

**Austin Area Comprehensive HIV Planning Council
Allocations Committee Meeting Minutes
March 20th, 2018**

MEMBERS PRESENT

L.J. Smith, AACHPC Committee Chair
Barry Waller, Committee member

Nicole Evans, Committee member
Dale Thele, Committee member

MEMBERS ABSENT

Jessica Pierce

AACHPC STAFF PRESENT

Laura Still, Planner
Cassandra DeLeon, Unit Manager

ADMINISTRATIVE AGENT STAFF PRESENT

Patricia Niswander
Nancie Putnam

HIV Resources Administration Unit
HIV Resources Administration Unit

OTHERS PRESENT

I. Call to Order: AACHPC Chair, L.J. Smith at 6:06pm

II. Certification of Quorum: Quorum was established and certified by the AACHPC Vice Chair, L.J. Smith.

III. Introductions/Announcements: Announced that members should announce any conflicts of interest related to service categories and allocation discussions are to be limited to only service categories throughout the prioritization process.

IV. Approval of the February 20, 2018 Minutes: The minutes were reviewed and approved as submitted.

V. Administrative Agent Part A Expenditure and Variance Report

Patricia Niswander, HRAU reviewed the Ryan White Part A as of January, 2018 expenditure and variance reports.
[See Attachments A and B.](#)

VI. Priority Setting and Resource Allocation Process

- ▶ Planner, Laura Still, presented on the Priority Setting and Resource Allocation Process (PSRA) tool for committee review and recommendation. Committee reflected that in the previous year process they considered multiple tools and identified the one presented as a way to simplify the process. The Committee agreed to continue with the existing tool, but may make adjustments to columns based on data findings before finalizing prioritization recommendations.
- ▶ Planner, Laura Still reviewed the PSRA process and steps. Committee discussed having more dialogue with the Administrative Agency regarding steps 2,3, and 4. Committee will set to vote on process in April Allocations meeting and will report out at March HIVPC Business Meeting as an action item. Our grantor, the Health Resource and Services Administration (HRSA) requires Planning Councils to establish priorities to assist in the allocation of funds. Since funding is limited, money should be allocated to services that are most needed by those impacted by the disease.

VII. PSRA Data Review

- ▶ Planner, Laura Still provided binders to committee to assist in organizing the data review process by service category. The group reviewed status of data request and discussed available data and data gaps. Next steps are for the committee members to review data elements to determine if there is enough information to inform allocation decisions.

The committee decided to review data as it becomes available between March and April meetings and work individually to complete rankings worksheet. At the April meeting the committee will review individual rankings and rationales to form consensus on rankings.

VIII. Assessment of Administrative Mechanism Survey

Planner, Laura Still presented the Assessment of Administrative Survey tool for review and approval. Committee approved to present tool at March Business Meeting.

IX. Staff Updates

Planner, Laura Still announced that she will be on vacation the first 2 weeks of April. Unit Manager, Cassandra DeLeon will provide data to committee for allocations process as it becomes available in the interim.

X. Adjournment

AACHPC Chair, L.J. Smith adjourned the meeting at 8:30 pm

NEXT SCHEDULED MEETING
TBD

Attachment A: December 2017 Expenditure Report

Part A and MAI Service Categories	Total Budget	2017	2016	REVISED	Dec-17		YTD	
		Re-Allocation	Carryover	TOTAL	Total Billed	% year elapsed	Total billed	% year elapsed
RW Part A funds	\$ 4,831,171	\$ -	\$ 153,812	\$ 4,984,983	417,486.60	83.33%	3,730,327.56	83%
					Amt Billed	% Billed	YTD Billed	% Billed
Core Services	2,992,744	57,000	44,000	3,073,744	251,346.55		2,433,325.88	79%
Medical Case Management Incl. Treatment Adherence	\$ 301,473	\$ (5,000)		\$ 296,473	22,705.12	7.7%	192,030.15	65%
Health Insurance Premium Assistance	\$ 208,325			\$ 208,325	18,300.13	8.8%	91,115.13	44%
Outpatient & Ambulatory Health Services	\$ 1,207,094	\$ 130,000		\$ 1,337,094	109,997.63	8.2%	1,191,937.88	89%
ADAP	\$ 1			\$ 1	-	0.0%	0.00	0%
AIDS Pharmaceutical Assistance - Local	\$ 344,984	\$ (145,000)		\$ 199,984	24,996.66	12.5%	199,984.00	100%
Mental Health Services	\$ 193,670	\$ 25,000		\$ 218,670	20,302.21	9.3%	168,124.37	77%
Oral Health Care	\$ 513,167	\$ 52,000	\$ 24,000	\$ 589,167	37,563.04	6.4%	419,353.31	71%
Substance Abuse Outpatient Services	\$ 148,491			\$ 148,491	11,325.88	7.6%	102,135.97	69%
Medical Nutrition Therapy	\$ 75,539		\$ 20,000	\$ 75,539	6,155.88	8.1%	68,645.07	91%
Support Services	1,113,750	-57,000	109,812	1,166,562	89,229.02		847,582.06	73%
Medical Transportation Services	\$ 21,274			\$ 21,274	910.92	4.3%	20,336.70	96%
Case Management Non-Medical	\$ 245,894	\$ (25,000)	\$ 9,583	\$ 230,477	14,794.05	6%	178,119.73	77%
Case Management Non-Medical MAI	\$ 238,017	\$ (10,000)		\$ 228,017	21,463.75	9.4%	129,612.51	57%
Substance Abuse Residential	\$ 99,043			\$ 99,043	7,250.00	7.3%	84,027.00	85%
Outreach Services	\$ 76,736		\$ 5,000	\$ 81,736	5,215.37	6.4%	50,131.47	61%
Outreach Services MAI	\$ 40,952	\$ 10,000	\$ 10,000	\$ 60,952	2,403.80	3.9%	33,130.67	54%
Psychosocial Support	\$ 14,536			\$ 14,536	496.50	3.4%	10,418.03	72%
Emergency Financial Assistance	\$ 163,130	\$ (32,000)		\$ 131,130	27,937.97	21.3%	127,637.94	97%
Housing Services	\$ 120,799		\$ 50,000	\$ 170,799	-	0.0%	120,799.00	71%
Food Bank / Home Delivered Meals	\$ 93,369		\$ 35,229	\$ 128,598	8,756.66	6.8%	93,369.01	73%
Total Subcontracted	\$ 4,106,494	\$ -	\$ 153,812	\$ 4,240,306	340,575.57	4.28%	3,280,907.94	77%
Administration	\$ 724,677			\$ 724,677	76,911.03	10.6%	449,419.62	62%
Admin Part A & MAI	\$ 483,120			\$ 483,120	49,604.13	10.3%	345,622.88	72%
QM Part A & MAI	\$ 241,120			\$ 241,120	27,306.90	11.3%	103,796.74	43%
Total	\$ 4,831,171	\$ -	\$ 153,812	\$ 4,984,983	\$ 417,486.60	8.4%	3,730,327.56	75%

Attachment B: December 2017 Variance Report

MONTHLY EXPENDITURE VARIANCE REPORT BY HIV SERVICE CATEGORY for Categories that have Expenditure Variance of More than 10%

Expenditure variance as of: December, 2017
Percent of year lapsed: 83%

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	65%	Variance continues to be due to staff attrition. Agency is currently staffing this service category and expects the variance will level out.
Health Insurance Premium & Cost Sharing Assistance	44%	Variance is due to spend down of other funding in previous months. Agency will bill all Health Insurance direct assistance expenditures

		towards RWA for the months of January 2018 and February 2018 to spend down the grant by end of the contract period.
Outpatient/Ambulatory Health Services	Within Variance	
AIDS Drug Assistance Program (ADAP)	Within Variance	
AIDS Pharmaceutical Assistance – local	100%	Funds in this category have been reallocated to other categories.
Mental Health Services	Within Variance	
Oral Health Care	71%	This category just received reallocation funds and carryover. The variance in this category should balance out within the next couple of months.
Substance Abuse Services – outpatient	69%	Agency experiencing staff turnover which has led to lower than expected performance for this category. Agency is working on closing the gap in spending.
Medical Nutrition Therapy	Within Variance	

Support Services	%	
Medical Transportation Services	96%	A large purchase of bus passes was made recently.
Case Management Services Non-Medical – not MAI	Within Variance	
Case Management Services Non-Medical– MAI	57%	Variance continues to be due to staff attrition. Agency is currently staffing this service category and expects the variance will level out. Agencies will prioritize spending in Part A in January and February to ensure funds are spent.
Substance Abuse Services – residential	Within Variance	
Outreach Services – not MAI	61%	Variance continues to be due to staff attrition. Agency is currently staffing this service category and expects the variance will level out as programs are now fully staffed.
Outreach Services – MAI	54%	Variance continues to be due to staff attrition. Agency is currently staffing this service category and expects the variance will level out.
Psychosocial Support Services	72%	Variance continues to be due to staff attrition. Only 1% under variance. Agency is currently staffing this service category and expects the variance will level out.
Emergency Financial Assistance	97%	Funds were reallocated out of this category.
Housing Services	71%	Agency received carryover funds. They report the ability to spend the additional funds quickly.
Food Bank / Home-Delivered Meals	Within Variance	