LPHA Flexibility Survey

Winter/Spring 2023

| **Area** | **Recommendation** |
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| **Contracting** | Timely processing and execution of agreements and amendments |
| Include report due dates in the IGA |
| Timely completion of year end reconciliation. Some reconciliation was still occurring in March 2023. |
| Timely response to inquiries about amendment and reconciliation questions |
| Standardize contract sharing email list. LPHA has a standard email for all contracts, but requests are getting sent to individuals instead |
| Lack of coordination between OSPHD, PHD Sections and OFS. OSPHD does amendments/contracts, Programs handle budgets, and OFS does the fiscal payments. Can this be dismantled? |
| When amendments are emailed, it’s difficult to find what the amendment is referring to. We recommend adding a subject line or description (e.g. subject line: amendment #13 re: WIC |
| Use same format for PH and BH for the IGA. Put assistance listing in same place, use same format for FAA (PH is preferred), have both on same timeframe (July to June). |
| Send agreements to LPHAs with OHA signature already completed to expedite the process |
| List amount of federal funds in each award to each LPHA |
| Standardize if budget templates are included in PE or not. |
| **Program workplans, budgets and reporting** | Consistent workplan templates across PEs.  |
| Consistent budget template across PEs.  |
| Consistent reporting requirements across PEs. More uniform reporting so that related or overlapping work could be aligned more easily. Some planning templates are almost completely pre-scripted with drop down choices, others are mostly narrative and subjective. Some ask for very detailed logic models, others just for a few sentences. Lots of variation between programs. |
| Want flexibility to choose template for work plans – more than one to choose from or flexibility to design our own. |
| Provide more than two weeks to submit workplan and/or budget. Some timeframes are barely feasible. |
| Limit the number of times budgets must be revised and resubmitted. Some budgets must be resubmitted 3-4 times a year.  |
| Align timelines for planning, budgeting and reporting across programs. Some are one calendar year, others on fiscal year. Some reporting is quarterly, every six months, or annually. Planning processes can be a year or two. Standardizing would be helpful |
| Provide year end report on how funds were used instead of having to update budgets to project how we hope to spend out funds.  |
| Provide portal to complete budgets and workplans that can be viewed by program leadership and staff. Realtime submissions and feedback. |
| Eliminate reporting duplication (ex: PHM and PHEP) |
| Standardize program reporting requirements to 2x/year or annually. |
| More flexibility in how funds can be used. For example, we are unable to simply allocate full FTE to PEs and must rely on monthly time studies which is labor intensive. |
| Triennial review | Ensure what is being looked at is relevant to the work we do. When TR metrics are considered for an update, include CLHO and subcommittee. Have overall process to review TR measures for relevancy and replicability. Is the measure still meaningful to PH broadly? Is there a regular timeline for overall review of TR measures to ensure they are updated as needed. |
| Provide final report within six months of the review |
| Lessen TR workload. Could TR be more limited for PHAB accredited LPHAs? |
| Shorten turnaround time between site visit and completion of fiscal review. Would allow us to focus on the questions and additional workload and put other things on pause. The requests for further information span across months and require a quick turnaround. |
| Long and drawn-out process with not all info requested up front. Original meeting was 9/2022 with follow up documentation continually requested through 12/2022. Many requests were for items that were missed in the initial review. Deadlines for submitting follow up documentation were too short (three days or less). Feels like it goes on forever. |
| Ability to contribute revisions to TR tools |
| Have a time to submit reports beforehand |
| Get required list of documents three months prior and ability to upload them for OHA review prior to the meeting. A request for any additional materials prior to the in-person meeting. |
| Include prior TR documents with the new review documents. |
| Streamline fiscal requirements between WIC biennial fiscal review and regular TR. |
| **Fiscal reporting** | Require only broad categories of expenses in quarterly fiscal reports instead of individual line items within the categories |
| Submit quarterly fiscal reports via excel; Any doc with numbers or a budget or invoice should never be in word. Making pdfs, combining them, and compressing them is very time consuming. |
| Provide instructions for what should be included in quarterly fiscal report revenue section as there is no real guidance. |
| Portal to submit fiscal reports. Eliminate email and paper forms. |
| Need phone numbers and names of people to talk to in addition to general email inbox |
| Meet and greet between OHA and LPHA fiscal teams and assigned point of contacts for each LPHA |
| Reduce frequency of expenditure reports to twice per year or annually |
| Eliminate monthly reporting |
|  | Timely completion of year end reconciliation. Some reconciliation was still occurring in March 2023 |
|  | Timely response to inquiries about amendment and reconciliation questions |
|  | Portal that LPHAs can access real time information that shows payables and take backs. We currently must email program leaders. |
|  | Lack of coordination between OSPHD, PHD Sections and OFS. OSPHD does amendments/contracts, Programs handle budgets, and OFS does the fiscal payments. Can this be dismantled? |
|  | Eliminate requirement for PE expenditure reports when funding is not available during the quarter being reported. For example, PE 40-01 funding is only available in Q1, but the report is required to be submitted in Q2-Q4 as well.  |
|  | Remittance notices for deposits (which we mostly do), or at least have a single point of contact to identify deposits. Recently only receiving the CFAA: SPEC payments as the only identifier. |
| MCH | Consider what is truly needed in terms of data for THEO; feels like we collect a lot of data that may not be beneficial. |
| Combine/streamline expenditure reporting for PE 42 (MCAH) – at least allow grouping of subrecipient/vendor funds together |
| **HST** | Be able to use PE 10-02 funds to help offset costs for direct STI services as we do not currently receive PE 10-01 funding. Also for example, we could not hire HV nurse or DIS, yet used county GF to cover PE 01, PE 43, and PE 10-01. |
| All reporting for Ryan White is cumbersome, especially the fiscal reporting due in word documents.  |
| **EH/FPL** | FPL fee justification is very confusing. Is it possible to have a step by step fill in form for that process? |
| **RH/PE 46** | We are increasing our overall community outreach to provide information related to health services and how to access them; I would like to be able to apply a certain percentage of that work to RH Access and Assurance. |
| **Funding** | PHM funding is most flexible. Is it possible to move more funding into that PE as it would allow LPHAs to best meet needs of their communities. |
|  | Develop a path to cover costs related to direct services |
|  | More flexibility in use of funds to offset costs in programs that are lacking funds.  |