

ACTION ITEM
Minnesota Council for HIV/AIDS Care & Prevention
Pre-Award Allocations Proposal with a Waiver
Fiscal Year 2019 Allocation of Part A and Part B funds
August 14, 2018

1. Background

One of the most important responsibilities of the Minnesota Council for HIV/AIDS Care and Prevention is to prioritize service areas that are funded by Parts A and B of Ryan White HIV/AIDS Treatment Extension Act of 2009 and then to allocate the amount of funding to go to prioritized service areas. This responsibility is mandated by legislation for Part A funds. In Minnesota, the council is also charged with prioritizing and allocating Part B funds to ensure coordination and efficiency of planning and administering services statewide. Prioritization and allocation are on a biennial schedule. The council prioritized service areas in June and July 2018.

In order to maximize resources and increase flexibility of grant spending to meet the needs of people living with HIV/AIDS in our community, the Part A grant recipient plans to request a waiver of the Part A core medical services expenditure requirement. The waiver request must include a proposed allocation table. If the waiver is not applied for or granted by HRSA then 75% of Part A funds must be spent on core medical services.

2. Rationale

The starting point for the FY 2019 Pre-Award Allocations Proposal with a Waiver was developed using the following process:

- 1) Assumed flat funding – 2019 awards will be the same as in 2018.
- 2) Started with the council's FY 2018 pre-award waiver application allocations plan; there were no changes made to the allocations plan once the Part A and Part B awards were received.
- 3) Added \$184,500 from Part A funds to housing services based on analysis that Part A did that shows people who have stable housing have better health outcomes than those who do not.
 - a. Made up the decrease in Part A funds to EFA, food vouchers and insurance premiums with Part B funds.
- 4) Increased Part A MAI funds to Outpatient Health Care Services by \$5,400 based on the recommendation from the Disparities Elimination Committee.

On July 25, 2018 the Planning and Allocations reviewed the pre-award allocations proposal with a waiver; "Mary McCarthy moved to approve the pre-award allocations proposal with a waiver and Johnnie Williams seconded. No debate. YES: Lisa Behr, Tom Bichanga, Mary McCarthy, Florence Nabeta, Tyrie Stanley and Johnnie Williams. The motion passed unanimously."

3. Recommendation

The Planning & Allocations Committee forwards the Pre-Award Allocations Proposal with a Waiver to the council.

ACTION ITEM
Minnesota Council for HIV/AIDS Care and Prevention
FY 2019 Post Award Allocation of Part A Minority AIDS Initiative (MAI) Funds
March 12, 2019

1. Background

The council is responsible for allocating resources and the recipients are responsible for submitting to HRSA the post-award allocations budget for the current fiscal year. Often, circumstances change between the time allocations were made by the council and the time actual grant amounts are awarded. When award amounts are different than anticipated, the outcome of any final allocation for the fiscal year must be consistent with the priorities of the council.

2. Rationale

After the council approved allocations for FY 2019 based on a flat funding scenario, Part A (Hennepin County) received notice that the Part A grant award for Minority AIDS Initiative (MAI) was slightly higher than the anticipated flat funding (see attached).

At the February 21, 2019 Disparities Elimination Committee meeting, Tyrie Stanley moved to put the \$5,126 in additional MAI funds into Medical Case Management for black clients. It was seconded. No debate. Cree Gordon, J Heinz, Gelli Overton, and Val Rubin-Rashaad abstained due to conflict of interest. **AYE:** Dennis Anderson, Rob Andrews, Tyrie Stanley, Raymel Givens, and David Neller. Motion passes.

At the February 27, 2019 Planning and Allocations Committee meeting, Tyrie Stanley moved to accept the recommendation from the Disparities Elimination Committee to put the \$5,126 in additional MAI funds into Medical Case Management for black clients. Mary McCarthy abstained due to conflict of interest. **AYE:** Lisa Behr, Tyrie Stanley, and Johnnie Williams. Motion passes.

3. Recommendation

The Planning and Allocations Committee recommends the council allocate \$5,126 in additional MAI funds for Fiscal Year 2019 to Medical Case Management for black clients.

Part A Grant Awards: 2019 vs 2018					
Year	Formula	Supplemental	Total Part A (Not including MAI*)	MAI*	Total Part A (Including MAI)
2018	\$ 3,697,352	\$ 1,806,633	\$ 5,503,985	\$ 358,882	\$ 5,862,867
2019	\$ 3,675,623	\$ 1,797,242	\$ 5,472,865	\$ 364,578	\$ 5,837,443
Increase/(Decrease)	\$ (21,729)	\$ (9,391)	\$ (31,120)	\$ 5,696	\$ (25,424)
% Increase/(Decrease)	-0.6%	-0.5%	-0.6%	1.6%	-0.4%
% of Total Award (2018)	63.06%	30.81%	93.88%	6.12%	100.00%
% of Total Award (2019)	62.97%	30.95%	93.75%	6.25%	100.00%
*Minority AIDS Initiative					
Note: 10% of the grant award is deducted for administrative costs.					

ACTION ITEM
Minnesota Council for HIV/AIDS Care & Prevention
Part A Carryover Request Proposal
August 13, 2019

1. Background

Part A can request to carryover unspent formula and MAI funds from the previous fiscal year. For fiscal year 2018, there is \$95,825 in unspent formula funds and \$21,745 in MAI funds available to request to carryover into fiscal year 2019, totaling \$117,570.

2. Rationale

On July 18, 2019, the Disparities Elimination Committee recommended the unspent MAI funds are allocated to Outpatient/Ambulatory Health Services because the service area fully spent all of the MAI funds in fiscal year 2018. The additional funding to MAI funded Outpatient/Ambulatory Health Services will serve approximately 20 additional Latinx clients with HIV with 100 additional units of service. On July 24, 2019 the Planning and Allocations Committee approved this recommendation.

On July 24, 2019, the Planning and Allocations Committee recommended \$50,000 of unspent formula funds are allocated to Early Intervention Services in order to help reduce HIV disparities around incidence and poorer outcomes associated with late testing. The additional funding to Early Intervention Services will serve approximately 13 new clients with 660 units of service. The additional unspent formula funds were allocated to food bank/home delivered meals because it is a service area prioritized highly by the council and is a basic necessity for Ryan White clients. The service area is also a transactional service and the money can be easily spent, which is a requirement for carryover funds. The additional funding to food bank/home delivered meals will serve approximately 34 new clients with 7,512 units of service.

On August 6, 2019, the Executive Committee was presented with a revised carryover proposal based on the actual amount of carryover funds submitted to HRSA in the Federal Financial Report (FFR). The actual amount of MAI carryover was \$60 lower than previously estimated and the actual amount of formula funds was \$4,341 lower than previously estimated. The proposal reflected this decrease.

3. Recommendation

The Executive Committee recommends the council approve the attached carryover request proposal.

Planned Service Category (List Formula and MAI Allocations Separately)	Carryover Amount Requested	Number of Clients to be Served	Number of Planned Service Units
Early Intervention Services (Formula)	\$50,000	13	660
Food Bank/Home Delivered Meals (Formula)	\$45,825	34	7,512
Outpatient/Ambulatory Health Services (MAI)	\$21,745	20	100
TOTAL CARRYOVER AMOUNT REQUESTED	\$117,570		

ACTION ITEM
Minnesota Council for HIV/AIDS Care and Prevention
Reallocation of FY 2019 Part A Funds
November 12, 2019

1. Background

The council is responsible for allocating resources. Circumstances can change, resulting in lower and/or higher than anticipated utilization. Underspending of Ryan White Program funds can result in reduced funding in future years. If funds are not being spent as anticipated in a service category, the council can shift unused funds to other service areas where utilization is greater than anticipated to meet additional needs and maximize Ryan White Program spending.

2. Rationale

At the six-month mark for fiscal year 2019, Ryan White funded Mental Health services is under the projected expenditure; providers reported this is due to other payers. A reduction in allocations will not impact the projected number of clients that will be served. Additionally, Health Education / Risk Reduction has seen a reduction in utilization despite funding remaining flat in the past three years. A reduction in allocations matches the projected number of clients to be served based on recent service data. The Planning and Allocations Committee recommends the council reallocate \$20,000 from these two service areas to Medical Case Management, Medical Nutrition Therapy, and Home Delivered Meals. These three service areas continue to be highly utilized by clients.

3. Recommendation

The Planning & Allocations Committee recommends that the council approve the attached ***FY 2019 Reallocation Proposal of Part A funds.***

2019 Reallocation Proposal Part A											
	Service Area/Activity	2019 Planned Allocation	Client Target	Unit Target	Decrease	Increase	New 2019 Allocation	New Client Target	New Unit Target	Need.	Estimated Capacity Efficiency Measures
Part A Core	Mental Health	\$ 138,000	560	942	\$ 10,000		\$ 128,000	560	942	RW funded mental health service is currently under projected expenditure. Providers reported due to other payers. Further analysis will be conducted for FY2020 to determine the best way to ensure access to this service.	The projected number of clients to be served or units to provided will not be impacted. Service cost will be adjusted based on new data.
Part A Support	Health Education/Risk Reduction	\$ 116,900	188	505	\$ 10,000		\$ 106,900	140	350	HERR has seen a reduction in utilization despite flat funding over the past three years. In 2016, 243 clients were served and in 2018, 140 were served. In 2019, utilization will be flat or lower than 2018.	The projected number of clients to be served was 188. This has been lowered to 140 based on Aug 31, 2019, service data.
Part A Core	Medical Case Management	\$ 1,646,600	952	99,535		\$ 8,000	\$ 1,654,600	952	100,021	Medical case management continues to be a highly utilized service with favorable client health outcomes systemwide.	An additional 302 hours (1,209 units) of service can be provided of medical case management. Client target maintained.
Part A Core	Medical Nutrition Therapy	\$ 44,000	207	993		\$ 3,000	\$ 47,000	207	993	MNT is a highly utilized service for clients also receiving food. 67% of clients who receive MNT also receive food services. The number of MNT clients increased from 360 to 600 (2016 to 2018). 2019 is on pace to match or exceed 2018 utilization. This increase likely stems from an increase in food services (1,600 to 1,703) between 2016 and 2018. MNT is associated with increased viral suppression.	Client and unit targets will be maintained.
Part A Support	Home Delivered Meals	\$ 380,900	299	62,400		\$ 9,000	\$ 389,900	299	63,918	With an aging population, home-delivered meals continue to increase in demand.	1,475 additional home-delivered meals will be provided. The number of clients reached is not projected to increase. 295 clients were reached with 100% expenditure.
Total					\$ 20,000	\$ 20,000					