241.001

Administrative Agency Roles and Responsibilities

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<th>Policy Number</th>
<th>241.001</th>
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<tr>
<td>Subject Matter Expert</td>
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<td>Approval Authority</td>
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1.0 Purpose

This policy establishes the roles and responsibilities required of an Administrative Agency under contract with the State to assure the development of a comprehensive plan for the delivery of HIV core medical support services and the sound implementation of that plan. Policy 241.001 serves as guidance for Administrative Agencies to meet HRSA/HAB requirements and minimum DSHS expectations, as authorized (see Section 3.0).

2.0 Background

The Texas Department of State Health Services (DSHS), HIV/STD Prevention and Care Branch (the State) coordinates all federal and state funds for HIV client services through selected Administrative Agencies. Administrative Agencies administer and disburse funds to various providers and provide administrative services, including planning, data management, contract and financial management, and quality assurance and management.

3.0 Authority

4.0 Definitions

**Administrative Agency (AA)** – Community-based organizations, governmental entities, and other organizations located within Texas and specifically deemed eligible in the State’s request for proposals (RFP) responsible for ensuring a comprehensive continuum of care exists in their funded area(s). This is accomplished through the management, distribution, and oversight of federal and state funds, and under contractual agreement with the Texas Department of State Health Services (DSHS). Administrative agencies disburse funds from DSHS through a subcontractor system to provide comprehensive services to HIV positive individuals and those affected within the service planning area.

**HIV Administrative Service Area (HASA)** – Texas is divided into eight HASAs, with each HASA containing one or more HIV Service Delivery Areas. An administrative agency is responsible for providing administrative and planning services for the entire HASA they cover.

**HIV Service Delivery Area (HSDA)** – Geographic service area set by the Department of State Health Services for the purposes of allocating federal and state funds for HIV core medical and support services.

**Reallocation** - Movement of funds from one service priority to a different service priority (e.g. food pantry to outpatient medical care).

**Redistribution** - Movement of funds from one contract to another within the same service priority (e.g., housing agency A to housing agency B).

**Stakeholders** - Stakeholders include persons living with HIV (PLWH) and affected communities, organizations serving PLWH and allied service providers, public health agencies, and RWHAP Part A, C and D grantees, if located in the HSDA.

5.0 Roles and Responsibilities

The functions listed below are required of the Administrative Agency.

5.1 General

- Prepare grant applications and proposals for funding in response to all DSHS HIV client service requests for proposals (RFP) or renewal applications and requested program reports.

- Develop and implement an unbiased process to select subcontractors to provide HIV related client services in accordance with HIV/STD Policy No. 241.003, “Subcontracting Health and Support Services.” Ensure various RFP distribution channels with the goal of reaching a diverse audience.
• Agencies functioning in a dual role as an Administrative Agency and as a service provider agency must have a formal, internal structure separating AA responsibilities from those of the service provider, to eliminate conflict of interest. In addition, the AA must ensure the provider agency does not have a competitive advantage in the selection or monitoring process.

• Make available to state and federal officials the time, staff, and information necessary to evaluate compliance with contractual attachments.

5.2 Contract management

• Ensure subcontractors have adequate organizational and fiscal accountability systems in place before initiating a contract.

• Develop and execute subcontracts with providers following HSDA-level priorities and allocations.

• Monitor and evaluate contracts, including financial and programmatic performance of subcontractors, using an approved monitoring/evaluation tool approved by the State and report those outcomes to the State.

• Provide technical assistance and training to providers on issues related to financial and programmatic performance, including training and assistance in the estimation of unit costs of services.

• Ensure that funding follows locally established standards of care (e.g., service category limits such as FPL, emergency financial assistance caps) and are reevaluated as needed.

5.3 Financial

• Provide sufficient bookkeeping and accounting functions through qualified staff or contracted services.

• Provide financial management using generally accepted accounting procedures.

• Centralize all financial reporting and record keeping.

• Request, receive, and disburse funds to subcontractors in a timely and responsible manner.

• Review and process invoices and requests for reimbursement, purchase vouchers, financial status reports, and other financial information. Ensure that expenditures conform to the approved budget attached to the State contract and to the contract between the administrative agency and subcontractor.
• Prepare and submit invoices, financial information, and fiscal reports promptly, as required by the State.

• Adjust subcontractor budgets and redistribute funds when necessary to meet a service priority. The redistribution of funds within a single service priority does not require prior approval of the State.

• Make reallocations as appropriate and as directed by the HSDA-based level priorities set by the planning process. This will ensure efficient use of funds and will meet the needs of clients within the area. The reallocation of funds, even within a single subcontract, requires prior approval of the State, and must be made to categories that serve critical needs. When approved by the State, reallocations may distribute funds across HSDAs to meet critical needs.

• The reallocation and redistribution of funds must conform to State contract regulations.

5.4 Planning

• At minimum, consult with relevant stakeholders (defined above in section 4) three times a year while developing and implementing plans. Efforts to communicate with stakeholders must be ongoing and must use multiple avenues of contact (e.g., dissemination of written copies of the plans, postings to the Internet, town hall meetings, advisory groups).

• Produce an integrated/comprehensive HIV service delivery plan that supports the State integrated plan. This plan should include service priorities and information on how best to meet these needs (both produced by Part A Planning Councils), as well as quality management. It should establish goals and objectives relating to access to services, elimination of barriers, and quality of services as well as quantitative objectives for services delivery. As required in the Ryan White HIV/AIDS Program, the service delivery plan should include strategies for reducing the number and proportion of persons living with HIV/AIDS in their service area who have unmet needs for HIV-related medical care.

• When an administrative service area contains a Part A eligible metropolitan area (EMA) or transitional grant area (TGA), then the AA must not duplicate planning efforts within that area. It must include the HSDA in its plan. The AA must coordinate with the Planning Council and Part A Administrative Agent to ensure that the use of Part B and State funds within the EMA/TGA is consonant with priorities and needs discussed in the Part A plan for the EMA/TGA. Where and when possible, the Part A Planning Council should set recommended allocations for Part B and State funds. DSHS will use its discretion to distribute rebate funds.
Evaluate the effectiveness of the integrated plan in meeting the stated goals and needs of the integrated/comprehensive plan.

Allocate DSHS funds available to each HSDA to prioritized service categories. The allocations are considered recommendations until explicitly accepted by the State.

In coordination with financial management, data and program management, Planning Council, and quality management, routinely assess the need for reallocations to ensure the efficient and appropriate expenditure of funds.

Make reallocations, as appropriate, to ensure efficient use of funds to meet the needs of clients within the area. Planners and those involved with planning activities must receive timely communications about the reallocations. The reallocations are considered recommendations until explicitly accepted by the State. When approved by the State, reallocations may distribute funds across HSDAs to meet critical needs.

Every three years, comprehensively assess need for core medical and support services and produce an inventory of available resources within each HSDA of the HASA to identify service needs, gaps, and barriers among target populations. If the area contains an EMA or TGA, then the Administrative Agency is responsible for ensuring that the outlying counties within the HSDA is represented in the needs assessment. The triennial needs assessment should not be the only assessment conducted; research questions that arise between the assessment years can be explored through smaller assessments.

Coordination with other RWHAP activities and other services, including participation in the Statewide Coordinated Statement of Need (SCSN) and ensuring that use of RWHAP funds is coordinated with other funding services and with other healthcare systems and services in order to uphold RWHAP status as the payor of last resort.

Participate in the development of the Statewide Standards of Care. Develop local standards that, at minimum, meet the Statewide Standards of Care.

5.5 Records and Reports

Submit all programmatic information and reports required by the State within established timelines.

Maintain records as specified in the Uniform Terms and Conditions for DSHS Contracts. Records are to be kept in good order and made available for inspection by state and federal officials upon request.
• Provide, at minimum, quarterly reports to the State and to stakeholders on the status of the Comprehensive HIV service plan including current expenditure and client utilization data per contract service category, not subcontractor.

5.6 Evaluation and Quality Assurance

• Periodically evaluate success in: 1) implementing the HIV service delivery plan, and 2) designing cost-effective mechanisms to deliver comprehensive care.

• Provide a formal process to solicit information on client satisfaction, apply the findings to improve the delivery of services, and make the findings available to stakeholders and the State.

• Meet the Health Resources and Services Administration’s and the State’s contract requirements for quality management systems. Ensure client services are compliant with DSHS standards of care, the U.S. Public Health Service standards for HIV care, and the assessment of the quality of support services. Continuous improvement of the service delivery system is required and evidenced by the actions of the quality management committee to make such improvements.

5.7 Data

• Collect and report program data as required by the State.

• Comply with and fulfill all requirements of the Uniform Reporting System and attend computer systems training supported by the State.

• Fulfill data management activities consistent with the performance standards developed by the State.

• Provide technical training on the uniform reporting system at least semi-annually to subcontractors.

5.8 Policies and procedures

• Administrative agencies shall not impose upon the subcontractor contractual requirements, policies, procedures, or expenses that may: 1) create barriers for services to be delivered to clients, and/or, 2) place an undue burden upon the administrative, fiscal, and/or programmatic structure(s).

• Administrative agencies are required to establish a written policy or procedure on the process used to receive, review, respond and resolve client and provider complaints, and subcontractor selection grievances.
## 6.0 Revision History

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<th>Date</th>
<th>Action</th>
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<td>2/25/2020</td>
<td>Section 3 updated to reflect current legislation. Section 4 and 5.4 updated to provide clarification to planners and those with planning responsibilities at administrative agencies. The revised policy is effective immediately.</td>
<td>All</td>
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<tr>
<td>10/1/2014</td>
<td>Converted format (Word to HTML)</td>
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<tr>
<td>6/7/2010</td>
<td>Planning responsibilities transferred from assemblies to administrative agents. The revised policy is effective immediately.</td>
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