

**Austin Area Comprehensive HIV Planning Council  
Allocations Committee Meeting Minutes  
January 17<sup>th</sup>, 2017**

**MEMBERS PRESENT**

L.J. Smith, AACHPC Committee Chair  
Justin Smith, AACHPC Committee member

Jessica Pierce, AACHPC Committee member

**MEMBERS ABSENT**

None

**AACHPC STAFF PRESENT**

Crystal Flores, Program Manager  
Dwight Scales, Admin

**ADMINISTRATIVE AGENT STAFF PRESENT**

Ruben Herrera

Grants Coordinator HIV Resources Administration Unit

**OTHERS PRESENT**

Emma Sinnott  
Todd Logan  
Leah Graham

**I. Call to Order:** AACHPC Chair, Justin Smith at 6:06pm

**II. Certification of Quorum:** Quorum was established and certified by the AACHPC Chair, Justin Smith.

**III. Introductions/Announcements:** None

**IV. Approval of September 20, 2016 Minutes:** The minutes were reviewed and approved as submitted. Motion was made by AACHPC Chair, Justin Smith

**V. Review of Administrative Agent Expenditure Report**

Ruben Herrera, AA (HRAU) reviewed the Ryan White Part A November 2016 expenditure report. Discussed the current variances: 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." Ruben Herrera, Grants Coordinator, discussed and reviewed certain services categories:

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 –	62%	Providers expect to fully expend allocations for this service by year-end.

not MAI		
Medical Case Management – MAI	Within Variance	
Outpatient/Ambulatory Medical Care	61%	Currently underspent due to pending lab contract negotiations and salary savings. Service provider anticipates leaving about \$137,400 of funds by grant end.
AIDS Pharmaceutical Assistance – local	38%	Current under expenditure due to change in LPAP program. Service provider anticipates using about 58% of allocated funds by grant end
Health Insurance Premium & Cost Sharing Assistance	Within Variance	
Mental Health Services	86%	Increased demand for this service across service providers has lead to increase in expenditure.
Substance Abuse Services – outpatient	63%	Underspent due to vacancy that has been filled. Service Provider anticipates expending all allocated funds by grant end.
Oral Health Care	61%	Providers expect to fully expend allocations for this service by year-end.
AIDS Drug Assistance Program (ADAP)	Within Variance	
Hospice Services	Within Variance	
Medical Nutrition Therapy	Within Variance	
<b>Support Services</b>	<b>%</b>	<b>Explanation</b>
Case Management Services Non-Medical – not MAI	58%	Providers expect to fully expend allocations for this service by year-end.
Case Management Services Non-Medical– MAI	62%	Providers expect to fully expend allocations for this service by year-end.
Substance Abuse Services – residential	96%	Unexpected increased demand for service which may expend funds prior to grant end. Service provider requests increased funds to meet community needs in this service category.
Medical Transportation Services	101%	Planned rapid reallocation to offset increase in expenditures for this service category.
Psychosocial Support Services	Within Variance	
Outreach Services – not MAI	Within Variance	Provider expects to fully expend allocations for this service by year-end.

Outreach Services – MAI	Within Variance	
Food Bank / Home-Delivered Meals	104%	Higher demand for services than anticipated. Additionally, AA will be rapid reallocating to offset demand and expenditure for this service category.
Emergency Financial Assistance	99%	Cost of bridging patient medications is greater than anticipated due to increased pharmaceutical costs. Service provider requests increased funds to meet patient needs.

#### **VI. 75/25 Waiver Discussion**

Ruben Herrera, AA (HRAU) reviewed and discussed the mandated HRSA process. This revision provides Ryan White grantees more flexibility in the timeframe for applying for waivers. The change in the standards will allow grantees to apply for a waiver at any time up to their annual Part A, B, or C application submission, at the same time as their annual Part A, B, or C application submission, or up to four months after their grant award for that funding year. It will also allow grantees to plan with certainty about the waiver and to make adjustments to their Ryan White Care funded systems in response to Affordable Care Act implementation in their areas. Ryan White Part A, B, and C grantees are required to spend 75 percent of their funds on core medical services and 25 percent on support services. Prior to this policy announcement, grantees seeking a waiver of the 75 percent requirement were required to submit core medical services waiver requests at the same time as the annual grant application. HRSA believes that this change will allow grantees to more robustly assess and develop their funding and service delivery proposal. HRSA clarifies that grantees approved for a core medical services waiver are not compelled to implement that waiver should the grantee determine that the actual needs of the jurisdiction are best met by maintaining funding for core medical services. The revised standard provides clarity on specific documentation expectations for each element of the waiver. It more clearly outlines the required documentation whether the waiver request is submitted separately or jointly with the annual funding application. For waiver applicants that do not submit their request with their annual grant application, HRSA requires that these applicants submit a tentative allocation table outlining the percentage of funds that the grantee plans to spend on core medical and support services under the waiver, if approved. This will provide additional information to HRSA on how the grantee anticipates allocating its resources and will help to demonstrate that the request for a waiver is consistent with either the applicant's forthcoming grant application or their proposed budget revision. In addition to the applicant's annual grant application, waiver applicants now must also demonstrate that the proposed waiver is consistent with the Comprehensive Plan and Statewide Coordinated Statement of Need. Ruben also reviewed the current processes and requirements to apply for a waiver before or after an annual grant application. After review the Allocations committee requested additional info regarding contract development and billing.

#### **VII. FY 2016 Part A Carryover Request to HRSA**

#### **VIII. Evaluation of the Administrative Mechanism Survey Review**

Crystal Flores, Program Manager reviewed and discussed the process of the Assessment of Administrative Mechanism Survey. The administrative mechanism is the system or processes employed by the Administrative Agent to carry out the federally required duties prescribed by the Ryan White Program. It is not a subjective evaluation of the Administrative Agent itself. For example, responsibilities considered to be part of the administrative mechanism include timely payment reimbursements, site monitoring, technical assistance, etc. The AACHPC is mandated by HRSA (the Health Resources and Services Administration) and its bylaws to annually evaluate the effectiveness and efficiency of the Administrative Mechanism. The Planning Council developed a questionnaire as a mechanism to evaluate this process. Crystal reviewed and discussed the current survey questions for suggestions and edits before it is sent out to providers for March.

#### **IX. Meeting Adjourned at 7:49pm**

#### **NEXT SCHEDULED MEETING**

City Hall  
301 W 2nd St, Austin, TX 78701  
Room 1029  
Tuesday, February 21<sup>st</sup>, 2017  
6:00 P.M.