT & DATA MANAGEMENT UPDATE

8. The Consumer Satisfaction Survey data collection phase ended last month, with 301 surveys completed. A draft report has been received by the AA, and staff are preparing a request for further stratification of data. The final report is scheduled to be presented by National Service Research at the HIV Planning Council Business Meeting on April 22.

9. Cards bearing an invitation to become involved in-service quality improvement were distributed to consumers after completing the satisfaction survey. Informational flyers for posting on walls and business-size card handouts have been distributed to service provider agencies. Several consumers have called to express an interest.

10. A consumer-led kickoff meeting of the service quality improvement consumer advocacy group will take place sometime next month. The first and subsequent meetings will incorporate training modules developed for the Clinical Quality Improvement and Innovation (CQII) Training Consumers on Quality Plus (TCQ+) Program.

11. The Quality Management Coordinator attended the Centers for Disease Control and Prevention 2019 National HIV Prevention Conference. With a conference theme of *Getting to No New HIV Infections*, the track attended by the QM Coordinator called Reducing HIV Transmission was focused on increasing access to care and viral suppression strategies.

12. From March 27-29, the QM Coordinator will participate in a three-day CQII training in Dallas called Training on Coaching Basics (TCB). It is designed to develop coaching skills in working with HIV service providers on quality improvement projects.

13. 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 July.

14. The QM Coordinator participated in a key informant interview with a member of the UT Texas Health Innovation and Evaluation Team, which is working with the state on implementing its *Achieving Together* Plan. Questions focused on local work related to the *Achieving Together* plan's goals and objectives.

15. Service Standards are being developed for *Housing Navigation*, a COA-defined subservice of Non-Medical Case Management. In response to an identified need, additional funding and resources related to housing placement assistance for PLWH will be funded through the new COA General Fund HIV service contracts that begin April 1. "Housing First" is a strategy in which individuals or families experiencing homelessness or housing insecurity are first provided with safe and stable housing before addressing the underlying causes of the situation. This model is particularly meaningful in the context of PLWH, since a concentration on obtaining shelter, food, and other basics needs makes it even more challenging for PLWH to concentrate on adherence to medical appointments and medication. The housing affordability crisis in Austin has created unmet demand for housing and housing-related services in all sectors of the population.

16. The 2018 Ryan White Services Report (RSR), a required annual HRSA/HAB client and service data update, was submitted on March 9, well ahead of schedule. Preliminary analysis shows 3,391 clients in the Austin TGA for 2018, with 2,900 receiving Outpatient Ambulatory Health Services (OAHS). Data show an approximate 4% increase in total clients from the previous year and a 6% increase in clients receiving OAHS.

17. The Texas Department of State Health Services (DSHS) continues working on bug fixes for the required core HRSA/HAB performance measure reports in ARIES. DSHS has not provided an estimated time on completing the work. In the meantime, the Austin TGA must rely on subrecipient systems and manual calculations to provide some of the required performance measure data.

CLIENT COMPLAINTS

18. No written complaints have been received this month.