



Austin TGA Administrative Agent Report To HIV Planning Council September 2018

PART A & MAI GRANTS ADMINISTRATION/ MANAGEMENT UPDATE

1. The FY19 Part A Application was submitted late in the evening on September 20 after marathon preparations over the last few months. AA Staff are very appreciate of the many stakeholders that contributed to the application, including HIV Planning Council Members and Office of Support Staff, the Texas Department of State Health Services, and APH Epidemiology. AA Staff believe the application is of high quality that will fare well when reviewed and scored by a HRSA Objective Review Committee. Planning Council members will be provided with copies of the application's Project Narrative at the September Business Meeting; this document comprises the majority of the application and is a combination of many subsections that include Needs Assessment, Work Plan, Resolution of Challenges, and Organizational Structure, among others.
2. The HRSA/HAB Part A Site visit concluded Friday, August 31. The Austin TGA Ryan White HIV/AIDS Program (RWHAP) was represented at the exit conference by AA and Planning Council Office of Support Staff, the APH Director and Assistant Director, and other members of APH Management. In addition to the HAB Site Visit Team, HAB Division of Metropolitan HIV/AIDS Programs (DMHAP) Director Steven Young, DMHAP Deputy Director Gary Cook, and HAB Clinical and Quality Branch Chief Marlene Matosky participated by telephone. While the Fiscal, Administrative, and Program reviews were conducted on site by the HAB consultants, the Quality Management Review was conducted remotely by Ms. Matosky; AA Staff provided requested documents via email and discussed the Austin CQM Program via videoconference for four hours over two days prior to the site visit.

The TGA was generally praised for the quality of services provided to PLWH and for the administration of the program. The HAB team stated that its private meeting with providers had garnered an impression of general satisfaction, with some concerns noted, but also with a sense of trending improvement. Consultants also mentioned that some items that would otherwise be Findings were classified as Improvement Opportunities, or not officially noted at all, due to their perception of trending improvements in program administration. Although the list of items reported by the HAB Team may seem large at first glance, Legislative and Regulatory Findings are (in the words of the HAB Team themselves) surprisingly few. The Finding of most concern is about HIV Planning Council membership.



A written Site Visit Report is scheduled to be issued 30 to 45 days after the visit, and the contents of that report will be shared with Planning Council members. In the meantime, the AA can report the preliminary verbal review and Findings as presented at the exit conference. The HAB Team stated that there will be no Findings in the official report that were not discussed at the exit conference. Findings and observations can be one of three types:

- *Legislative Findings*, which indicate that the RWHAP program is not in compliance with specific provisions of the Ryan White Treatment Extension Act of 2009 passed into law by Congress. These Findings require a formal Corrective Action Plan and, in most cases, significant follow-up. Legislative Findings are generally considered to be the most serious of deficiencies since they are technical violations of the law.
- *Regulatory Findings*, which may be Fiscal, Administrative, and/or Program in nature, indicate that a program is not correctly or completely following direction and guidance issued by HRSA/HAB as to how to administer the program. Regulatory findings also require a formal Corrective Action Plan and, often, significant follow-up.
- *Improvement Opportunities (IOs)*, are observations and recommendations that require no corrective action or formal response to HAB. IOs direct the Recipient toward what HAB considers best practices in ensuring the program fulfills both the letter and spirit of laws and regulations and will result in improved systems of care and client service, health outcomes, and satisfaction. Such citations, even if they do not require formal follow-up, are clear indications of areas in which HAB consultants think the program should be improved.

The HAB Team and Ms. Matosky reported the following Findings and IOs:

Legislative Findings

- The HIV Planning Council does not meet legislative requirements related to composition or reflectiveness. Specifically mentioned were vacant PC slots for representation of hospitals, State government, Medicaid Part B, Part C, and Other Federal Programs.
- The Administrative Agent does not meet legislative requirements of collecting outcome performance data for all funded RWHAP Service Categories on a quarterly basis.

Regulatory Findings

- Subrecipients are not being monitored for all aspects of compliance under the HAB National Fiscal Monitoring Standards. An example cited by the HAB consultant was the absence of documented monitoring to ensure that actual Subrecipient costs do not exceed the allowable 10% of the Subrecipient's award.

- The City's *Property Standards* do not meet current legal requirements. This is not a Finding about the RWHAP, but a requirement at the City corporate level regarding ownership and disposition of equipment purchased with Federal funding.
- The AA does not maintain adequate documentation of annual review of the TGA Clinical Quality Management (CQM) Plan.

Opportunities for Improvement

- TGA Performance data should be stratified, both at the TGA level and Subrecipient level, to identify and address disparities in health outcomes in disproportionately affected populations.
- The CQM Program needs staff expertise in a formal quality management methodology such as Lean Six Sigma or Model for Improvement.
- Allocation of Quality Management funding must be closely scrutinized to ensure that Policy Clarification Notice (PCN) 15-02 requirements regarding quality management costs versus administrative costs are being strictly observed.
- The Recipient should consider separating Subrecipient monitoring processes for compliance standards versus quality assurance requirements. In recent years, Subrecipient monitoring has contained elements of both. The terms "compliance" and "quality assurance" in this respect are not as clear as they might seem. For example, monitoring for adherence to City social service contract terms and conditions in general is considered "quality assurance monitoring" in terms of the RWHAP.
- The Planning Council Office of Support needs to develop formal policies and procedures governing its responsibilities and processes.
- TGA Standards of Care must be regularly reviewed and, as applicable, updated, and the review process and date for every Standard must be clearly documented.
- The Memorandum of Understanding between the Planning Council and AA, dated 2015, should be regularly reviewed, with the date of such review documented. The consultant specifically mentioned that the MOU should be revised to include responsibilities around development and review of Standards of Care and client satisfaction surveys.
- The Recipient must ensure that AA policies and procedures are reviewed regularly, and that review is documented. The TGA Grievance Policy, dated 2012, was cited as an example. In addition, the consultant reported that Subrecipient monitoring should include, as part of client file review, the presence of signed acknowledgement that the client has received copies of applicable grievance procedure(s).

The AA Manager had an additional extended discussion with the HAB Team the afternoon before the exit conference. As well as a summary of what would be reported at the next day's exit conference, other concerns of the HAB Team were discussed. A significant topic involved the Recipient's responsibilities for the Planning Council and, since the Recipient

(the Mayor of Austin) has delegated responsibility for administration of the RWHAP program to APH/HRAU, these responsibilities are the AA's responsibilities. This may lead to future changes in how the AA, Planning Council, and PC Office of Support interact, but there is no immediate action to be taken because the discussions were sometimes abstract and nebulous in nature. Since these concerns were not mentioned in the exit conference, they are unlikely to be mentioned in the official report. The AA will request additional technical assistance and clarifications from the Part A Project Officer regarding some of these topics after the official report is received. Until the official report is received, few definitive actions or changes are being undertaken by the AA in program administration. Please see the next item for one notable exception.

These results are preliminary, based on verbal representations at the site visit exit conference, and are therefore not official. However, the AA wants Planning Council Members to be aware of what to likely expect when the official report is issued. The AA requests that PC members delay questions about the site monitoring results until the written document is received and the AA and Austin Public Health management have had the opportunity to verify that the contents do reflect the discussion at the exit conference.

3. Annual Subrecipient Monitoring is still scheduled to occur in November. However, upon the recommendation of the HAB site team, the structure of the monitoring will change from what was suggested in the August AA Report to the Planning Council. The November monitoring will focus primarily on Subrecipient requirements in the HAB National Monitoring Standards. These requirements form the "compliance standards" mentioned above in the HAB visit description. Due to the change in monitoring standards with very short advance notice, this monitoring will be considered an opportunity to provide technical assistance as much as an official monitoring. If possible, the November monitoring will also include a clinical chart audit for Ambulatory Outpatient Health Services. A second phase of monitoring, tentatively planned for early 2019, will review other aspects of the provision of services and adherence to contract terms and conditions. The Fiscal, Program, and Universal Monitoring Standards may be viewed at <https://bit.ly/2DlomkA>.

Monitoring processes and criteria used by other Texas and Louisiana EMAs/TGAs continue to be reviewed and discussed with their originators and the contracted monitoring firm.

4. In collaboration with the Allocations Committee, the AA is analyzing the Rapid Reallocation (RR) process approved by the Planning Council that, within certain parameters, permits the AA to reallocate funding between service categories and Subrecipients beginning on December 1 of each grant year without prior PC approval. The purpose of the RR delegation of authority is to make every effort to ensure that grant funds are expended by

the end of February without the delay of requiring Allocations Committee discussion and approval and subsequent full Council approval. At the September Allocations meeting, committee members and the AA discussed potential avenues to explore that could take advantage of both the Allocations Committee/Planning Council's fiscal knowledge and role and the AA's "boots on the ground" knowledge that allows RR of funding to meet the expenditure goal. The AA is researching with other Texas EMAs/TGAs if they have similar RR mechanisms to quickly reallocate funds toward the end of the grant period. Any best practices that are identified will be reported to Allocations; likewise, if the current RR process remains the best solution for the Austin TGA, the AA will recommend no change. The AA appreciates the frank and respectful conversation facilitated by the Chair at the September Allocations meeting.

5. The AA has received notice of intent (but not actual Notice of Award) from HAB to approve the 2017 Part A Carryover Request. The Planning Council has already approved an allocation plan for this funding, if approved.
6. The AA stated in the August report to the Planning Council that it would provide a response to the Assessment of the Administrative Mechanism this month. The following was submitted in the Part A FY19 Application as a response:

Administrative Agency (AA) staff reviewed the Council's Assessment of the Administrative Mechanism Report for the FY 2017 Grant Year and provides the following in response:

Contracting: The AA instituted a process improvement in January 2018 regarding contract execution. Annual renewals of contracts are now executed for the full amount already authorized by Austin City Council for the grant period. With the continuing occurrence of multiple partial awards in the RWHAP, this improvement allows the AA to more quickly encumber available additional funding to subrecipients upon additional partial awards without having to wait for a contract amendment to be executed. Subrecipients then file payment requests and report performance against the actual funding that has been encumbered. Once the final award is received, the contract is officially amended to reflect the subrecipient's actual award and performance goals.

Technical Assistance and Training: Requests for technical assistance are addressed as they occur. The respondents to this survey question may not have looked favorably upon the response to their question or request. For example, two recent requests that the AA obtain guidance from HRSA on specific topics

were addressed by the AA as contracting and compliance issues, rather than being escalated to HAB for technical assistance for items that are within the purview of the AA. Regarding training, a subject matter expert consultant provided a day-long training in Non-Violent Crisis Intervention during the FY 2017 grant year, with 39 attendees from all subrecipients. This training was universally praised by attendees to the point that a second identical training for 30 additional participants was presented later in the FY 2018 grant year. Additionally, the AA provided training on Gender Affirming Transgender Healthcare and HIV. The AA shares information about webinars, conferences, local trainings, and any other information received with subrecipients, and provides Ryan White National Conference slots to subrecipient staff.

Subrecipient representatives attend bi-monthly TGA Continuous Quality Improvement Committee meetings, as well as more general half-day Quarterly Provider Meetings for subrecipients. Most, if not all, subrecipient Executive Directors attend the latter, at which HRSA updates, policy and procedure changes, Planning Council initiatives and directives, future contracting and CQM plans, and a broad array of other information is shared. Subrecipients have the opportunity to speak on any topic they wish during these meetings. The AA also uses the Quarterly Provider Meeting as a method of integrating and coordinating services between its Ryan White Part A and C grants, as well as the HOPWA grant administered by the AA.

The AA appreciates the favorable responses on length of time between submission of a payment request by subrecipients and the receipt of payment. This is a marked improvement from previous years, and fully meets City and State regulations requiring that City payments be disbursed within 30 days of the receipt of a complete and correct invoice. AA staff perform due diligence review of all payment requests and supporting documentation before forwarding for management approval and subsequent submission to the departmental Accounting unit and the City Controller. Barring inaccuracies, missing documentation, or other issues, the AA consistently exceeds its goal of initial approval of payment requests no more than three business days after receipt. All subrecipients are paid by electronic funds transfer, reducing the time between a payment request being approved as accurate and complete and receipt of payment by the subrecipient.

7. The AA Manager will attend the quarterly Texas/Louisiana EMA/TGA meeting on Friday, September 28 in Baton Rouge.



8. In long-awaited news, Glenn Selfe has been appointed permanent HIV Resources Administration Unit/AA Manager, effective September 2, 2018.

PART A & MAI FISCAL UPDATE

9. FY18 Expenditure Summary for March 2018 - July 2018 **Percent of year elapsed: 42%**

CATEGORY	Budgeted Amount	Expended Amount	Percent Expended
DIRECT SERVICES	\$4,182,620	\$1,635,761	39%
ADMINISTRATION (HRAU & Planning Council Support)	\$492,073	\$132,299	29%
QUALITY MANAGEMENT	\$246,036	\$59,600	36%
TOTAL	\$4,920,729	\$1,827,660	38%

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

OTHER HIV RESOURCES ADMINISTRATION UNIT NEWS

10. The deadline for City of Austin General Fund HIV Services Contract Applications was September 10, 2018. Applications are currently under threshold review to ensure that each Applicant meets the minimum criteria for its Application(s) to proceed to the Objective Review Committee (ORC). The ORC will meet in October and make its recommendations, and HRAU staff will then make decision on final recommendations for APH management. New contracts are expected to be on the City Council agenda in late November, with an initial 42-month term beginning April 1, 2019 and running through September 30, 2022. This initial term provides stability in funding for successful Applicants. Approximately \$630,000 in annual funding will be awarded.
11. Two HRAU staff attended the US Conference on AIDS in Orlando September 5-8. This annual conference of approximately 3,000 attendees is sponsored by NMAC (formerly the National Minority AIDS Council) and in large part concentrates on experiences of and innovations in services for disproportionately affected populations. A giant and

remarkable mural was displayed at the conference memorializing the 49 victims of the Orlando Pulse terrorist attack in 2017. An Orlando news story about this remarkable mural can be accessed at <https://bit.ly/2xH0ims>.

12. Upcoming Key Dates for HRAU:

- September 28: Part A TGA/EMA Quarterly Meeting, Baton Rouge
- September 30: End of City of Austin Fiscal Year and HOPWA Grant Year
- October 4-5: Health Literacy Conference, San Antonio
- October 9: September Fast Track Cities Workgroup Meetings
- October 11: City-Funded HIV Contracts RFA Evaluator Meeting
- October 15: Begin Part C Contract Amendment Process for FY19
- October 15-31: City-Funded New HIV Contract Negotiations
- October 23: HIV Planning Council Business Meeting
- November 1: City-Funded New HIV Contract Recommendations to APH Management
- November 1-21: Annual Subrecipient Monitoring
- November 27: HIV Planning Council Business Meeting
- November 27-29: Texas Annual HIV/STD Conference
- November 29: City-Funded New HIV Contracts Anticipated City Council Agenda Date
- December 1: Begin FY19 Part A Contract Negotiation Process
- December 11-14: Ryan White National Conference, Oxon Hill, MD
- December 18: HIV Planning Council Business Meeting
- December 31: Goal to Have Part C Contract Amendments Executed
- January 1: New Part C Grant Year Begins
- February 28: Goal to Have Part A Contract Amendments Executed
- March 1: New Part A Grant Year Begins
- March 31: Goal to Have New City Funding HIV Contracts Executed
- April 1: New City HIV Contracts Begin
- April 14-16: Synchronicity 2019: The National Conference on HIV, HCV, STDs, & LGBT Health, Washington, D.C.
- April 23-25: National Grants Management Association Annual Training, Arlington, VA

QUALITY MANAGEMENT/DATA MANAGEMENT UPDATE

13. CQM staff participated in a Fast Track Cities/Getting to Zero Consortium Workgroup on August 30, and will participate in the next Workgroup meeting on Retention, Re-engagement, and Viral Suppression on October 9.
14. A draft Scope of Work and Budget has been received from the Client Satisfaction Survey provider. A revised survey tool will be made available to the CQI Committee for review and comment.
15. Feedback on service providers' annual CQM Plans, outcomes reports, and other quality improvement issues have been discussed at QM site visit meetings with five of seven Part A service providers. The other two onsite meetings will take place in early October.

CLIENT COMPLAINTS

16. None received