

## **RESEARCH & EVALUATION COMMITTEE (REC) MEETING AGENDA**

**TUESDAY SEPTEMBER 18, 2018 – 3:00PM TO 5:00PM**

**DC HEALTH HEADQUARTERS - HAHSTA**

**899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR; WASHINGTON, DC 20002**

**Note: all times are approximate**

3:05 pm	1. Call To Order and Moment of Silence 2. Welcome and Introductions
3:10 pm	3. Assessment of the Efficiency of the Administrative Mechanism for GY'27
4:00 pm	4. Needs Assessment Discussion
4:30 pm	5. Update on the DC Cohort
4:50 pm	6. Announcements and Adjournment
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p style="text-align: center;"><b><u>NEXT RESEARCH &amp; EVALUATION            COMMITTEE (REC) MEETING:</u></b></p> </div> <div style="width: 50%; background-color: yellow; padding: 10px;"> <p style="text-align: center;"><b>TUESDAY OCTOBER 16, 2018            3:00PM TO 5:00PM            DC HEALTH HEADQUARTERS - HAHSTA            899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR;            WASHINGTON, DC 20002</b></p> </div> </div>	

## **CONFERENCE CALL INFORMATION:**

**Dial In #:1-866-809-0886**

**Participant Code: 8289221#**

## RESEARCH & EVALUATION COMMITTEE (REC)

# MEETING MINUTES

**TUESDAY – AUGUST 21, 2018 – 3:00PM TO 5:00PM**

**DOH-HAHSTA - 899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR; WASHINGTON, DC 20002**

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	GUESTS	PRESENT	ABSENT
Wallace Corbett	X		John Brooks	X	
Traci Dean	X		Hellen Flores	X	
Doug Fogal	X		Jane Wallis	CC	
DeMarc Hickson	X				
David Hughes	CC				
Jenne Massie	X				
Dennis McBride	X				
Lenora McClain	X				
Kaleef Morse	X				
Natella Rakhmanina	CC				
HAHSTA/ ADMINISTRATIVE AGENT STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Paola Chanes-Mora	X		Patrice Bailey	X	
Lena Lago	X		Lamont Clark	X	
Leah Varga	X				

<b>AGENDA</b>	
<b>Item</b>	<b>Discussion</b>
<b>Call to Order</b>	Meeting called to order 3:14pm by Kaleef M. followed by a moment of silence. Attendees introduced themselves.
<b>Review and Approval of the Agenda</b>	NA
<b>Review and Approval of the Minutes</b>	NA
<b>Committee Leadership Appointment</b>	Kaleef stated that DeMarc Hickson was appointed as Chair of the Committee. He noted that once the committee gets settled, they will have to decide who will be the Vice-Chair.
<b>DC Cohort Longitudinal HIV Study and Needs Assessment Discussion</b>	<p>Leah V. noted that she tried to meet with the PIs who were responsible for gathering the data, but they were on vacation. She provided two documents to the committee, the first which described what the DC Cohort was about and the second was an excel spreadsheet that was more specific about the type of data they collected. She noted that the committee would need to put in a data request in order to use data from the DC Cohort. She noted that as the committee was thinking about creating a Needs Assessment the DC Cohort could be one source of information that they use or at least know what information is already available so that the committee doesn't duplicate data.</p> <p>Leah stated that she would be transcribing focus group and key informant interview data so they could do a formal analysis of the information. Anyone interested in helping Leah should contact her. Once it is transcribed it will be sent out for coding.</p>
<b>Assessment of the Efficiency of the Administrative Mechanism</b>	<p>Kaleef M. began by reviewing a document that described what the Assessment of Efficiency of the Administrative Mechanism (AEAM). He stated that it is a way to get unfiltered feedback from providers.</p> <p>He followed up by reviewing and discussing the AEAM from 2017. He noted that the AEAM can't be done until the full award has been put out, and since HRSA has been providing full awards later and later, the AEAM is done later and later. He stated it would be good to have started in July in order to have the information available for the Part A Application (if needed). He noted that there isn't a hard deadline for getting it done. He showed and discussed the three surveys that helped collect the information from the Providers, Administrative Agents, and Recipient. He stated it would be up to the committee to decide what sorts of questions they wanted to ask based on what type of information they wanted to capture. He stated he would also share the surveys he used in New Jersey.</p>

#### **ANNOUNCEMENTS/OTHER DISCUSSION**

Kaleef noted that after the committee fulfills its requirements by law, they should look at other things that they would like to accomplish, such as research/white papers. He noted that there is an existing relationship with George Washington University and they have been a great partner.

He stated the committee should begin thinking about what sort of incentives they would like to provide for the upcoming Needs Assessment.

Paola stated she would be doing work with Dr. Doshi and Dr. Varga.

#### **HANDOUTS**

<b>MEETING ADJOURNED</b>	4:32 PM
<b>NEXT MEETING</b>	September 18, 2018 DC Health-HAHSTA 899 N. Capitol St. NE; 4 <sup>th</sup> Floor Washington, DC 20002

## Assessment of the Efficiency of the Administrative Mechanism - ADMINISTRATIVE AGENT SURVEY

The Ryan White CARE Act requires that the Metropolitan Washington Regional HIV Health Services Planning Council (Planning Council) to conduct an annual assessment of the efficiency of the administrative mechanism.” The purpose of this assessment is to provide insight and feedback about the processes used by the CARE Act grantee, the DC Department of Health, and the administrative agents (DC HIV/AIDS, Hepatitis, STD and TB Administration, the Northern Virginia Regional Consortium, and the Prince George’s County Health Department). Please answer all questions based on GY26.



**1. Do you have an existing intergovernmental agreement (IGA) with the Recipient (Grantee)?**

*Mark only one oval.*

- ☐ Yes
- ☐ No

**2. How long did it take you to execute the IGA from the time that the Grantee provided you with the IGA?**

*Mark only one oval.*

- ☐ 0 to 30 days
- ☐ 31 to 60 days
- ☐ 61 to 90 days
- ☐ 91 to 120 days
- ☐ Greater than 120 days

**3. How many days following the start of the Grant Year was your IGA signed?***Mark only one oval.*

- ☐ 0 to 30 days
- ☐ 31 to 60 days
- ☐ 61 to 90 days
- ☐ 91 to 120 days
- ☐ Greater than 120 days

**4. Please provide an explanation if your IGA was signed more than 60 days after the start of the grant year.**

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**5. If there was a delay in executing your IGA did the delay cause disruptions in the implementation of services? (Yes or No. If Yes, please explain)**

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**6. When did you receive your award letter from the Grantee?***Example: December 15, 2012***7. When did you send award letters to your sub-grantees?***Example: December 15, 2012***8. Please state any barriers encountered in the performance of activities associated with processing the continuation of awards.**

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**9. 9. How long did it take to finalize ALL service agreements?***Mark only one oval.*

- ☐ 0 to 30 day
- ☐ 31 to 60 days
- ☐ 61 to 90 days
- ☐ 91 to 120 days
- ☐ Greater than 120 days

**10. 10. On what date were all contracts with funded agencies fully executed for GY 26?**

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*Example: December 15, 2012***11. 11. How does this date compare to the completion date of fully executed service agreement for GY 25?***Mark only one oval.*

- ☐ 14 calendar days earlier
- ☐ 7 calendar days earlier
- ☐ 6 calendar days earlier to 6 calendar days later
- ☐ 7 calendar days later
- ☐ Option 5
- ☐ 14 calendar days or later

**12. 12. Please explain the timing difference between GY 25 and GY 26.**

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**13. 13. Please comment on the content of the service agreements this year in comparison to last year. For example, were there any new HRSA policy, guidelines, or Planning Council directives/ specifications/standards, etc. included?**

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**14. 14. Please describe any barriers that impacted the service agreements process.**

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**15. 15. Did the implementation of the DCDOH EGMS impact your IGA, contracting and/or reimbursement processes. (Yes or No. If yes, how? )**

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**16. 16. Was the Planning Council's process for reviewing and approving reprogramming requests efficient enough for your needs? (Yes or No. If no, please explain)**

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**17. 17. What procedures, documents and polices are used to guide the payment of invoices /reimbursements?**

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**18. 18. Over the past year, what has been the average length of time between submission of an accurate invoice from service providers and the issuance of a reimbursement check by your Administrative Agency?**

*Mark only one oval.*

- ☐ 0 to 30 days
- ☐ 31 to 60 days
- ☐ 61 to 90 days
- ☐ 91 to 120 days
- ☐ Greater than 120 days



19. **19. What is the average time between the receipt of a monthly report from an Administrative Agency and the issuance of a reimbursement check?**

*Mark only one oval.*

- ☐ 0 to 30 days
- ☐ 31 to 60 days
- ☐ 61 to 90 days
- ☐ 91 to 120 days
- ☐ Greater than 120 days

20. **20. What processes does the Administrative Agent have in place to bring providers into compliance with timeliness in reporting of expenditures and service utilization data?**

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21. **21. During the last fiscal year, how many PROGRAMMATIC site visits did each service provider receive (on average)?**

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22. **22. During the last fiscal year, how many FISCAL site visits did each service provider receive (on average)?**

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23. **23. Please briefly describe a typical (fiscal/programmatic) site visit.**

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24. **24. What are some alternative methods through which service providers are monitored throughout the year?**

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**25. 25. What measures are taken to ensure that service providers act on recommendations offered during the monitoring visit? Please check all that apply.**

*Check all that apply.*

- ☐ Additional site visits
- ☐ Requests for reports
- ☐ Corrective action plans
- ☐ Funding reductions

**26. 26. In addition to monitoring, what other technical assistance is provided?**

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**27. 27. Do you have recommendations to improve the Planning Council's financial oversight?**

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**28. 28. Do you have other recommendations to improve the oversight, contracting, or reimbursement processes in the EMA?**

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## Assessment of the Efficiency of the Administrative Mechanism - RECIPIENT (Grantee) SURVEY

The Ryan White CARE Act requires that the Metropolitan Washington Regional HIV Health Services Planning Council (Planning Council) to conduct an annual assessment of the efficiency of the administrative mechanism.” The purpose of this assessment is to provide insight and feedback about the processes used by the CARE Act grantee, the DC Department of Health. Please answer these questions based on GY26.



1. 1. Is there a signed memorandum of understanding (MOU) between the Planning Council and the Recipient (Grantee)?

*Mark only one oval.*

- ☐ Yes  
☐ No

2. 2. Compared to 2015, please comment on the implementation of the MOU.

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**3. 3. What would your agency recommend to assist in effective implementation of the MOU?**

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**4. 4. When did you receive your award letter from HRSA?**

*Example: December 15, 2012*

**5. 5. What procedures, documents and polices are used to guide the payment of invoices /reimbursements?**

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**6. 6. What is the average time between the receipt of a monthly report from an Administrative Agency and the issuance of a reimbursement check?**

*Mark only one oval.*

- ☐ 0 to 30 days
- ☐ 31 to 60 days
- ☐ 61 to 90 days
- ☐ 91 to 120 days
- ☐ Greater than 120 days

**7. 7. During the last fiscal year, how many programmatic site visits did each service provider receive (on average)?**

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**8. 8. During the last fiscal year, how many fiscal site visits did each service provider receive (on average)?**

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**9. 9. What are some alternative methods through which service providers are monitored throughout the year?**

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**10. 10. What measures are taken to ensure that service providers act on recommendations offered during the monitoring visit? Please check all that apply.**

*Check all that apply.*

- ☐ Additional site visits
- ☐ Requests for reports
- ☐ Corrective action plans
- ☐ Funding reductions

**11. 11. How did the implementation of the DOH EGMS impact the contracting and reimbursement processes with the administrative agents and the providers?**

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**12. 12. Have the challenges with the EGMS been resolved? (Yes or No. If no, what are the ongoing challenges and when do you expect that they will be resolved?)**

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**13. 13. What percentage of total funds were expended in GY26?**

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**14. 14. What was the reason for any unexpended funds?**

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**15. 15. Did you receive timely and clear input from the Planning Council regarding priorities, resource allocations, and directives? (Yes or No. If no, please explain)**

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**16. 16. Was the Planning Council's process for reviewing and approving reprogramming requests efficient enough for your needs? (Yes or No. If no, please explain)**

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**17. 17. Do you have recommendations to improve the Planning Council's financial oversight?**

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# Assessment of the Efficiency of the Administrative Mechanism -PROVIDER SURVEY

The Ryan White CARE Act requires the Metropolitan Washington Regional Ryan White Planning Council (Planning Council) to conduct an annual assessment of the efficiency of the administrative mechanism. The purpose of this assessment is to provide insight and feedback about the processes used by the CARE Act grantee, the DC Department of Health, and the administrative agents (DC HIV/AIDS, Hepatitis, STD and TB Administration, the Northern Virginia Regional Consortium, the Prince George's County Health Department and the Shenandoah Community Health Center) in efficiently implementing the priorities of the Planning Council. Some of the areas being evaluated are the procurement process, monitoring, and reimbursement.

This assessment is designed for providers of services funded by CARE Part A funds for Grant Year 26 (March 1, 2016 -February 28, 2017).

\* Required



1. Your Name \*

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2. Agency \*

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3. Position In Organization \*

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4. 1. In which year did your agency first become a Ryan White CARE Act Part A provider?

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**5. 2. For which of the following services does your organization receive Ryan White Part A funding? Please select all that apply.**

*Check all that apply.*

- ☐ AIDS Pharmaceutical Assistance (Local)
- ☐ Case Management (Non-medical)
- ☐ Child Care Services
- ☐ Early Intervention Services
- ☐ Emergency Financial Assistance
- ☐ Food Bank/Home Delivered Meals
- ☐ Health Education/Risk Reduction
- ☐ Health Insurance Premium & Cost Sharing Assistance
- ☐ Home and Community Based Health Services
- ☐ Housing Services
- ☐ Legal Services
- ☐ Linguistic Services
- ☐ Medical Case Management
- ☐ Medical Nutrition Therapy
- ☐ Medical Transportation Services
- ☐ Mental Health Services
- ☐ Oral (Dental) Health Care
- ☐ Outreach Services
- ☐ Psychosocial Support Services
- ☐ Substance Abuse Services - Outpatient
- ☐ Treatment Adherence Counseling

**6. 3. From which agency(ies) (Grantee and/or Administrative Agency) does your agency receive Ryan White Part A funding?**

*Check all that apply.*

- ☐ Washington, DC Department of Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
- ☐ Prince George's County Department of Health
- ☐ Northern Virginia Regional Commission

**7. 4. For the grant year (which started on March 1, 2016) when was your agency notified that you would be receiving continuing Ryan White Part A funding?**

*Example: December 15, 2012*

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8. **5. From the time that your agency was officially notified of the contract award, how long did it take for your agency to receive a service agreement from the Administrative Agent?**

*Mark only one oval.*

- ☐ 0 to 30 days  
☐ 31 to 60 days  
☐ 61 to 90 days  
☐ 91 to 120 days  
☐ Greater than 120 days

9. **6. Please comment on what you thought caused the process to take longer than 30 days.**

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10. **7. On what approximate date, did your agency receive a fully executed service agreement from your administrative agency?**

*Example: December 15, 2012*

11. **8. What was the time frame from the date of your agency signing the service agreement until your agency received a fully executed agreement?**

*Mark only one oval.*

- ☐ 0 to 30 days  
☐ 31 to 60 days  
☐ 61 to 90 days  
☐ 91 to 120 days  
☐ Greater than 120 days

12. **9. Please share any comments or suggestions regarding the Ryan White CARE Act Part A service agreement process.**

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13. **10. During this year, did your agency request any augmentation or amendments to your agency's service agreement?**

*Mark only one oval.*

- ☐ Yes  
☐ No

**14. 11. During the year, was your agency's service agreement augmented or amended?***Mark only one oval.*

- ☐ Yes
- ☐ No

**15. 12. Please share any comments on how the service agreement amendment/augmentation was handled.**

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**16. 13. In the last twelve months, have your agency's reimbursement checks been accurate?***Mark only one oval.*

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No, usually not
- ☐ No, never

**17. 14. Once your agency's service agreement for the current grant year was executed, what is the approximate average amount of time between the submission of an accurate invoice and receipt of a reimbursement check?***Mark only one oval.*

- ☐ 0 to 30 days
- ☐ 31 to 60 days
- ☐ 61 to 90 days
- ☐ 91 to 120 days
- ☐ Greater than 120 days

**18. 15. Within the last twelve months, what is the longest period of time between submission of a complete and accurate invoice and payment by the grantee or administrative agent?***Mark only one oval.*

- ☐ 0 to 30 days
- ☐ 31 to 60 days
- ☐ 61 to 90 days

**19. 16. Did either a delay in executing a service agreement or reimbursement impact services provided to clients?**

*Mark only one oval.*

- ☐ Yes – delay in executing contract
- ☐ Yes – delay in reimbursement
- ☐ Yes – delay in both
- ☐ No

**20. 17. IF THE DC DEPARTMENT OF HEALTH IS YOUR ADMINISTRATIVE AGENCY, did you receive adequate information and support for the transition to the DOH EGMS? (Yes or No. If no, what would have made the process easier?)**

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**21. 18. IF THE DC DEPARTMENT OF HEALTH IS YOUR ADMINISTRATIVE AGENCY, were there any delays in your reimbursement as a result of the transition to EGMS? (Yes or No. If no, what was the length of the delay?)**

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**22. 19. Please provide any comments or feedback you would like to share about delayed reimbursement.**

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**23. 20. How helpful to your agency has the Administrative Agent or Agency been in PROVIDING TECHNICAL ASSISTANCE when requested**

*Mark only one oval.*

- ☐ Very effectively
- ☐ Somewhat effectively
- ☐ Somewhat ineffectively
- ☐ Very ineffectively
- ☐ Don't know/Not offered

**24. 21. How helpful to your agency has the Administrative Agent or Agency been in DETERMINING IF YOUR AGENCY REQUIRED TECHNICAL ASSISTANCE IN THIS GRANT YEAR**

*Mark only one oval.*

- ☐ Very effectively
- ☐ Somewhat effectively
- ☐ Somewhat ineffectively
- ☐ Very ineffectively
- ☐ Don't know/Not offered

**25. 22. How helpful to your agency has the Administrative Agent or Agency been in ADEQUATELY TRAINING YOUR STAFF ON THE RFA PROCESS AND HOW TO ADDRESS TECHNICAL ISSUES**

*Mark only one oval.*

- ☐ Very effectively
- ☐ Somewhat effectively
- ☐ Somewhat ineffectively
- ☐ Very ineffectively
- ☐ Don't know/Not offered

**26. 23. How helpful to your agency has the Administrative Agent or Agency been in RESPONDING TO QUESTIONS AND REQUESTS FOR INFORMATION OVER THE PAST YEAR**

*Mark only one oval.*

- ☐ Very effectively
- ☐ Somewhat effectively
- ☐ Somewhat ineffectively
- ☐ Very ineffectively
- ☐ Don't know/Not offered

**27. 24. Did your agency request technical assistance from the administrative agency for GY26?**

*Mark only one oval.*

- ☐ Yes
- ☐ No

**28. 25. Please share any feedback or comments about the technical assistance you have received.**

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29. **26. Did your agency receive a Programmatic, Fiscal, or Quality Management site visit this year?**

*Mark only one oval.*

- ☐ Yes  
☐ No

30. **27. IF YOU RECEIVED A PROGRAMMATIC, FISCAL, or QUALITY MANAGEMENT SITE VISIT was the site visit scheduled with at least two weeks advance notice?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

31. **28. IF YOU RECEIVED A PROGRAMMATIC, FISCAL, or QUALITY MANAGEMENT SITE VISIT did the site visit reviewer use an instrument to gather information?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

32. **29. IF YOU RECEIVED A PROGRAMMATIC, FISCAL, or QUALITY MANAGEMENT SITE VISIT did the site visit reviewer review key items on the instrument with you prior to gathering information?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

33. **30. IF YOU RECEIVED A PROGRAMMATIC, FISCAL, or QUALITY MANAGEMENT SITE VISIT did the site visit reviewer provide a written report summarizing findings?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

34. **31. IF YOU RECEIVED A PROGRAMMATIC, FISCAL, or QUALITY MANAGEMENT SITE VISIT did the site visit reviewer request a plan of corrective action?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

35. **32. IF YOU RECEIVED A PROGRAMMATIC, FISCAL, or QUALITY MANAGEMENT SITE VISIT did the implementation of the corrective action plan bring your organization back to compliance?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

36. **33. IF YOU RECEIVED A PROGRAMMATIC, FISCAL, or QUALITY MANAGEMENT SITE VISIT did the site visit reviewer offer technical assistance?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

37. **34. IF YOU RECEIVED A PROGRAMMATIC, FISCAL, or QUALITY MANAGEMENT SITE VISIT did your organization provide a written request for technical assistance?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

38. **35. IF YOU RECEIVED A PROGRAMMATIC, FISCAL, or QUALITY MANAGEMENT SITE VISIT did your organization receive the technical assistance you requested?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

39. **36. If you received a PROGRAMMATIC site visit please rate the administrative agent relative to PROGRAMMATIC technical assistance.**

*Mark only one oval.*

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

40. **37. If you received a FISCAL site please rate the administrative agent relative to FISCAL SUPPORT technical assistance.**

*Mark only one oval.*

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

41. **38. If you have received a QUALITY MANAGEMENT site visit was the technical assistance helpful to, or practical for, your organization?**

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Don't know  
☐ N/A

42. **39. If you have received a QUALITY MANAGEMENT site visit please rate the administrative agent's technical assistance relative to quality management.**

*Mark only one oval.*

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

43. **40. Did your agency receive technical assistance from the administrative agent this year?**

*Mark only one oval.*

- ☐ Yes  
☐ No

44. **41. In the past 12 months, how many site visits did your agency have from the administrative agent for the purpose of monitoring Part A funds? (Please include all scheduled, unscheduled, and special technical assistance visits).**

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45. **42. How many programmatic/fiscal visits?**

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## 46. 43. How many Quality Management site visits?

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## 47. 44. Overall, please rate the administrative agency relative their timeliness of their response to your agency's requests for assistance?

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

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## 48. 45. In your experience over the past year, how would you rate the communications between your agency and the administrative agency?

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

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## 49. 46. How would your agency rate the recommendations proposed by the programmatic/fiscal site visit team, if applicable?

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

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## 50. 47. How would you rate the recommendations proposed by the quality management site visit team, if applicable?

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

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## 51. 48. Overall, how would your agency rate the Ryan White agent in providing your agency with programmatic and or fiscal technical assistance or training over the past twelvemonths? (This may include recommendations from site visits or from special technical assistance sessions/training.)

Mark only one oval.

- ☐ Poor  
☐ Fair  
☐ Average  
☐ Good  
☐ Excellent  
☐ Our agency has not required TA in the past year  
☐ Our request for TA over the last year have not been met  
☐ We have had no sites/TA in the past 12 months



**52. 49. Did you or a member of your agency attend or participate in any provider meetings conducted by the administrative agent or grantee?**

*Mark only one oval.*

- ☐ Yes  
☐ No

**53. 50. How useful were the provider meetings you attended?**

*Mark only one oval.*

- ☐ Not at all useful  
☐ Not very useful  
☐ Somewhat useful  
☐ Very useful  
☐ N/A

**54. 51. Regarding the contract management systems and procedures, what are the top three areas in which you believe have been most successful?**

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**55. 52. Regarding contract management systems and procedures, what are the top three areas in which you believe improvements are most needed?**

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**56. 53. Do you feel adequately prepared for the transition of some Part A services to a fee-for-service reimbursement model. (Yes or No. If no, what information and technical support do you need in order to successfully make this transition?)**

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## RESEARCH & EVALUATION COMMITTEE (REC)

# MEETING MINUTES

**TUESDAY – AUGUST 21, 2018 – 3:00PM TO 5:00PM**

**DOH-HAHSTA - 899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR; WASHINGTON, DC 20002**

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	GUESTS	PRESENT	ABSENT
Wallace Corbett	X		John Brooks	X	
Traci Dean	X		Hellen Flores	X	
Doug Fogal	X		Jane Wallis	CC	
DeMarc Hickson	X				
David Hughes	CC				
Jenne Massie	X				
Dennis McBride	X				
Lenora McClain	X				
Kaleef Morse	X				
Natella Rakhmanina	CC				
HAHSTA/ ADMINISTRATIVE AGENT STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Paola Chanes-Mora	X		Patrice Bailey	X	
Lena Lago	X		Lamont Clark	X	
Leah Varga	X				

<b>AGENDA</b>	
<b>Item</b>	<b>Discussion</b>
<b>Call to Order</b>	Meeting called to order 3:14pm by Kaleef M. followed by a moment of silence. Attendees introduced themselves.
<b>Review and Approval of the Agenda</b>	NA
<b>Review and Approval of the Minutes</b>	NA
<b>Committee Leadership Appointment</b>	Kaleef stated that DeMarc Hickson was appointed as Chair of the Committee. He noted that once the committee gets settled, they will have to decide who will be the Vice-Chair.
<b>DC Cohort Longitudinal HIV Study and Needs Assessment Discussion</b>	<p>Leah V. noted that she tried to meet with the PIs who were responsible for gathering the data, but they were on vacation. She provided two documents to the committee, the first which described what the DC Cohort was about and the second was an excel spreadsheet that was more specific about the type of data they collected. She noted that the committee would need to put in a data request in order to use data from the DC Cohort. She noted that as the committee was thinking about creating a Needs Assessment the DC Cohort could be one source of information that they use or at least know what information is already available so that the committee doesn't duplicate data.</p> <p>Leah stated that she would be transcribing focus group and key informant interview data so they could do a formal analysis of the information. Anyone interested in helping Leah should contact her. Once it is transcribed it will be sent out for coding.</p>
<b>Assessment of the Efficiency of the Administrative Mechanism</b>	<p>Kaleef M. began by reviewing a document that described what the Assessment of Efficiency of the Administrative Mechanism (AEAM). He stated that it is a way to get unfiltered feedback from providers.</p> <p>He followed up by reviewing and discussing the AEAM from 2017. He noted that the AEAM can't be done until the full award has been put out, and since HRSA has been providing full awards later and later, the AEAM is done later and later. He stated it would be good to have started in July in order to have the information available for the Part A Application (if needed). He noted that there isn't a hard deadline for getting it done. He showed and discussed the three surveys that helped collect the information from the Providers, Administrative Agents, and Recipient. He stated it would be up to the committee to decide what sorts of questions they wanted to ask based on what type of information they wanted to capture. He stated he would also share the surveys he used in New Jersey.</p>

#### **ANNOUNCEMENTS/OTHER DISCUSSION**

Kaleef noted that after the committee fulfills its requirements by law, they should look at other things that they would like to accomplish, such as research/white papers. He noted that there is an existing relationship with George Washington University and they have been a great partner.

He stated the committee should begin thinking about what sort of incentives they would like to provide for the upcoming Needs Assessment.

Paola stated she would be doing work with Dr. Doshi and Dr. Varga.

#### **HANDOUTS**

<b>MEETING ADJOURNED</b>	4:32 PM
<b>NEXT MEETING</b>	September 18, 2018 DC Health-HAHSTA 899 N. Capitol St. NE; 4 <sup>th</sup> Floor Washington, DC 20002

# Boston Eligible Metropolitan Area Ryan White Planning Council

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## **Assessment of Administrative Mechanism 2017-2018**

Prepared by:

Services, Priorities, and Evaluation Committee (SPEC) and

Planning Council Support

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## **Assessment of Administrative Mechanism**

### **I. Background**

The Health Resources and Services Administration (HRSA) requires that all Ryan White Part A Planning Councils conduct an annual assessment of the administrative mechanism (AAM) to evaluate how efficiently and rapidly grantees disburse funding to the areas of greatest need within the eligible metropolitan areas (EMA). The purpose of the survey is to evaluate the degree to which providers were satisfied with BPHC's administration of Ryan White Part A funding. The Boston EMA Ryan White Planning Council's role was to review the survey results and provide recommendations to BPHC in areas where improvements were necessary.

### **II. Methodology**

Planning Council Support (PCS) staff distributed the survey online through Survey Monkey. On December 12, 2017, PCS staff emailed the survey link to all 32 Part A service providers. Providers were given a 3-week completion deadline. The survey included 20 multiple choice and open-ended questions that asked providers to evaluate the procurement, disbursement, and contract monitoring processes administered by BPHC during FY17. Thirty providers (94%) completed the survey. During the 2017-2018 term, the Services, Priorities, and Evaluation Committee (SPEC) analyzed the results and created specific recommendations for each section, as shown in this report (see Appendix A for survey results).

### **III. Summary of Findings:**

The summary of findings is broken down by the following sections: A.) Introductory Questions B.) Procurement; C.) Disbursement of Funds; D.) Contract Monitoring; E.) Additional Questions. Questions 1, 2 and 3 from the survey serve as introductory questions and asked the following:

#### ***A. Introductory Questions***

This section comprised of three questions. Question 1 asked for agency name which. The top three Boston EMA Part A service categories that were funded for in FY2017 were Medical Case Management (61.9%), Medical Transportation (38.1%) and Psychosocial Support-Peer Support (33.3%). Twenty-six agencies (61.9%) reported that they have responded to the AAM survey in the past two years. The reasons given for not responding to the AAM survey included not getting a notification or request, being new to their position and having no recollection of completing the survey.



## **B. Procurement**

Section one consisted of five multiple choice questions and two open ended questions regarding BPHC's procurement of services. Respondents were instructed to complete section one if they submitted a proposal for Part A funding in the last two years. Twenty-four respondents completed questions 6, 7 and 8 from section one. Twenty-five respondents completed question 5 and 26 respondents completed question 4.

### **Multiple Choice Questions:**

	<b>Results</b>
<b>4.</b>	65.3% of respondents learned about the RFP through an email announcement and 31% learned about it through agency contact.
<b>5.</b>	96% reported that BPHC provided bidders with information on applying for funding.
<b>6.</b>	96% reported BPHC conducts an open and competitive procurement process, with standardized procedures and requirements for funding.
<b>7.</b>	92% reported the RFP clearly described the criteria and procedures for reviewing proposals.
<b>8.</b>	100% reported that the RFP clearly stated expected policies and procedures 96% reported the RFP clearly stated standards of care and expected performance measures. 100% reported that the RFP clearly stated program and reporting requirements

### **Open-ended responses:**

9. All 22 respondents who completed section one stated that enough time was allotted to the RFP process. The comments were summarized and grouped into themes in the chart below:

<b>Themes (# of respondents)</b>	<b>Summary of Responses</b>
Sufficient time allotted (22 respondents)	Sufficient time was allotted.

10. Seventeen respondents provided feedback about improving the procurement process; the comments were summarized and grouped into themes in the chart below:

<b>Themes (# of respondents)</b>	<b>Summary of Responses</b>
Switch to electronic submission (2 respondents)	BPHC needs to create a system in order to submit RFP's via the web.
Application process (2 respondents)	Simplify the application process.
Clarity (3 respondents)	Be more specific about timelines and expectations.

Communication (2 respondents)	Quicker responses to questions and providing feedback prior to the deadline would be helpful for agencies.
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### ***C. Disbursement of Funds***

Section two consisted of two multiple choice questions and one open ended question regarding BPHC's disbursement of funds. Thirty-nine respondents completed question 11, 38 respondents completed question 12 and 21 respondents completed question 13 from section two.

#### **Multiple Choice Questions:**

	<b>Result</b>
<b>11.</b>	86% reported that BPHC provides a clear scope of service for each contract.
<b>12.</b>	13% reported it takes BPHC between 7-15 days to reimburse their agency for services, after an invoice is submitted. 61% reported it takes BPHC between 16-30 days to reimburse their agency for services, after an invoice is submitted. 26% reported that it takes BPHC over 30 days to reimburse their agency for services, after an invoice is submitted.

#### **Open-ended responses:**

13. Twenty-one respondents provided comments about the distribution process:

<b>Theme (# of respondents)</b>	<b>Summary of Responses</b>
No improvements needed (4 respondents)	No comments.
Clarity (2 respondents)	Clarity required. Unclear about the entire disbursement process.
Communication (2 respondents)	Keep agencies informed regarding the status of disbursement. Clear communication to agencies.
Expedite the process (6 respondents)	<ul style="list-style-type: none"> <li>• Expedite contract executing process</li> <li>• Receive PO's earlier in the contract year</li> <li>• Faster disbursement of funds</li> </ul>

### ***D. Contract Monitoring***

Section three consisted of four multiple choice questions and one open ended question regarding BPHC's contract monitoring process including site visits, monthly calls, and reporting requirements. Forty respondents completed section three:

### Multiple Choice Questions:

Results	
14.	93% reported BPHC provided written instructions on what documentation would need to be available during the site visit.
15.	83% reported BPHC's feedback was helpful at or following the site visit.
16.	70% reported BPHC's ability to provide timely technical assistance was between average to excellent.
17.	68% reported BPHC's ability to provide complete technical assistance was between average to excellent.

### Open-ended responses:

18. A total of 18 respondents provided feedback on how to improve the contract monitoring process:

Themes (# of respondents)	Summary of Responses
No Improvements Needed (6 respondents)	The monitoring process is working well and did not need improvements.
Communication (1 respondent)	Improve communication between contract staff and monitoring staff.
Site Visits (4 respondents)	Communicate results of the site visits with agencies. Offer several dates for site visits. Agencies could use more advance notice when scheduling the site visit.
Assistance (1 respondent)	Have a TA session with program supervisors specifically delineating how files are checked and what exactly is being reviewed.

### *E. Additional Questions*

Section four consisted of one multiple choice and one open ended question regarding providers' overall level of satisfaction with BPHC. Forty respondents completed section four:

### Multiple Choice Questions:

Results	
19.	68% were between very satisfied and completely satisfied with BPHC's administration of Ryan White Part A funds. 20% were satisfied with BPHC's administration of Ryan White Part A funds. 10% were slightly satisfied with BPHC's administration of Ryan White Part A funds. 2% were not at all satisfied with BPHC's administration of Ryan white Part A funds.

### Open-ended responses:

20. Fourteen respondents provided additional information about the administrative mechanism for the Boston EMA.

Themes (# of respondents)	Summary of Responses
No Improvements Needed (3 respondents)	BPHC does a good job administering the funding.
BPHC's rules	It is hard to distinguish between what are BPHC's rules and what are those from HRSA.
Communication	Avoid creating a feeling of us vs. them when communicating.

### IV. Recommendations:

The Planning Council made the following recommendations and will ask BPHC to improve their administrative process within the following areas:

#### Procurement:

1. BPHC create a system in order to submit RFP's via the web.

#### Distribution of funds:

1. Standardize no more than 30 days to respond, complete, and execute a budget revision.
2. Send scope of services no more than 30 days from the start of a contract.
3. Reimburse for a portion of invoices that are correct and resubmit for incorrect in order to expedite payment.

**Contract monitoring:**

1. During the agency monitoring site visit, maintain the highest level of transparency possible, allow agencies to be a collaborate part of the process, and communicate preliminary results by the end of the site visit, with the goal of no surprises.
2. Fiscal and agency monitoring team conduct site visits together.
3. Have regular communication with agencies regarding expectations of agency and site visit agenda items prior to the site visit. Make it a discussion agenda item on monthly calls.
4. New contracts or newly contracted agencies receive a site visit at the beginning of the FY (beginning of implementation).

**Additional Recommendations for BPHC:**

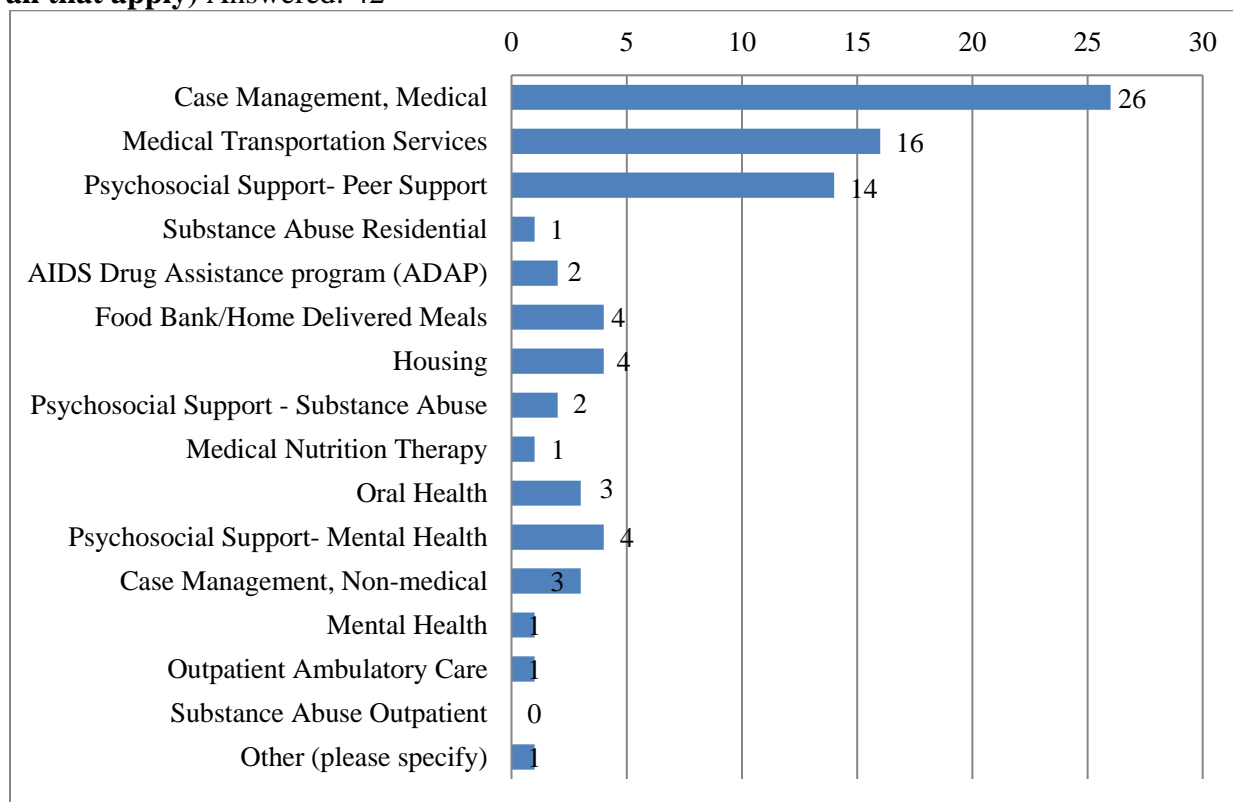
1. Recommend that BPHC reconcile discrepancies if any that exist between the monitoring team and the program coordinator who actually knows the agency.

## Appendix: Survey Results

### Introduction

**Q1: What is your agency name?** \_\_\_\_\_

**Q2: Which Boston EMA Part A service categories were you funded for in FY 2017? (Check all that apply)** Answered: 42



**Q3: Did you respond to the AAM survey in the past two years? If not, why?** Answered: 42

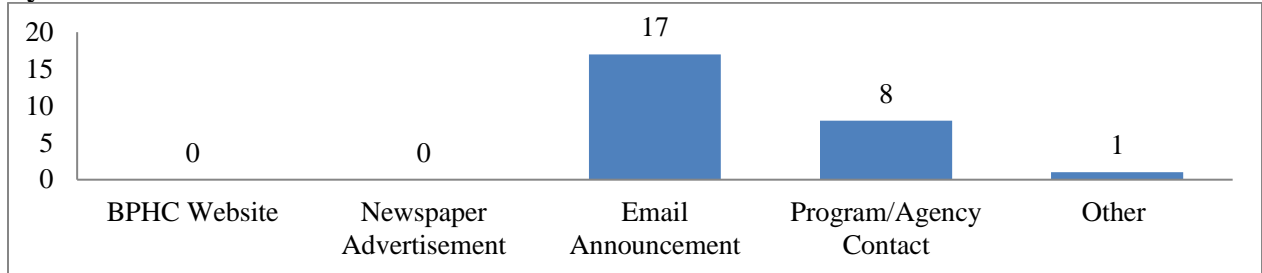
Answer Choices	Responses
Yes	26 (61.9%)
No	16 (38.1%)

**Sixteen respondents answered to the second part of the question as to why they did not submit the AAM survey in the past two years. The results include:**

Themes (# of respondents)	Summary of Responses
No notification (5 respondents)	Did not receive the survey
No recollection (6 respondents)	Do not recall receiving a survey
Not in charge (5 respondents)	It was not their responsibility

## Section 1: Procurement

**Q4: How did your agency learn that the last Boston Public Health Commission (BPHC) Ryan White Part A RFP was available?** Answered: 26



**Q5: Please select the response that best reflects your thoughts on the following statements: BPHC provides bidders with adequate information on applying for funding.** Answered: 25

Answer Choice	
Strongly Agree	14 (56%)
Agree	40 (10%)
Neutral	1 (4%)
Disagree	0
Strongly Disagree	0
Additional comments or feedback	0

**Q6: BPHC conducts an open and competitive procurement process, with standardized procedures and requirements for funding.** Answered: 24

Answer Choice	
Strongly Agree	15 (62.5%)
Agree	8 (33.3%)
Neutral	0
Disagree	1 (4.2%)
Strongly Disagree	0
Additional comments or feedback	1

Themes (# of respondents)	Summary of Responses
Boston centered (1 respondent)	Seems very Boston centered.

**Q7: The RFP clearly described the criteria and procedures for reviewing proposals.**

Answered: 24

Answer Choice	
Strongly Agree	12 (50%)
Agree	10 (42%)
Neutral	1 (4%)
Disagree	1 (4%)
Strongly Disagree	0
Additional comments or feedback	1

Themes (# of respondents)	Summary of Responses
Vague review process (1 respondent)	The review process is vaguely stated. Are the independent contractors from a firm or are they individuals gathered from the community? Do they include clients? If so, why isn't that clearly described?

**Q8: The RFP clearly stated expectations, including Federal HRSA/HAB policies and procedures, standards of care that must be met, expected performance measures, and program and reporting requirements.** Answered: 24

	Policies and Procedures	Standards of Care	Expected Performance Measures	Program and Reporting Requirements
Yes	24 (100%)	23 (96%)	23 (96%)	24 (100%)
No	0	1 (4%)	1 (4%)	0

**Q9: Was sufficient time allotted to the RFP process? If not, please explain.** Answered: 22

Themes (# of respondents)	Summary of Responses
No Improvements Needed (22 respondents)	Yes enough time was allotted.



**Q10: What three suggestions would you offer to improve the RFP document and process?**

Answered: 17, No comments: 3 respondents

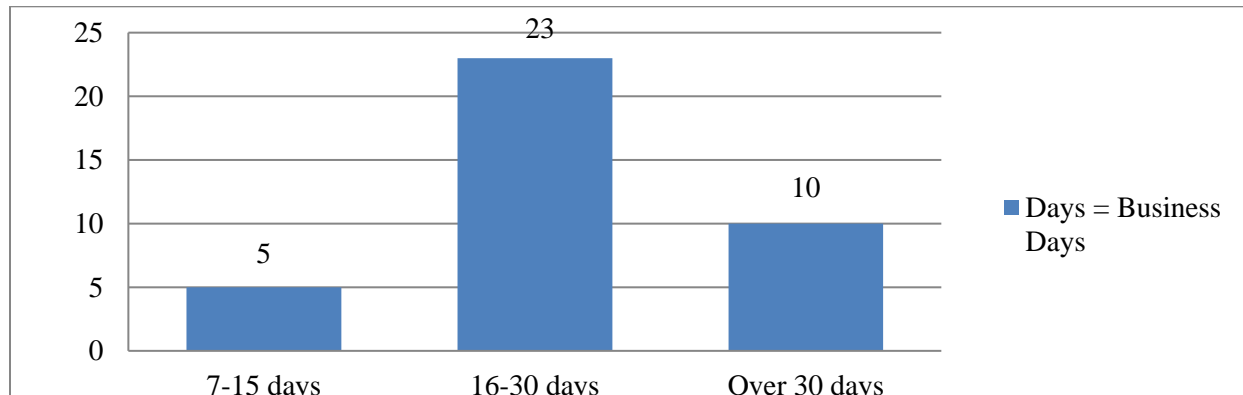
Themes (# of respondents)	Summary of Responses
Switch to electronic submission (2 respondents)	BPHC needs to create a system in order to submit RFP's via the web.
Application process (2 respondents)	Simplify the application process.
Clarity (3 respondents)	Be more specific about timelines and expectations.
Communication (2 respondents)	Quicker responses to questions and providing feedback prior to the deadline would be helpful for agencies.

**Section 2: Distribution of Funds****Q11: BPHC provides a clear scope of service for each contract.** Answered: 32

Answer Choice	
Strongly Agree	14 (36%)
Agree	20 (51%)
Neutral	4 (10%)
Disagree	1 (3%)
Strongly Disagree	0
Additional comments or feedback	5

Themes (# of respondents)	Summary of Responses
Timeliness (5 respondents)	<p>-Need longer time for contracts to be signed and executed.</p> <p>-Scope of Services should be approved and sent out to providers beforehand as well as discussed more in training and on monthly calls.</p> <p>-Providers need to be made aware of any changes to scope of services in terms of documentation in order to avoid being penalized.</p>

**Q12: What is the average turnaround time for BPHC to reimburse your agency once a complete invoice is submitted?** Answered: 38



**If over 30 days, please provide a brief explanation as to why:** 14 respondents

Themes (# of respondents)	Summary of Responses
Timeliness (7 respondents)	Invoices need to be processed faster by BPHC in order for agencies to be reimbursed on time.
Communication (3 respondents)	BPHC needs to communicate accordingly when agencies have multiple invoices that are due. Any delay in reimbursement or when to expect payment needs to be communicated.

**Q13: What three suggestions would you offer to improve the disbursement process?**

Answered: 21 respondents

Theme (# of respondents)	Summary of Responses
No improvements needed (4 respondents)	No comments.
Clarity (2 respondents)	Clarity required. Unclear about the entire disbursement process.
Communication (2 respondents)	Keep agencies informed regarding the status of disbursement. Clear communication to agencies.
Expedite the process (6 respondents)	<ul style="list-style-type: none"> <li>Expedite contract executing process</li> <li>Receive PO's earlier in the contract year</li> <li>Faster disbursement of funds</li> </ul>

### Section 3: Contract Monitoring

**Q14: BPHC provides written instructions that advise the provider what documentation will need to be available at the site visit.** Answered: 31

Answer Choice	
Strongly Agree	19 (48%)
Agree	18 (45%)
Neutral	3 (8%)
Disagree	0
Strongly Disagree	0
Additional comments or feedback	4

Themes (# of respondents)	Summary of Responses
Availability (1 respondent)	Contract manager should be available during the site visit to clarify instructions given through the contract period.
Duplicate documents (1 respondent)	A lot of time is spent on pulling and copying documents that agencies may already have.

**Q15: The feedback provided by BPHC at or following the site visit was helpful?**

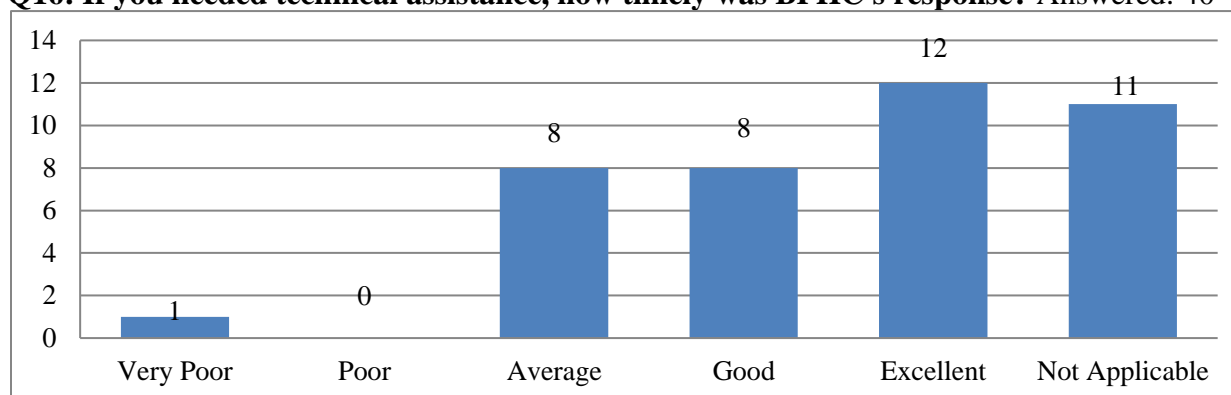
Answered: 40

Answer Choice	
Strongly agree	13 (33%)
Agree	20 (50%)
Neutral	5 (13%)
Disagree	1 (3%)
Strongly disagree	1 (3%)

Additional comments or feedback	5
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Themes (# of respondents)	Summary of Responses
Clarity (2 respondents)	Even with the information provided ahead of the visit there is often confusion about whether the method used for collecting information is considered appropriate on the date of the site visit. The debriefing session doesn't usually align with the follow-up letter and the written feedback.

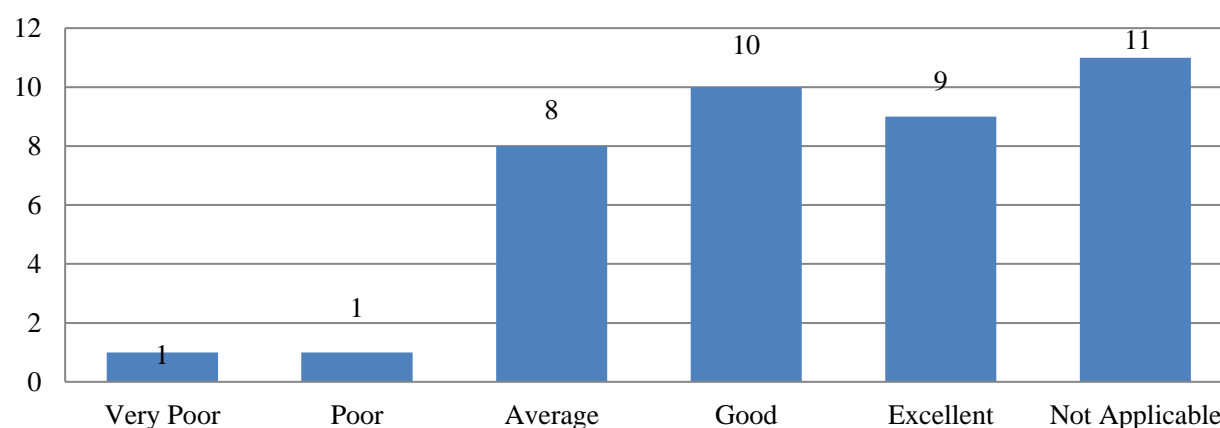
**Q16: If you needed technical assistance, how timely was BPHC's response?** Answered: 40



**Additional comments or feedback: 6 respondents**

Themes (# of respondents)	Summary of Responses
No improvements needed (4 respondents)	We had a recent staff turnover and BPHC was very responsive to our need for training. Anissa has been great at addressing training topics.
Resolution (2 respondents)	Limited response for resolutions.

**Q17: If you needed technical assistance, how complete was BPHC's response?** Answered: 40



**Additional comments or feedback: 4 respondents**

Themes (# of respondents)	Summary of Responses
Resolution (4 respondents)	The response is poor and not accurate or effective. In some instances agencies are still awaiting resolution of issues.

**Q18: What three suggestions would you offer to improve the monitoring process?**

Answered: 18

Themes (# of respondents)	Summary of Responses
No Improvements Needed (6 respondents)	The monitoring process is working well and did not need improvements.
Communication (1 respondent)	Improve communication between contract staff and monitoring staff.
Site Visits (4 respondents)	Communicate results of the site visits with agencies. Offer several dates for site visits. Agencies could use more advance notice when scheduling the site visit.
Assistance (1 respondent)	Have a TA session with program supervisors specifically delineating how files are checked and what exactly is being reviewed.

**Section 4: Additional Questions****Q19: Overall, how satisfied are you with BPHC's administration of Ryan White Part A funds? Answered: 40**

Not At All Satisfied	Slightly Satisfied	Satisfied	Very Satisfied	Completely Satisfied
1(3%)	4 (10%)	8 (20%)	15 (38%)	12 (30%)

**Q20: Is there anything else that may be helpful in assessing the administrative mechanism in place for the Boston EMA? Answered: 14**

Themes (# of respondents)	Summary of Responses
No Improvements Needed (3 respondents)	BPHC does a good job administering the funding.
BPHC's rules	It is hard to distinguish between what are BPHC's rules and what are those from HRSA.
Communication	Avoid creating a feeling of us vs. them when communicating.

## GRANTEE SURVEY (2014)

## RFP PROCESS AND SELECTION OF PROVIDERS

3. Please describe the process used to review proposals requesting FY'2014 Ryan White Part A funds; including the external review panel (including a demographic description of peer reviewers, number of peer reviewers, where they are from geographically, professional background and HIV status), criteria used to assess proposals and how peer reviewers' comments are considered in the final determinations.

4. Did the selection process this year (FY'2014) identify new providers? *If so, please identify the County/Region and services of the new provider.*

5. Did the selection process this year (FY'2014) address the needs of underserved/un-served communities (please respond in reference to each of the following groups as well as any other communities considered hard-to-reach: Mentally ill, substance users, gay/lesbian/transgender people, youth, older adults and Latinos)? If so, How?

## PLACEMENT OF CONTRACTS

6. On what date did the Newark EMA receive its Notification of Award (NOA) from the federal government (HRSA) for FY'2014 funding?
7. On what date were award letters sent to funded agencies for FY'2014?
8. On what date were the funds from HRSA accepted by the Freeholders (Union County) or Municipal Council (City of Newark)?
9. In the chart below, please indicate the number of contracts adopted and executed for FY'2014:

FY'2014 CONTRACT STATUS		
DATE:	# of contracts ADOPTED	# of contracts EXECUTED
<i>Before April 1, 2014</i>		
<i>Before May 1, 2014</i>		
<i>Before June 1, 2014</i>		
<i>Before July 1, 2014</i>		
<i>Before August 1, 2014</i>		
<i>Before September 1, 2014</i>		



10. On what date were all contracts with funded agencies fully executed?

10.1 *List/describe any obstacles contributing to the delay in executing provider contracts.*

11. Please comment on the content of the contracts this year (FY'2014) in comparison to last year (FY'2013), for example were any new HRSA policies/guidelines or Planning Council directives/specifications/standards etc. included?

## SERVICE PROVIDER REIMBURSEMENT

12. What procedures, documents and policies are used to guide the payment of invoices/reimbursements?

13. Over the past year, what has been the average amount of time between submission of an accurate invoice/end-of-month report from service providers and the Grantees (City of Newark or Union County) issuance of a reimbursement check?

*13.1 List/describe any obstacles contributing to the delay in reimbursement to providers.*

## **GRANTEE SITE VISIT AND TECHNICAL ASSISTANCE**

14. In the last fiscal year (FY'2013), how many Programmatic site visits did each service provider receive? (please give range and average)

15. In the last fiscal year (FY'2013), how many fiscal site visits did each service provider receive? (please give range and average)

16. Describe a typical site visit (please attach the written protocol used during visits).

**17. What changes have been made to monitor service providers in response to the HRSA National Monitoring Standards? Please list and describe the changes.**

**18. What measures are taken to ensure that service providers act on recommendations offered during the monitoring visit (e.g. corrective action plans, additional site visits, requests for reports, funding reductions, etc)?**

**19. In addition to the monitoring, what other technical assistance is provided?**

## CHAMP

20. What objectives (including program improvements) do you have for CHAMP for the current fiscal year (FY'2014)?

21. What is the status of these objectives as of July 31, 2014?

## Procurement/Allocation Report (in comparison to PC percentages)

22. What percent of the overall award (for FY'2013) was used for Grantee support, Planning Council support, CHAMP, medical case management and case management services (non-medical)?

23. What percent of formulary funds were unexpended at the end of FY'2013?

a) What percent of supplemental funds were unexpended at the end of FY'2013?

- If there were What were the reasons? (*NOTE: During last year's creation of this tool, REC decided that this question would be changed in 2014*)

24. Please provide the final Spending Report for FY'2013.

25. Please provide the Allocation Report for FY'2014.

## **FY'2014 PROCUREMENT REPORT**

SERVICE CATEGORY (BY PRIORITY)	PLANNING COUNCIL				GRANTEE		
	PERCENT AND DOLLAR		+/-25%		PERCENT AND DOLLAR		VARIANCE FROM COUNCIL
CORE SERVICES (9)							
PRIMARY MEDICAL CARE							
LOCAL AIDS PHARMACEUTICAL ASSISTANCE							
EARLY INTERVENTION SERVICES							
MENTAL HEALTH SERVICES							
SUBSTANCE ABUSE SERVICES (OUTPATIENT)							
ORAL HEALTH CARE							
MEDICAL NUTRITION THERAPY							
MEDICAL CASE MANAGEMENT							
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE							
SUPPORT SERVICES (7)							
HOUSING SERVICES							
MEDICAL TRANSPORTATION SERVICES							
CASE MANAGEMENT SERVICES (NON-MEDICAL)							
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)							
EMERGENCY FINANCIAL ASSISTANCE							
FOOD BANK/HOME-DELIVERED MEALS							
LEGAL SERVICES							
TOTAL AMOUNT OF FUNDING	100%						

### **LISTING OF SERVICE PROVIDERS**

26. Please provide a list of all Part A funded service providers in the Newark EMA (with a contact name, address and phone number) as well as the categories of services for which each is contracted.

### **MINORITY AIDS INITIATIVE**

27. Please provide the Planning Council with the following information about the Minority AIDS Initiative (MAI) funds, such as the total MAI funds received by the Grantee; service categories in

which the MAI funds were spent; the amount of funding allocated in each service category; the target ethnic group of each program.

28. Please provide a list of the organizations in receipt of MAI funds.

## CONDITIONS OF AWARD

29. Please state whether or not the following reports have been submitted. Also, insert date of presentation on this information to the Planning Council. Please feel free to comment on the content of the report as appropriate.

DATE OF GRANTEE REPORT	CONTENT OF REPORT
	<ul style="list-style-type: none"> <li>FY'2013 Ryan White Services Report (RSR) to HRSA or HRSA contractor.</li> </ul>
	<ul style="list-style-type: none"> <li>Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY'2013 funding level.</li> </ul>
	<ul style="list-style-type: none"> <li>FY'2014 Annual Progress Report.</li> </ul>
	<ul style="list-style-type: none"> <li>FY'2013 final Financial Status Report(FSR)</li> <li>FY'2013 Expenditure Rate (as documented in the final FY'2013 FSR)</li> <li>Budgeted allocation of FY'2014 Part A funds by service category, letter of endorsement by Planning Council and revised FY'2014 Implementation Plan</li> </ul>
	<ul style="list-style-type: none"> <li>Report on Minority AIDS Initiative for FY'2014</li> <li>Categorical budget for each grant-funded contract, Contract Review Certifications and attachment E, other sources of funds for FY'2014</li> </ul>

## PLANNING COUNCIL RECOMMENDATIONS

30. Please provide your response to the following *two* recommendations made by the Planning Council in the FY'2013 Assessment Report:

- a) Please provide an update on the proposal to streamline the contract review process, as provided within Attachment G, the FY'2013 contract map.
- b) In the FY'2013 Assessment Report, it was recommended that providers be continuously encouraged to submit contracting documents timely in order to reduce delays in the process. What progress, if any, has occurred?



## ADDITIONAL COMMENTS

Please provide any additional comments below:

---

Thank you for taking the time to complete this survey. Your assistance is greatly appreciated.

Please return your completed document via email to Dwight Peavy at: [DwightP@NewarkEMA.org](mailto:DwightP@NewarkEMA.org) by Friday, July 25, 2014.

## **RESEARCH & EVALUATION COMMITTEE (REC) MEETING AGENDA**

**TUESDAY SEPTEMBER 18, 2018 – 3:00PM TO 5:00PM**

**DC HEALTH HEADQUARTERS - HAHSTA**

**899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR; WASHINGTON, DC 20002**

**Note: all times are approximate**

3:05 pm	1. Call To Order and Moment of Silence 2. Welcome and Introductions
3:10 pm	3. Assessment of the Efficiency of the Administrative Mechanism for GY'27
4:00 pm	4. Needs Assessment Discussion
4:30 pm	5. Update on the DC Cohort
4:50 pm	6. Announcements and Adjournment
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p style="text-align: center;"><b><u>NEXT RESEARCH &amp; EVALUATION            COMMITTEE (REC) MEETING:</u></b></p> </div> <div style="width: 50%; background-color: yellow; padding: 10px;"> <p style="text-align: center;"><b>TUESDAY OCTOBER 16, 2018            3:00PM TO 5:00PM            DC HEALTH HEADQUARTERS - HAHSTA            899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR;            WASHINGTON, DC 20002</b></p> </div> </div>	

## **CONFERENCE CALL INFORMATION:**

**Dial In #: 1-866-809-0886**

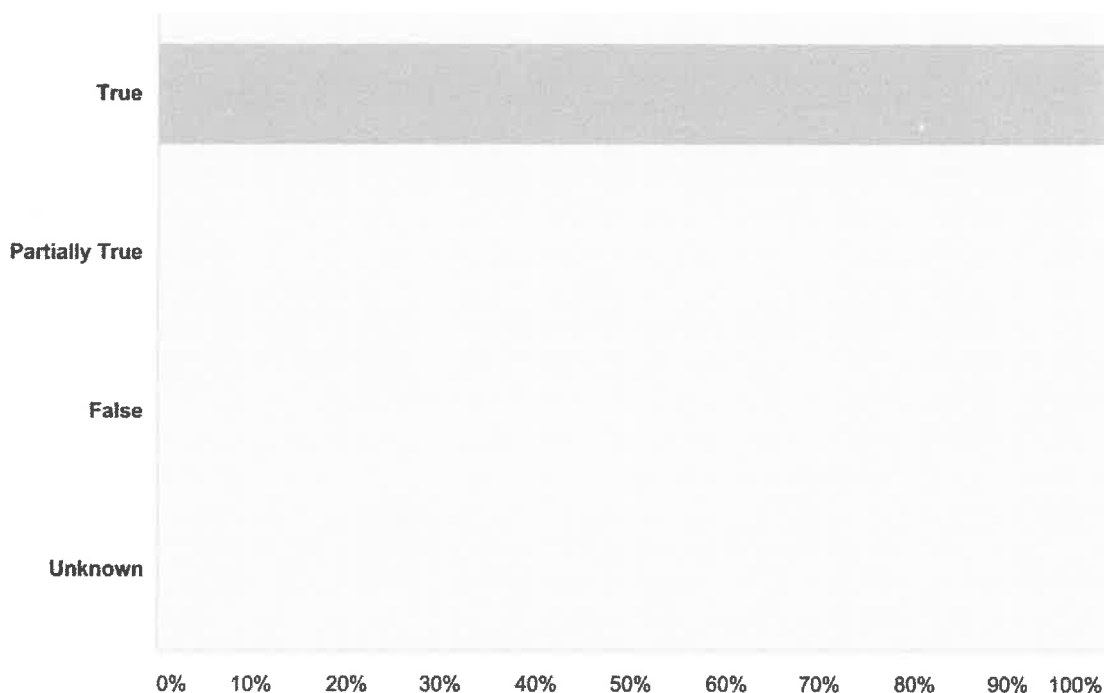
**Participant Code: 8289221#**

## Appendix 2: Part A Provider Survey Response & Comments

Total responses = 4

**1. METRO GOVERNMENT conducts a competitive procurement (RFQ) process, with standardized procedures and requirements for all applicants, to select providers of services for which the Planning Council has allocated funds.**

Answered: 4 Skipped: 0



# Responses

	True	Partially True	False	Unknown	Skipped Question
<b>2015</b>	4	0	0	0	0
<b>2014</b>	4	0	0	0	0
<b>2013</b>	5	0	0	0	0

**2015 Comments:** No responses

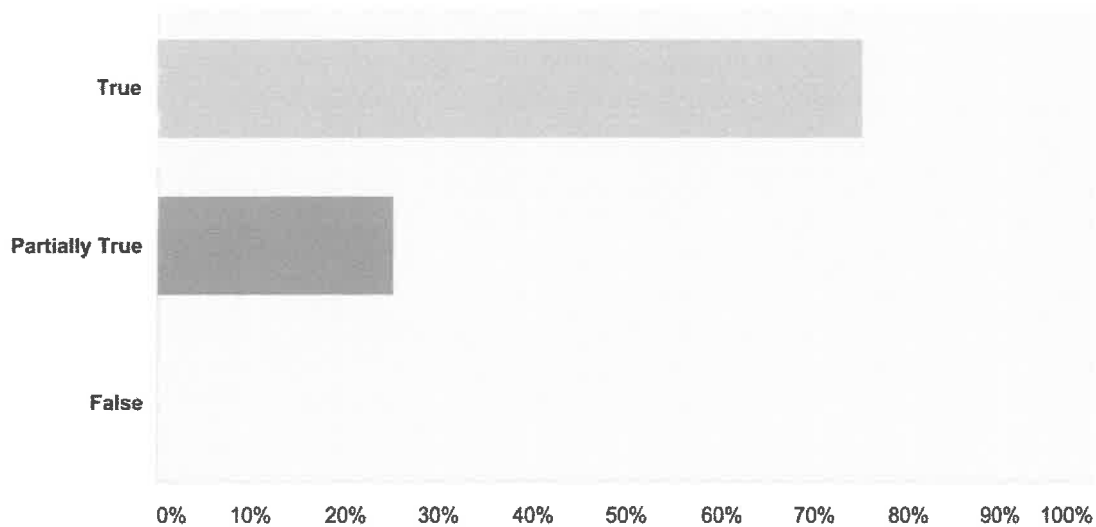
**2014 Comments:** No responses

**2013 Comments:**

- Not informed enough about this process from my agency's view to answer this question with validity.
- Superior process!

**2. METRO GOVERNMENT’S RFQ clearly states expectations, including HRSA/HAB policies and procedures, standards of care that must be met and expected performance.**

Answered: 4 Skipped: 0



	True	Partially True	False	Skipped Question
2015	3	1	0	0
2014	4	0	0	0
2013	7	0	0	1

**2015 Comments:**

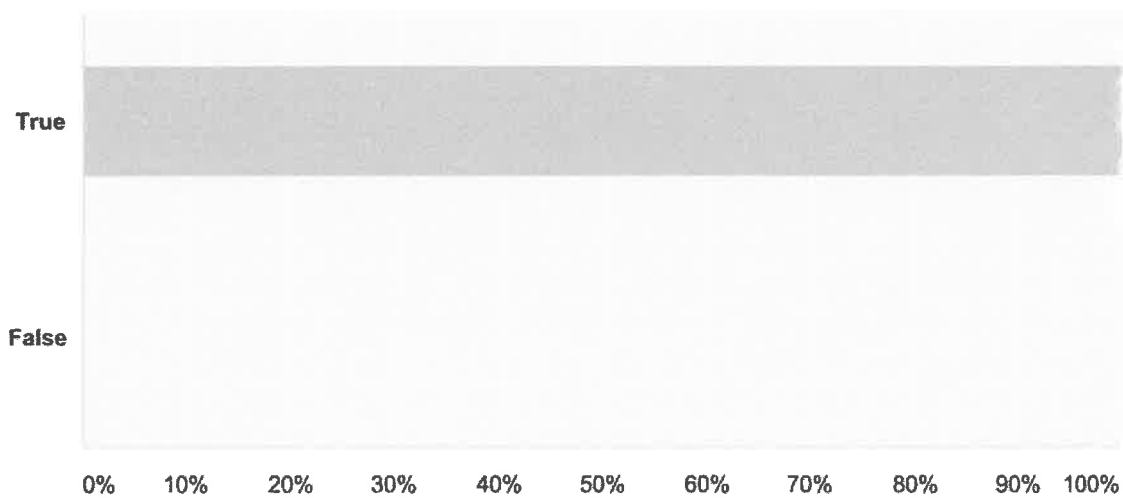
- **Metro provided expectations and standards of care. However, the RFQ process was often unclear and very specific questions were not answered. Considering that this was a totally new process and that providers had just completed a process via United Way, I think Metro should have been clearly and more willing to answer all reasonable questions.**

**2014 Comments:** No responses

**2013 Comments:** No responses

**3. The METRO GOVERNMENT RFQ/Procurement process allows at least 30 calendar days for provider agencies to respond to the competitive solicitation.**

Answered: 4 Skipped: 0



	True	Partially True	False	Skipped Question
<b>2015</b>	4	0	0	0
<b>2014</b>	4	0	0	0
<b>2013</b>	7	1	0	0

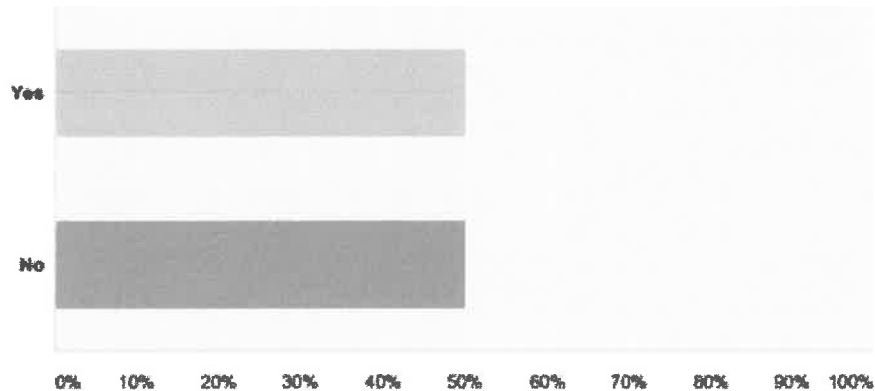
**2015 Comments:** No Responses

**2014 Comments:** No Responses

**2013 Comments:** No Responses

**4. Are you aware that the Administrative Agent will provide feedback on your RFQ if requested?**

Answered: 4 Skipped: 0



	Yes	No	Skipped Question
2015	2	2	0
2014	4	0	0
2013	6	1	1

**2015 Comments:**

- **The transparency of feedback was great!**

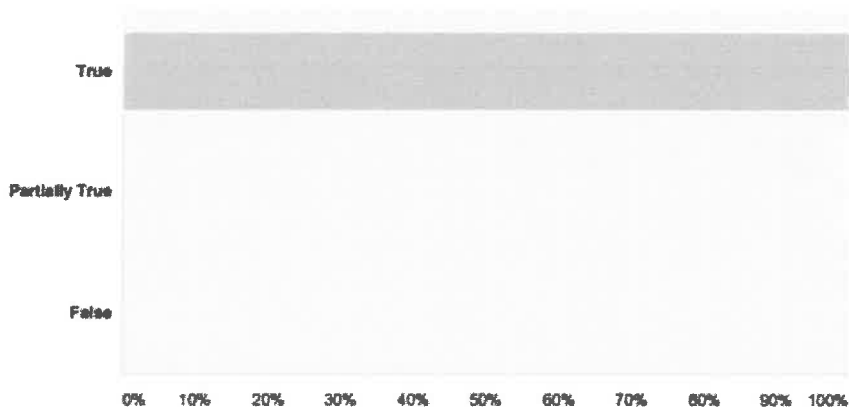
**2014 Comments:** No Responses

**2013 Comments:**

- Yes, they have done an excellent job in coaching and supporting our agency.

**5. Metro Government ensures that contracts for services provide clear definition for each funded service category.**

Answered: 4 Skipped: 0



	True	Partially True	False	Skipped Question
2015	4	0	0	0
2014	4	0	0	0
2013	7	0	0	1

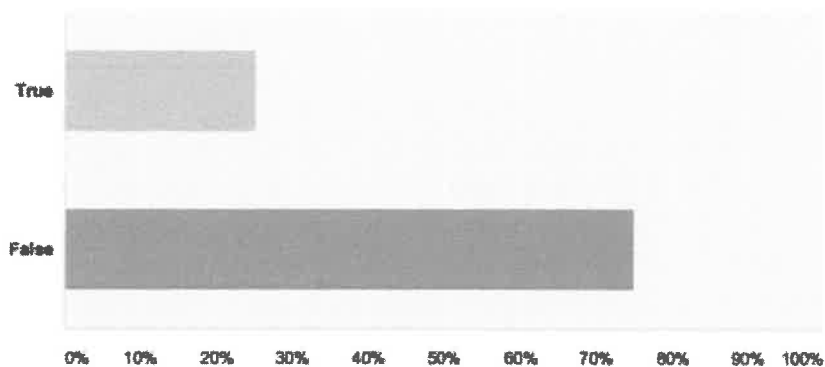
2015 Comments: No Responses

2014 Comments: No Responses

2013 Comments: No Responses

**6. Service Contracts between Metro Government and Provider agencies are signed and initiated prior to the beginning of the new service period.**

Answered: 4 Skipped: 0



	True	False	Skipped Question
2015	1	3	0
2014	4	0	0
2013	7	0	1

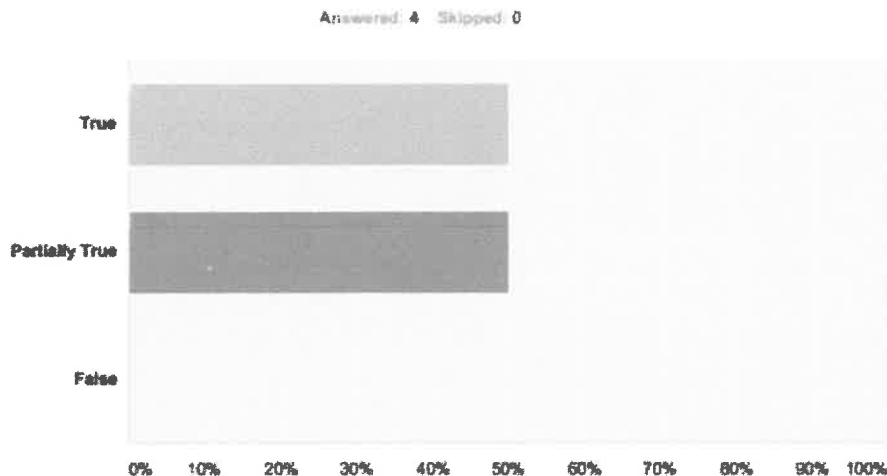
#### 2015 Comments:

- Contracts were sent late.
- We did not get fully executed contracts for 2 services until May, well after the start of the grant year. We couldn't get a contract to sign before April. Then after we signed and sent back in early April it took another 6 weeks to get them executed by Metro. We cannot bill for services without fully executed contracts.
- I was still awaiting finalization of contracts after the beginning of the contract. There seem to be some kinks that the Procurement Office needs to work out.

2014 Comments: No Responses

2013 Comments: No Responses

**7. During the last grant year (March 2014 - Feb. 2015) payments to contractors are made by United Way within 45 calendar days of provider submission of complete and accurate invoices.**



	True	Partially True	False	Skipped Question
2015	2	2	0	0
2014	2	1	1	0
2013	5	2	0	1

#### 2015 Comments:

- Funds were not always within 45 Days
- While my calculation of the average payment period is only 44 days, there were two months that exceeded this average considerably. March 2014 and February 2015 were 90 days and 57 days respectively.

#### 2014 Comments:

- Payments are not always within 45 days



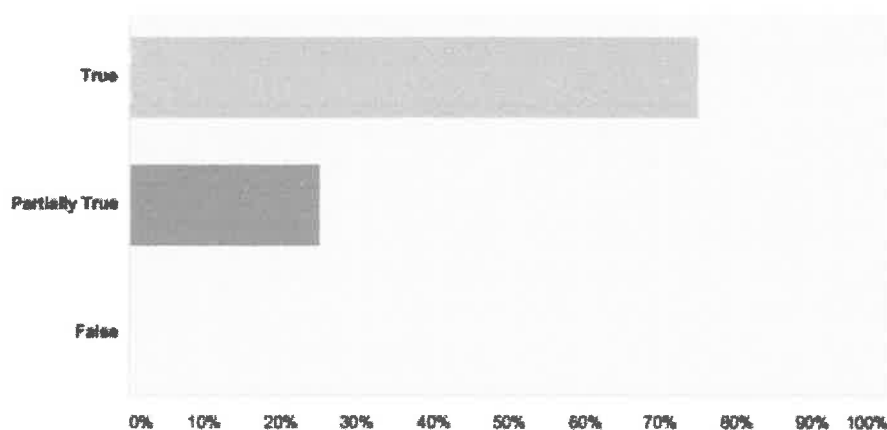
- Sometimes payments aren't made to providers within 45 days of their submission on invoices. As a specific example, March 2014 invoices which were submitted to United Way by on April 10<sup>th</sup> were not paid until early July almost 90 days later.

#### 2013 Comments:

- I have been informed prior to this survey that the invoices have not always been timely due to circumstances beyond anyone's control – but the invoices are “near” or within a specific timeframe. Thus contractors are made aware of the circumstances about the situation in a quick manner
- Often this is NOT the case since processing gets held up at MPHD.

**8. During the last grant year (March 2014 - Feb. 2015) United Way has done its best to modify existing payment systems in order to respond to the needs of the community based HIV/AIDS service providers.**

Answered: 4 Skipped: 0



	True	Partially True	False	Skipped Question
2015	3	1	0	0
2014	2	2	0	0
2013	7	0	0	1

#### 2015 Comments:

- Apparently, this is true except for the first and last months of a grant period.

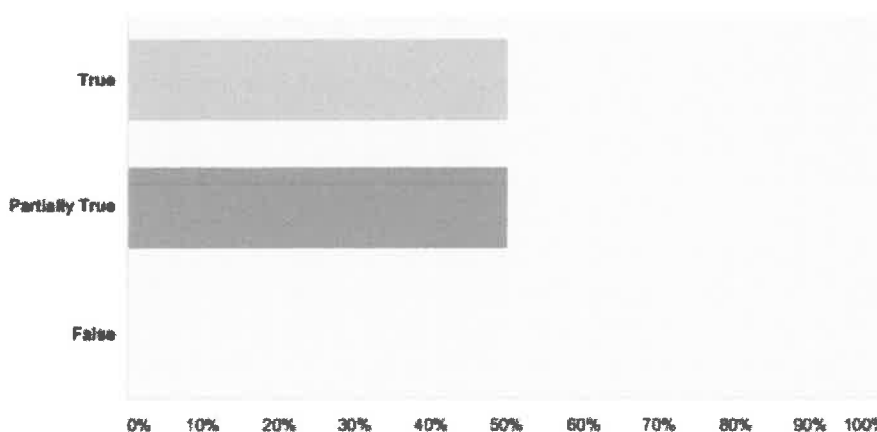
#### 2014 Comments:

- Not sure [if] this is true or not as payments are sometime forgotten or invoices are paid out of sequence.
- The example provided in #3 is not indicative that payments systems are working more efficiently. The State Department of Health for instance is far more timely in getting payments issued to providers.

#### 2013 Comments: No Responses

**9. Metro Government has done its best to modify existing contract systems in order to respond to the needs of the community based HIV/AIDS service providers.**

Answered: 4 Skipped: 0



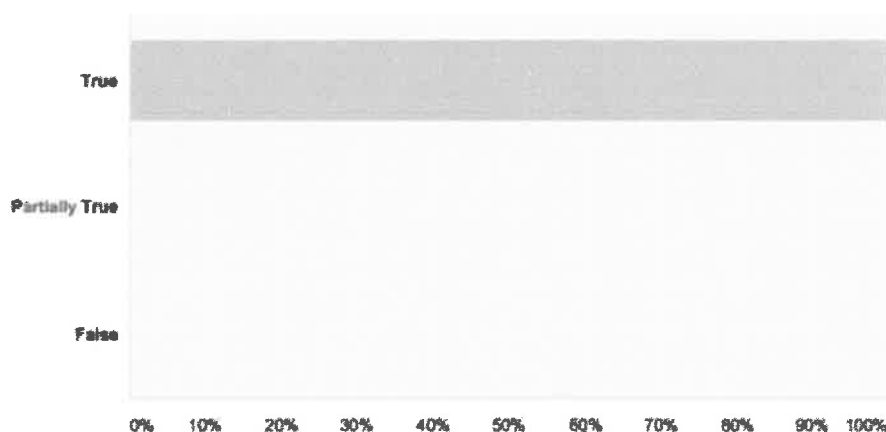
	True	Partially True	False	Skipped Question
2015	2	2	0	0

#### 2015 Comments:

- We are not into the contract long enough to tell.
- We had a difficult time getting contracts modified when Metro language was in conflict with our institution's requirements. Then we'd have things fixed on one contract and think we were done negotiating but the same issues came up again on other contracts. It was very difficult to work with Metro's systems.

10. During the last grant year United Way conducted site visits with contractors at least once a year to assess contractor compliance.

Answered: 4 Skipped: 0



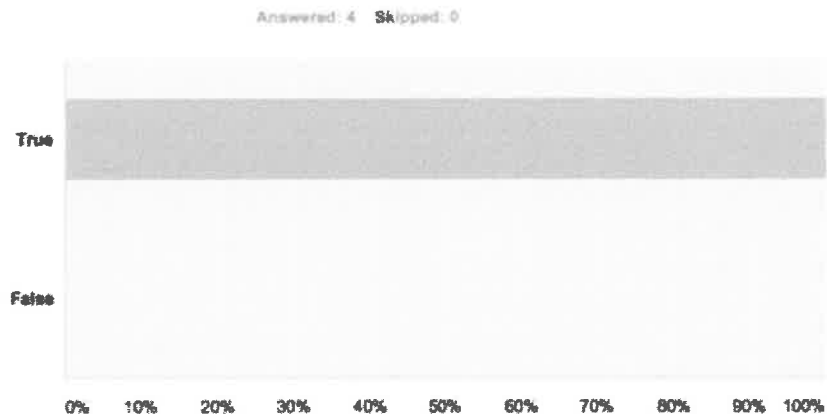
	True	Partially True	False	Skipped Question
2015	4	0	0	0
2014	4	2	0	0
2013	7	0	0	1

2015 Comments: No Responses

2014 Comments: No Responses

2013 Comments: No Responses

**11. During the last grant year United Way's site visits use standardized review process and established information gathering tools.**



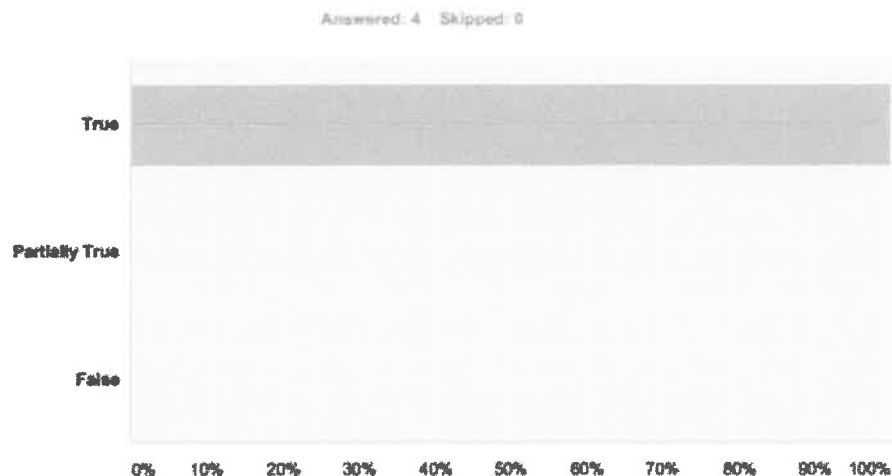
	True	False	Skipped Question
2015	4	0	0
2014	4	0	0
2013	7	0	1

2015 Comments: No Responses

2014 Comments: No Responses

2013 Comments: No Responses

**12. During the last grant year contractors receive at least two weeks advance notice, from United Way, of routine site monitoring visits and are advised of what documentation they will need to have available at that time.**



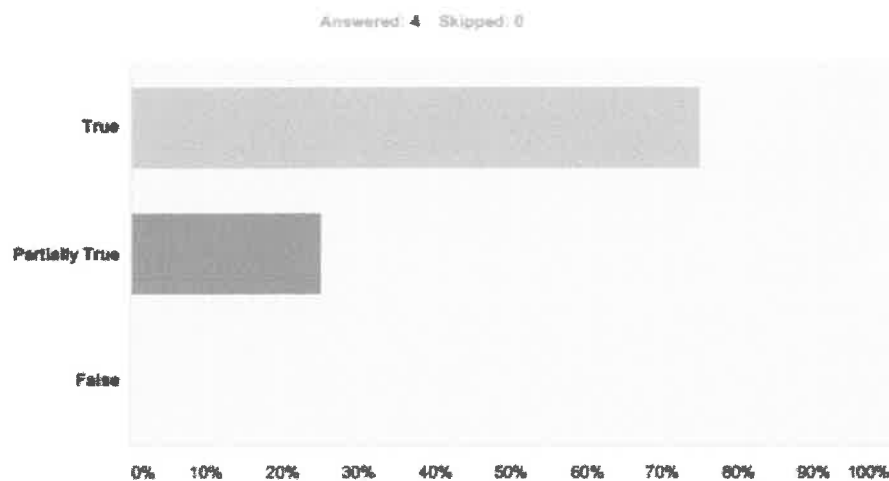
	True	Partially True	False	Skipped Question
<b>2015</b>	4	0	0	0
<b>2014</b>	4	0	0	0
<b>2013</b>	7	0	0	1

**2015 Comments:** No Responses

**2014 Comments:** No Responses

**2013 Comments:** No Responses

**13. During the last grant year United Way provided all funded providers with information, training, and assistance needed to ensure that they are able to meet financial management, data collection, or other management and reporting requirements.**



	True	Partially True	False	Skipped Question
<b>2015</b>	3	1	0	0
<b>2014</b>	4	0	0	0
<b>2013</b>	7	0	0	1

**2015 Comments:**

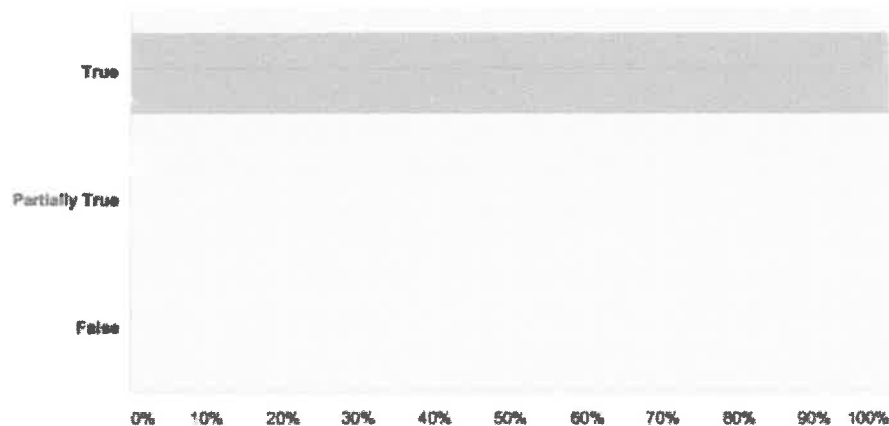
- It seems compared to my experience with current "lead" agent that United Way was performing only at the most basic level that it could get by with.

**2014 Comments:** No Responses

**2013 Comments:** No Responses

**14. During the last grant year United Way provided prompt (within 5 working days) responses to verbal or written requests for information and/or assistance from funded providers.**

Answered: 4 Skipped: 0



	True	Partially True	False	Skipped Question
2015	4	0	0	0
2014	4	0	0	0
2013	7	1	0	0

**2015 Comments: No Responses**

**2014 Comments: No Responses**

**2013 Comments: No Responses**

**15. Regarding United Way's contract management systems and procedures during the last grant year, what three things did United Way do best over the past year?**

#	1.	Date
1	Very prompt to grantees requests.	8/19/2015 3:27 PM
2	sending reminders	8/14/2015 5:53 PM
3	Communicate with providers and respond to questions	5/26/2015 3:00 PM
4	No comment.	5/20/2015 10:00 AM
#	2.	Date
1	Responsive to grantees training needs	8/19/2015 3:27 PM
2	chart review	8/14/2015 5:53 PM
#	3.	Date
1	Very helpful with all requests and timely.	8/19/2015 3:27 PM
2	interaction with grantees	8/14/2015 5:53 PM

**2014 Comments:**

- Site visits and training

- Improved in Invoice turn around time
- RFP release
- Answering questions
- Prompt communications in contract amendments
- Pre-bidders meeting
- Fairness of the RFP and procurement process
- Overall administrative procedures
- Invoice processing to Grantee's office

2013 Comments:

- Communicate with the agency in a prompt, effective and detailed manner
- Communication
- Auditing and teaching
- Decreased the turn around time in invoices
- Communication
- Contract monitoring
- Communication was exceptional
- Procedures with site visits and audits are consistent
- Preparation
- RFP interviewing and funding selection
- Replied to all inquiries concerning finances
- Thoroughness of RFP
- Review of financial reports
- Clear and concise directives
- All staff conducting audits possess positive attitudes and professional behavior and are able to answer detailed questions and follow up with you for feedback purposes
- Transparency
- Responding to questions and providing support
- Funding allocation decisions
- Always willing to answer questions

**16. Regarding Metro Government's RFQ and contracting processes during the current grant year, what three things did Metro Government do best?**

#	1.	Date
1	Got the RFQ out	8/19/2015 3:27 PM
2	assisting grantee throughout the process	8/14/2015 5:53 PM
3	It may be that this process will get better over time, but there was nothing in the process that worked well this current grant year	5/26/2015 3:00 PM
4	Transparency of communication about the review process was incredible.	5/20/2015 10:00 AM
#	2.	Date
1	Responded to questions.	8/19/2015 3:27 PM
2	setting policies and procedures	8/14/2015 5:53 PM
#	3.	Date
1	Worked with grantees until process was completed	8/19/2015 3:27 PM
2	helping grantees with electronic system	8/14/2015 5:53 PM

**2014 Comments:**

- None
- Continue to decrease invoice payment time
- Nothing since payment seems to bog down once the invoices hit Metro

**2013 Comments:**

- Provide virtual technology meetings
- None
- N/A
- None
- Provide periodic trainings on the process for new staff working with MPHD and the Administrative agent and it expectations;
- Continue to maintain all the hard work and effort each person is performing on a day-to-day basis to ensure the Administrative Agency and MPHD continue to function.

**17. What are three Metro Government procurement and contracting processes during the current grant year in which you believe improvement is needed?**

#	1.	Date
1	Be more timely	8/19/2015 3:27 PM
2	earlier RFP	8/14/2015 5:53 PM
3	Making information in iSupplier clearer and actually responding to questions via iSupplier	5/26/2015 3:00 PM
4	Communication to responses during the RFQ process should be streamlined and improved. Some questions weren't even addressed.	5/20/2015 10:00 AM
#	2.	Date
1	Be simpler	8/19/2015 3:27 PM
2	avoid duplication of application materials	8/14/2015 5:53 PM
3	Preparing contracts in a timely manner and developing some flexibility in DocuSign (i.e., have room for more than 1 signatory)	5/26/2015 3:00 PM
4	Based on the fact that we did not receive some contracts until after the beginning of the grant year, I'd say there is ample room for improvement.	5/20/2015 10:00 AM
#	3.	Date
1	smoother navigation through the electronic submission system	8/14/2015 5:53 PM
2	Executing contracts with Metro signatures in a timely manner	5/26/2015 3:00 PM

**18. Overall, how satisfied are you with the following:**

	Not at all	A little	Moderately	Very	Total
The RFQ and contracting processes through Metro Government	25.00% 1	25.00% 1	50.00% 2	0.00% 0	4
Reporting through United Way (Over the last grant year)	0.00% 0	25.00% 1	0.00% 0	75.00% 3	4
Invoice Payment through United Way (Over the last grant year)	0.00% 0	25.00% 1	50.00% 2	25.00% 1	4
Contract Monitoring through United Way (Over the last grant year)	0.00% 0	25.00% 1	25.00% 1	50.00% 2	4
Communications with Administrative Agent through United Way (Over the last grant year)	25.00% 1	0.00% 0	0.00% 0	75.00% 3	4
Technical assistance for providers through United Way (Over the last grant year)	25.00% 1	0.00% 0	25.00% 1	50.00% 2	4



**West Central Florida Ryan White Care Council**

**Assessment of the Administrative Mechanism**

**Part A**

**2012-2013**

Prepared by the Health Council of East Central  
under contract by The Health Councils, Inc.



9600 Koger Blvd., Ste. 221  
St. Petersburg, FL 33702  
[www.healthcouncils.org](http://www.healthcouncils.org)

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## Executive Summary

The Ryan White HIV/AIDS Program provides care for those individuals living with HIV/AIDS who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to obtain the care they need for their HIV disease. As such, the Ryan White HIV/AIDS Program fills gaps in care as the “payer of last resort.” The original legislation was first enacted in 1990 as the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act and has been reauthorized four times since. The Ryan White HIV/AIDS Treatment Extension Act was reauthorized in 2009.

The Ryan White Act funds core health services and support services. Part A and Part B of the Ryan White Act provide funding for services in Hardee, Hernando, Highlands, Hillsborough, Manatee, Pasco, Pinellas and Polk Counties. The West Central Florida Ryan White Care Council (herein referred to as the Care Council) is a planning body that assesses needs, conducts planning, allocates resources and evaluates HIV/AIDS services in the eight county Total Service Area (TSA). Services for Part A are administered by the Ryan White Program, Hillsborough County Family & Aging Services Department (herein referred to as the Grantee Office). Services for Part B had also been administered by the Grantee Office, however, administration was transferred to the Florida Department of Health in Pinellas County during fiscal year 2012-13.

An Assessment of the Administrative Mechanism (AAM) is an evaluation of the administrative processes conducted by the Grantee Office and ensures that services are being funded as indicated by the Care Council priorities and reimbursed within a timely manner to providers. The administrative assessment reviews the Request for Application (RFA) process, contracting and contract modifications, provider reimbursement and adherence to the Care Council priorities. This AAM covers services provided under Part A and the administration by the Hillsborough County Grantee Office. The following details the major findings and recommendations of the AAM for fiscal year 2012-2013 (FY 12-13).

### *Results of Provider Survey*

The provider survey questions were revised by the Resource Prioritization and Allocation Recommendations Committee (RPARC) and sent to a total of thirteen providers via email in July 2013. The survey was web-based and respondents had until July 30, 2013 to respond. Ten providers responded, for a response rate of 76.9 percent. In every category and question, there was an increase in the satisfaction rates over the prior year. The following summarizes the responses.

#### Contracts

- Overall, 100 percent of providers agreed that their contract was negotiated in a timely and fair process (10 out of 10 respondents), that their contracts were executed in a timely and efficient manner (9 out of 9 respondents), and that their contract amendments were executed in a timely and efficient manner (9 out of 9 respondents). This is an improvement to the prior year, where between 79 percent and 87 percent agreed.

#### Reimbursement

- Overall, 100 percent of providers (8 out of 8) agreed that the majority of their payments from Hillsborough County Government were processed within 45 calendar days. This is a large improvement from last year, when only 50 percent agreed.

#### Expenditures

- Overall, 100 percent of providers (7 out of 7; 3 left the question blank or marked Does Not Apply) agreed that the Grantee Office contacted their agency to review utilization and expenditure data if spending was not on target.
- Overall, 87.5 percent of providers (7 out of 8) agreed that the Grantee Office informed their agency of the reallocation processes and requirements of their spending plan in order to make necessary adjustments during the year.
- Both of these are up from the prior year (69.2 percent and 78.5 percent, respectively.)

#### Technical Assistance

- Of those responding, 85.7 percent of providers (6 out of 7, with 3 responding Does Not Apply or blank) agreed that they received technical assistance from the Grantee Office staff for completion of invoices, reports and other requirements as needed. This is an improvement, up from 71.3 percent last year.

#### Communication with Grantee Office

- Overall, 100 percent of providers (9 out of 9) agreed that the Grantee Office staff provided their agency a clear explanation of Ryan White Program reporting requirements, compared with 87.4 percent last year.
- Overall, 88.9 percent of providers (8 out of 9) agreed that the Grantee Office kept their agency well informed of HRSA policies, procedures and updates that impact Ryan White Program providers. This is up slightly, from 81.2 percent.
- Overall, 87.5 percent of providers (7 out of 8) agreed that the Grantee Office kept their agency well informed of Care Council directives that impact Ryan White Program providers, compared with 81.2 percent last year.
- All providers (100 percent, 9 out of 9 respondents) agreed that the Grantee Office Staff is courteous and respectful. This is up from 81.2 percent in the prior year.
- All providers (100 percent, 9 out of 9 respondents) agreed that the Grantee Office staff responded promptly and adequately to inquiries, requests and problem-solving needs from their agency. This is up from 74.9 percent last year.

#### *Results of Care Council Member Survey*

The Care Council member survey questions were reviewed by the Resource Prioritization and Allocation Recommendations Committee (RPARC). The survey announcement was sent via email in July 2013 with a link to the web-based survey. Respondents were asked to respond by July 30, 2013. Seventeen Care Council members out of twenty-four responded, generating a response rate of 70.8 percent (compared to a rate of 67.9 percent in the previous year).

In the prior year, 100.0 percent of Care Council members agreed or strongly agreed with all questions. This year's respondents were also very satisfied, but not entirely unanimous. Below is the summary of their responses.

#### Allocations and Reallocations

- Overall, 100 percent of Care Council members (16 out of 16 respondents) agreed that the Grantee Office follows the Care Council's service priorities, resource allocations and reallocations. This is up from 89.5 percent last year.

#### Expenditures

- Overall, 100 percent of Care Council members (17 out of 17 respondents) agreed that the Grantee Office reports expenditure data to the Care Council on a quarterly basis.

#### Communication with Grantee Office

- Overall, 100 percent of Care Council members (16 out of 16 respondents) agreed that Grantee Office staff respond promptly and adequately to questions (regarding resource allocation, reallocation and expenditures).
- Overall, 94.1 percent of Care Council members (16 out of 17 respondents) agreed that the Grantee Office staff clearly communicate to the Care Council about the reallocation process.
- Overall, 100 percent of Care Council members (17 out of 17) agreed that the Grantee Office staff keeps the Care Council well informed of HRSA and Florida Department of Health policies, procedures and updates that impact the Ryan White Program.

#### Administration

- Overall, 94.1 percent of the Care Council members (16 out of 17 respondents) agreed that the Grantee Office effectively administers grant funds.

#### *Procurement/Request for Application (RFA) Process*

There were two RFAs issued during the 2012 calendar year. From the initial issuance of the RFA to the Board of County Commissions approval, the time elapsed was 65 days for the first one and 86 days for the second one. This is down from 160 days in 2011, a significant time difference. In the provider survey, 100 percent of providers agreed that their contract was negotiated in a timely and fair process, and that contracts were executed in a timely and efficient manner. Interviews with providers confirmed their satisfaction, with respondents saying the RFA process was consistent, predictable, fair, and efficient.

#### *Adherence to Care Council Priorities*

The Care Council has an established "Service Caps/Limits" document that is reviewed annually by the Care Council and revised as needed. The approved June 2011 version established the "Service Caps/Limits" document as a separate document from the previous "Minimum Standards of Care and Services Caps/Limits" document. Service categories setting caps/limits or exclusions to the eligibility criteria included: food bank/nutritional supplements, health insurance, oral health, primary care, treatment adherence, medical case management and case management (non-medical). The current version was approved in February 2013. All responding Care Council members agreed that the Grantee Office follows the Care Council's service priorities.

### *Care Council Allocations and Reallocations*

The Care Council and Grantee generally maintained allocations and expenditures close to the original allocation percentages. However, this year had slightly higher variances than in prior years.

Underspending in the categories of Pharmaceutical Assistance, Non-Medical Case Management, and Grantee Administration and Support occurred, and for the most part these funds were reallocated to other categories. The exception was in Grantee Admin funds, where a budget oversight caused funds to be placed into the wrong area and therefore roughly \$150,000 could not be spent.

Of the Care Council survey respondents, all (100%) agreed that the Grantee Office staff follows the Care Council's allocations and reallocations, and promptly and adequately responds to questions about allocation, reallocation and expenditures. In addition, 94.1 percent felt the staff clearly communicates about the reallocation process

### *Contracts and Contract Modifications*

For the FY 12-13 Part A and MAI budget, initial allocations were approved in September 2011 so that procurement and contracting could proceed. The contract renewals and extensions were approved by the Board of County Commissioners on February 22, 2012, which is 6 days prior to the start of the new program year. There were 48 contracts renewed or extended. During the course of the fiscal year, there were a total of 38 modifications. The provider surveys and interviews showed that providers were very satisfied with the timeliness and efficiency of the contract process.

### *Provider Reimbursement*

According to the Florida Prompt Payment Act, local government entities should process payments within 45 calendar days. To assess the length of time to process provider payments, a total of 1990 RWIS and 17 MOVEit invoice records were analyzed. Of those records, 132 (7.1 percent) were cancelled (for various reasons) and required re-submission by the provider seeking reimbursement. This rate is slightly higher than last years' rate of cancellation (6.6%). A total of 1,875 invoice records were then analyzed for length of processing.

- When looking at calendar days elapsed, 90.6 percent of invoices were paid within 45 days. This is a substantial improvement from last year, when the rate was 79.2 percent. This still means that one out of ten invoices did not meet the Florida Prompt Payment Act guideline, but it does represent a marked improvement.
- Of the 176 invoices that were longer than 45 days, 102 of the invoices (59.3 percent) were paid within 55 days.
- There were 132 invoices that were cancelled and had to be resubmitted. It is likely that all of these took significantly more than 45 days between the original submission and receipt of the resubmitted payment. Although the Grantee is not expected to process these under the same timeline, one can imagine that providers would be frustrated by this delay.

## **Summary and Recommendations:**

This AAM found improvements in almost every area analyzed. Provider responses indicate higher satisfaction in all areas, significantly so in some aspects. Care Council responses were almost entirely 100 percent; those that decreased from 100 percent last year remained in the mid-90 percents. The process for both RFAs occurred on time, efficiently, and according to plan. Contracts were renewed and extended in time for the new fiscal year, and the number of modifications dropped nearly in half from the year before. More than 90 percent of invoices were paid within 45 days, a significant improvement from the 79.6 percent rate the prior year.

That is not to say the administration went perfectly. There were issues that occurred during this time period:

- There were issues with eligibility entry into RWIS that delayed invoice submissions for some providers.
- The change in eligibility function placed a burden of double data entry on provider agencies.
- An oversight during the Budget Amendment process resulted in roughly \$150,000 being left unspent despite Grantee efforts to the contrary.

In these and other cases, the Grantee staff identified issues and problems, and worked with providers and the Care Council to try and resolve them. Interviews and surveys indicate that there was good communication around these issues and resolutions. This is a good model for how stakeholders should work together. Therefore, this AAM does not have any specific recommendations for improvement based on the activities in the 2012-13 fiscal year.

## Background

The West Central Florida Ryan White Care Council (Care Council) has a critical role in identifying needs and prioritizing service areas to be funded by the West Central Florida Ryan White Program. The Care Council is comprised of a combined Part A Planning Council and Part B Consortia and acts on behalf of all services being provided through the Total Service Area (TSA). An Assessment of the Administrative Mechanism was conducted on behalf of the Care Council to determine the extent to which the Grantee is efficiently implementing its administrative duties. During the fiscal year under assessment, Part B funds were switched from being administered through Hillsborough County to the new Lead Agency, Florida Department of Health in Pinellas County. This AAM covers only the Part A administration, although it mentions Part B where there was overlap.

The Ryan White HIV/AIDS Treatment Modernization Act Part A Manual describes the process as:

*“The planning council assesses the efficiency of the administrative mechanism, which entails evaluation of how rapidly funds are allocated. The purpose is to assure that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner. The planning council should not be involved in how the administrative agency monitors providers.*

*...The planning council can also assess whether the services that have been procured by the grantee are consistent with stated planning council priorities, resource allocations, and instructions as to how to meet these priorities. However, assessing the administrative mechanism is not an evaluation of the grantee or individual service providers, which is a grantee responsibility.”*

## Methodology

The Assessment of the Administrative Mechanism examines the allocations determined by the Care Council, contracting of those services, and reimbursement for those services. Data was collected through the following means:

- Provider Survey
- Care Council Survey
- Review of Care Council Approvals of Allocations and Re-allocations
- Review of Provider Contracts and Contract Amendments
- Review of Provider Invoices and Reimbursement Records
- Review of Committee Meeting Minutes
- Interviews with Grantee staff, provider staff, and Care Council members

Both the Provider Survey and the Care Council Survey questions were reviewed by the Resource Prioritization and Allocation Recommendations Committee (RPARC). The Health Council of East Central Florida announced the surveys via email, which provided a link to the web-based survey tool.



**Timeframe for this AAM:** Allocations and re-allocations for services provided in fiscal year 2012-2013 (FY 12-13) for Part A and Minority AIDS Initiative (MAI) funding were obtained through a review of Care Council meeting minutes. Contracted amounts with any subsequent amendments were documented through a review of FY 12-13 provider contracts.

Invoice and reimbursement data was collected for the time period of March 1, 2012 through June 30, 2013. All Ryan White invoices submitted through the Ryan White Information System (RWIS) during the specified timeframe were included in the analysis. Additionally, a sample of those invoices submitted through the MOVEIt system was also included. MOVEIt data was sampled from each quarter of the fiscal year.

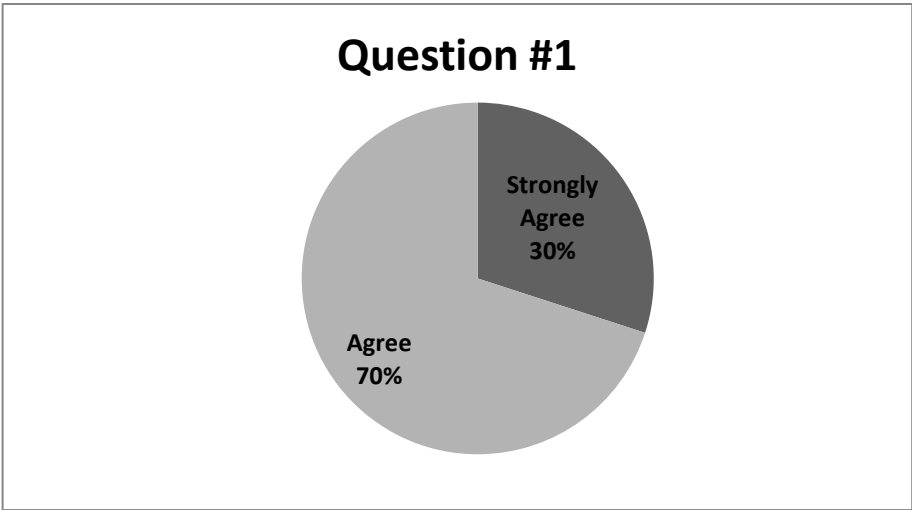
## **Results of Provider Survey and Interviews**

The provider survey questions were reviewed by the Resource Prioritization and Allocation Recommendations Committee (RPARC) and a link to the survey was sent to a total of thirteen providers via email in July 2013. The survey was web-based and respondents had until July 30, 2013 to respond. Ten providers responded, for a response rate of 76.9 percent (compared to a response rate of 94.1 percent in the prior year). Providers were asked twelve questions and given an opportunity to provide additional comments at the end of the survey. Response options ranged from “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree” and “does not apply.” “Does not apply” and blank responses were excluded from valid response calculations. In addition to the survey, provider staff members were interviewed.

The following results detail the provider responses and summarize any comments provided that relate to the individual topic. Response rates from the previous year are also provided for comparison, where there were 16-18 respondents for each question.

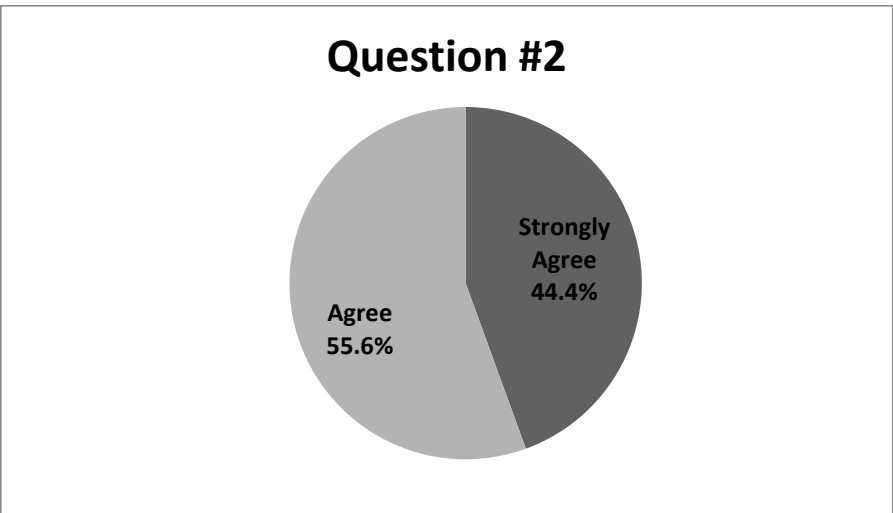
**Q1: The Grantee Office staff conducted a timely and fair contract negotiation process with my agency.**

Out of 10 respondents, all (100 percent) either agreed or strongly agreed that the Grantee Office staff managed a timely and fair contract negotiation process, an increase from the previous year (87.5 percent). No respondents chose to add a comment in the survey. Providers interviewed had very positive comments about the contract negotiation process, saying that it was consistent, predictable, fair, and efficient.



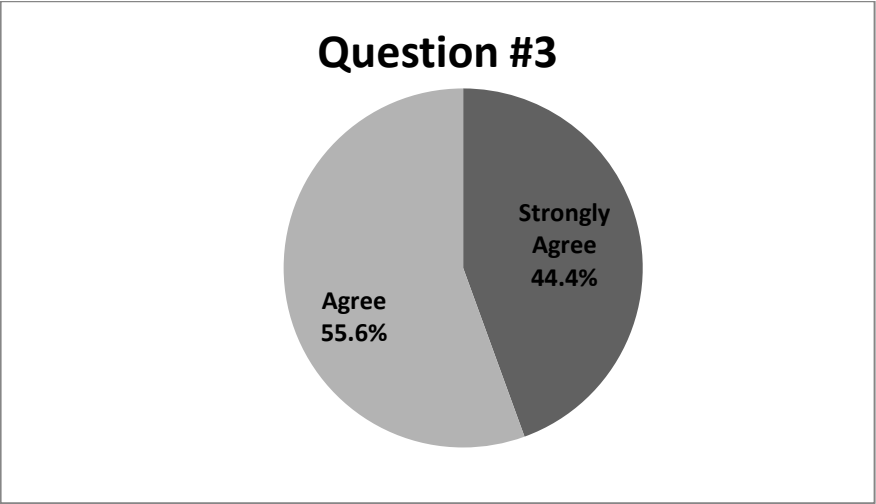
**2: The Grantee Office staff executed my agency’s contract in a timely and efficient manner, on or prior to March 1st, the start of the new fiscal year.**

All respondents (9 out of 9) agreed or strongly agreed that the Grantee staff executed the agency’s contract in a timely and efficient manner, on or prior to the start of the new fiscal year. This is up from 87.4 percent in the prior year and 81.3 percent the year before that. No one chose to comment on the contracting efficiency.



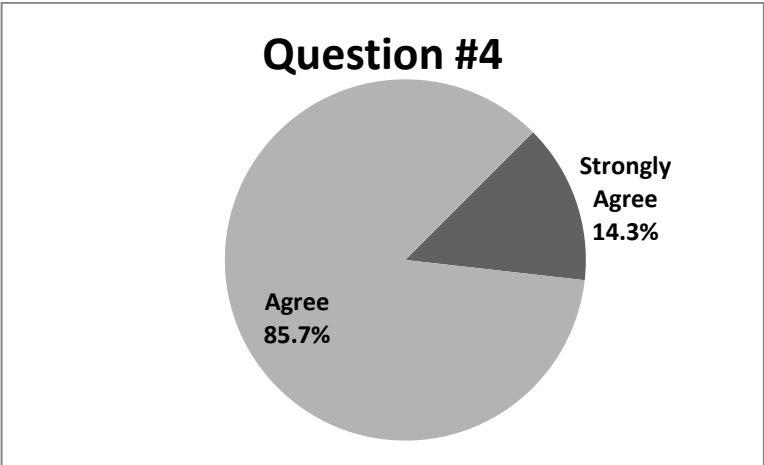
**Q3: The Grantee Office staff executed amendments to my agency contract in a timely and efficient manner.**

All respondents (100 percent) agreed or strongly agreed that contract amendments were timely and efficient. This is a change from last year, where only 75 percent, (12 out of 16) agreed or strongly agreed that contract amendments were timely and efficient. During the prior year, there was a marked increase in the number of amendments for Part A/MAI funds. This was largely due to partial funding and incorrect award notices from HRSA. This year there were far fewer amendments, and the satisfaction ratings here reflect that. The comments from providers during the interviews also reflected high levels of satisfaction with the timeliness and efficiency of the process.



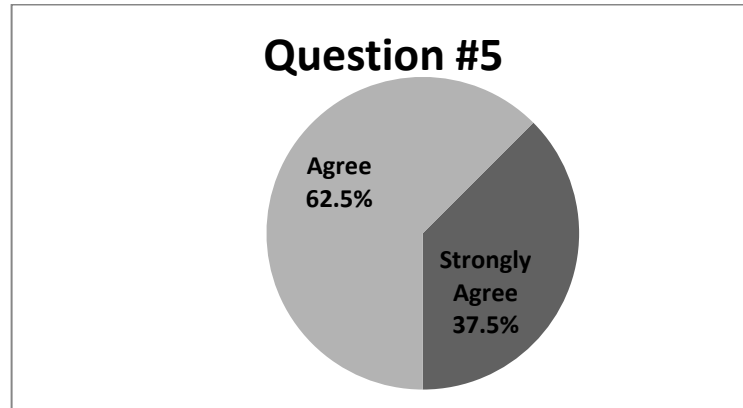
**Q4: The Grantee Office staff contacted me to review my agency’s utilization and expenditures and followed up with my agency if spending was not on target.**

Overall, 7 out of 7 (100 percent) respondents agreed or strongly agreed, with three respondents choosing Not Applicable or not answering the question, possibly because a review of expenditure data is only conducted with providers if expenditures are below target. This rate of 100 percent is up significantly from 69.2 percent last year. No respondent chose to enter a comment.



**Q5: On average, my agency receives payments from Hillsborough County Government for our invoices within 45 calendar days.**

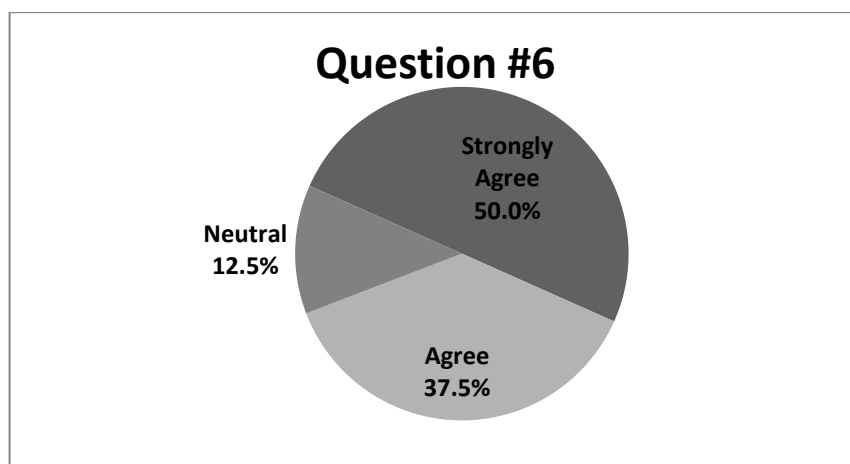
All respondents (100 percent) who answered this question agreed or strongly agreed that their agency received payment within 45 calendar days on average (8 out of 8), while two respondents chose not to answer the question. This is in stark contrast to last year, where only half (8 out of 16) agreed or strongly agreed. The prior year saw Grantee staff cuts and a reorganization, which impacted the timeliness of payments. The Grantee was back to normal with invoice processing for FY 12-13. During interviews, providers confirmed that invoice processing timeliness was fine during FY 12-13. All commented that during the current year of FY 13-14 (outside of the time range of this AAM) the invoice process changed and there were issues with the transition. This will be covered during the next AAM for FY 13-14.



**Q6: The Grantee Office staff informed my agency of reallocation processes and the requirements of our spending plan in order to make necessary adjustments during the year.**

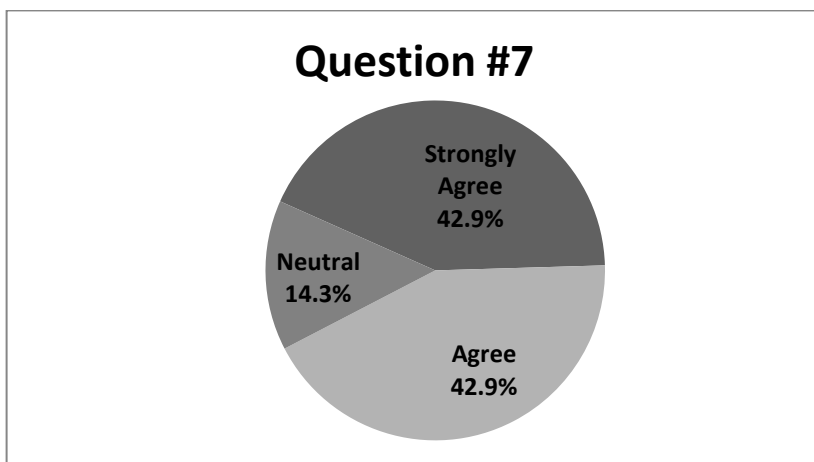
The majority of respondents, 87.5 percent, agreed or strongly agreed that the Grantee staff kept them informed of the reallocation process and spending plan requirements in order to make necessary adjustments during the year. One respondent was neutral and one did not respond. These responses are an improvement from last year, when 78.5 percent of valid responses agreed or strongly agreed.

**Comments:** One comment was made encouraging the Grantee to be more proactive regarding monitoring expenditures and the reallocation process to ensure that all funds are expended.



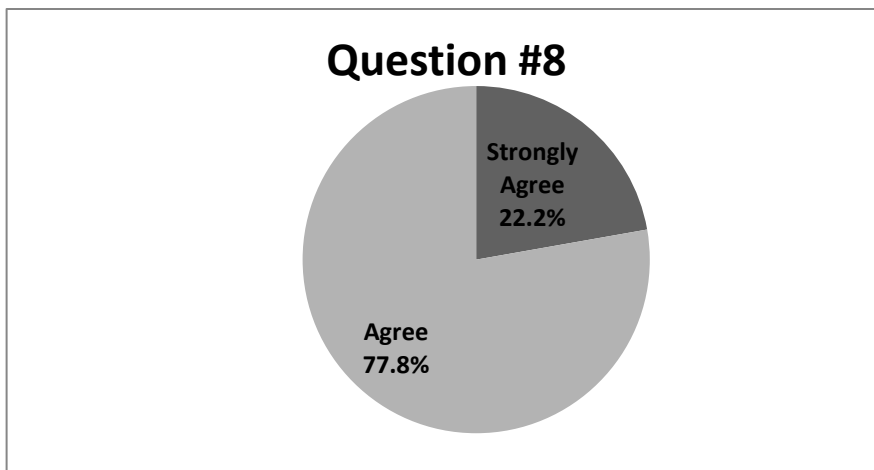
**Q7: The Grantee Office staff provided technical assistance to my agency for completion of invoices, reports and other requirements as needed.**

Six out of seven respondents (85.7 percent) agreed or strongly agreed that the Grantee Office staff provided technical assistance, as needed. One respondent was neutral. There were three respondents who marked Not Applicable or did not respond. This is an improvement over last year, when 71.5 percent agreed or strongly agreed, 14.2 percent were neutral, and 14.3 percent disagreed or strongly disagreed. No respondents chose to make a comment on the survey, but during the interview several providers were very complimentary toward the grantee staff. Comments included that they are knowledgeable, stay on top of all details, and are excellent in identifying solutions and resolving issues.



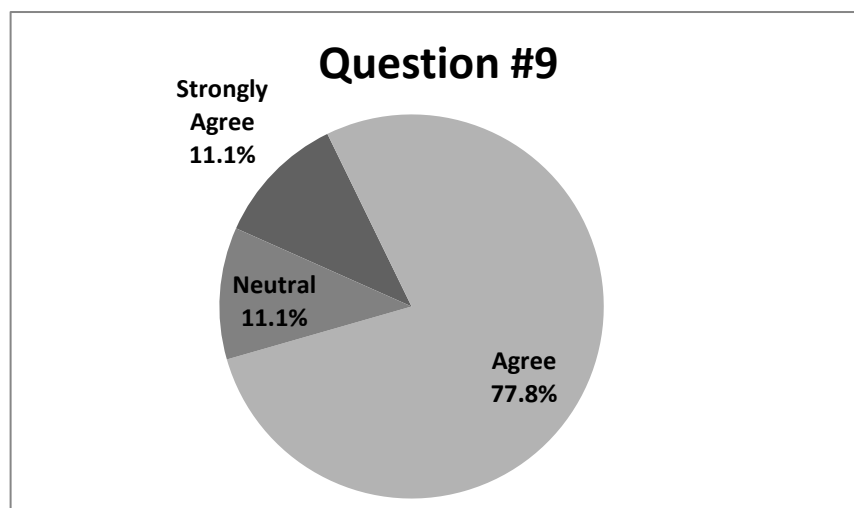
**Q8: The Grantee Office staff provided our agency with a clear explanation of Ryan White Part A Program reporting requirements (i.e., Ryan White Services Report (RSR), client eligibility screening,, etc.).**

All respondents (100 percent) agreed or strongly agreed that the Grantee Office staff provided a clear explanation of Ryan White Program reporting requirements. Last year, 87.4 percent agreed or strongly agreed. No respondents provided comments.



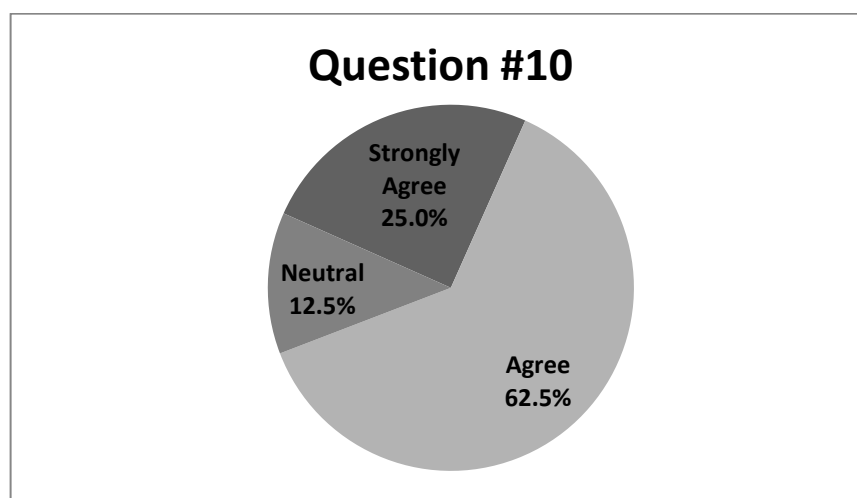
**Q9: The Grantee Office kept our agency well informed of Health Resources and Services Administration (HRSA) policies, procedures and updates that impact Ryan White Part A Program providers.**

Overall, 88.9 percent of respondents agreed or strongly agreed (8 out of 9) that the Grantee Office kept their agency well informed of HRSA policies, procedures and updates; one respondent was neutral. Last year 81.2 percent agreed or strongly agreed, with two being neutral and one disagreeing. No respondents entered comments, but those interviewed praised the level of communication from the Grantee staff.



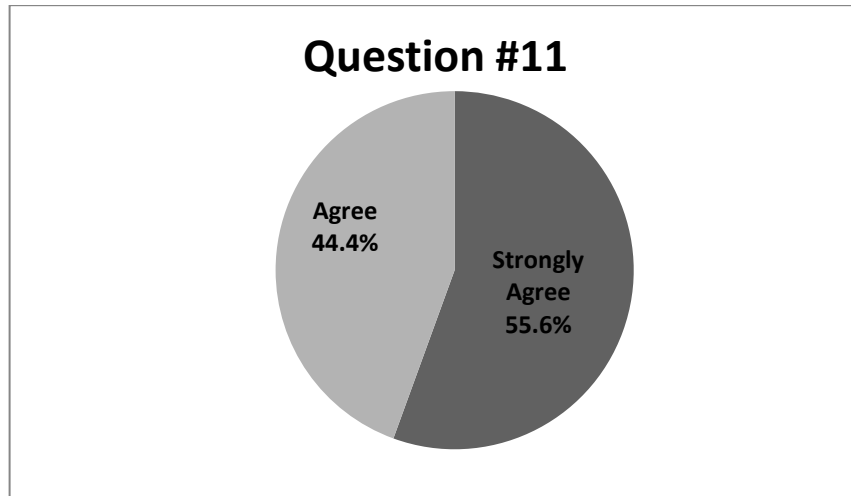
**Q10: The Grantee Office kept our agency well informed of Care Council directives that impact Ryan White Part A Program providers.**

Of those responding, 87.5 percent of the respondents (7 out of 8) agreed or strongly agreed that the Grantee Office staff kept their agency well informed of Care Council directives that impact Ryan White Part A Program providers. One respondent was neutral; two did not respond. These are close to last year's results, when 81.2 percent agreed or strongly agreed. There were no comments entered.



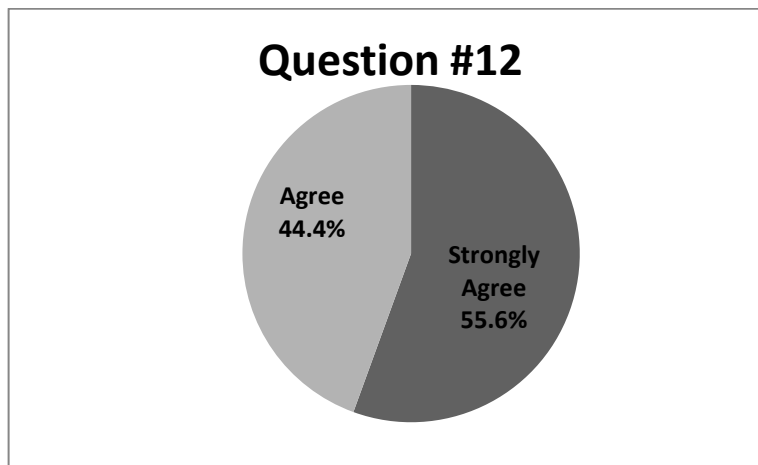
**Q11: Grantee Office staff is courteous and respectful.**

All respondents (100 percent) agreed or strongly agreed that the Grantee Office staff were courteous and respectful. Last year, 18.8 percent of respondents were neutral; the remaining 81.2 percent agreed or strongly agreed. The interviewed providers were unanimous that the staff were helpful, easy to work with, and respectful.



**Q12: The Grantee Office staff responded promptly and adequately to inquiries, requests and problem-solving needs from our agency.**

All respondents (9 out of 9) agreed or strongly agreed that the Grantee Office staff responded promptly and adequately to inquiries, requests and problem-solving needs from their agency. Last year, only 75 percent (12 out of 16) agreed or strongly agreed. Three out of 16 (18.7 percent) of respondents disagreed or strongly disagreed with this statement, and one was neutral.



**General Comments made by survey respondents:**

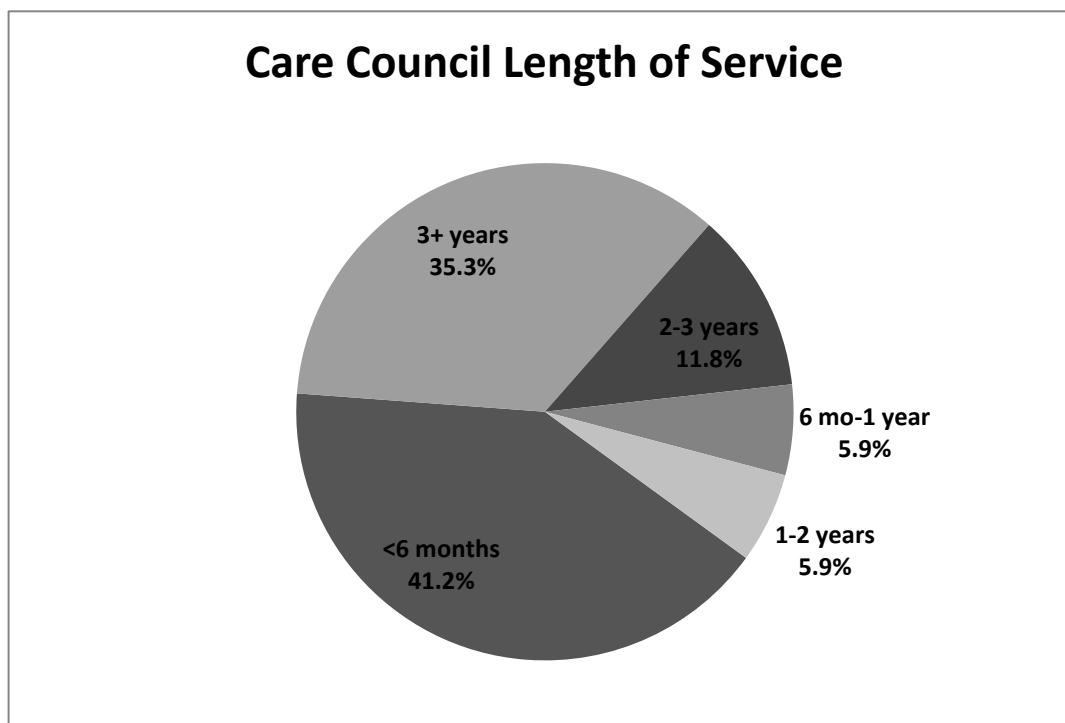
Only one respondent chose to make a comment at the end of the survey. This person commented that Grantee staff are always helpful.

## Results of Care Council Member Survey and Interviews

The Care Council member survey questions were reviewed by the Resource Prioritization and Allocation Recommendations Committee (RPARC). The survey announcement was sent via email in July 2013 with a link to the web-based survey. Seventeen Care Council members out of twenty-four responded, generating a response rate of 70.8 percent (compared to a rate of 67.9 percent in the previous year). The deadline for surveys to be completed was July 30, 2013. In addition to the survey, four Care Council members were interviewed.

Care Council members were asked six questions and given an opportunity to provide additional comments at the end of the survey. Response options ranged from “strongly agree,” “agree,” “neutral,” “disagree,” “strongly disagree,” and “does not apply.”

Respondents were also asked their length of service on the Care Council. The two largest groups were those with the shortest and the longest times: members with less than six months service (41.2 percent) and those with three or more years of service (35.3 percent).

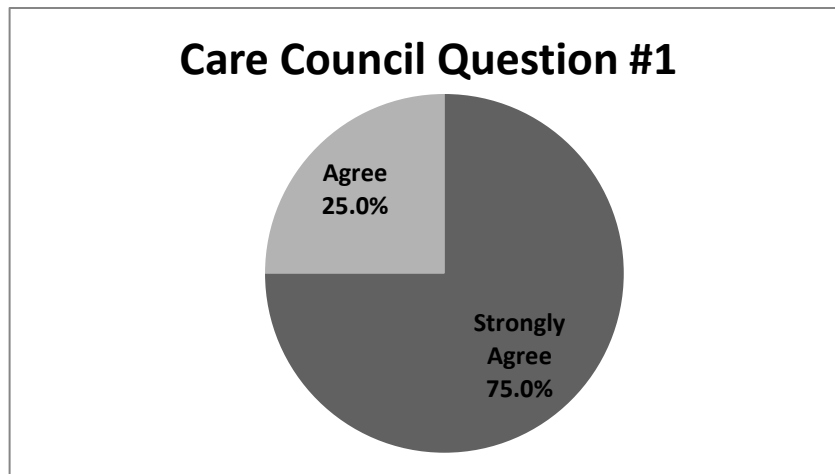


The following results detail the Care Council responses to the survey questions and summarize any comments provided that relate to the individual topic.



**Q1: The Grantee Office staff follows the Care Council's service priorities, resource allocations and re-allocations.**

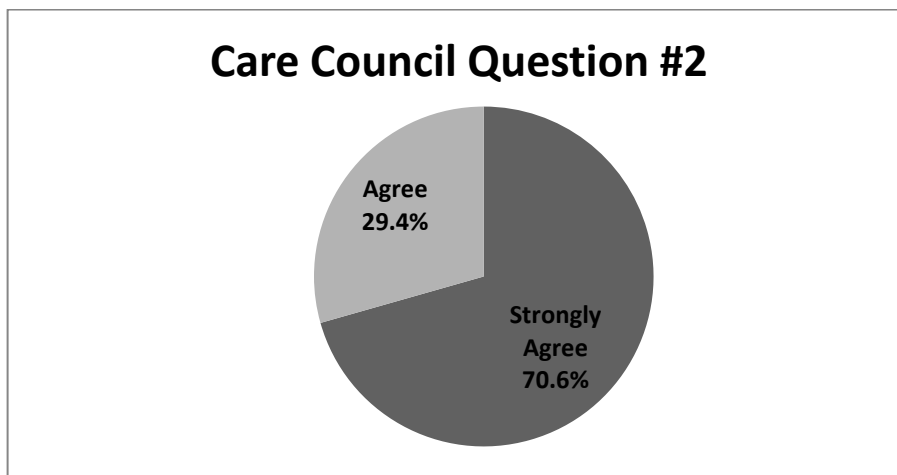
Sixteen respondents (100 percent) either agreed or strongly agreed that the Grantee Office staff follows the Care Council's service priorities, resource allocations and reallocations. One respondent marked "Does Not Apply." These results are similar to last year's results.



**Comments:** One survey respondent praised the Grantee staff. All members interviewed responded positively that the Grantee followed their priorities and allocation decisions.

**Q2: The Grantee Office staff reports expenditure data to the Care Council on a quarterly basis.**

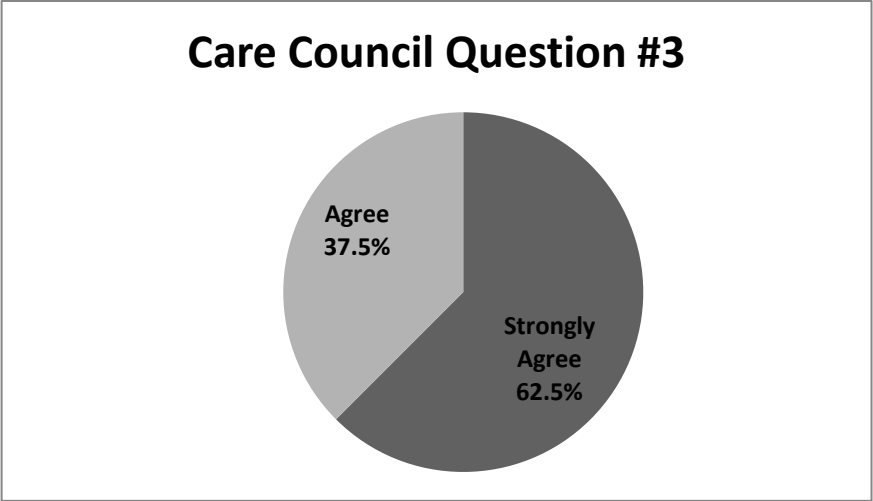
All seventeen respondents (100 percent) agreed or strongly agreed that the Grantee Office staff report expenditure data to the Care Council on a quarterly basis. The results were the same last year.



**Comments:** One person commented that, despite their short time on the Council, they had been very impressed by how engaged and forthcoming the Grantee was with information. All interviewed members had positive comments about the communication from the Grantee on expenditures.

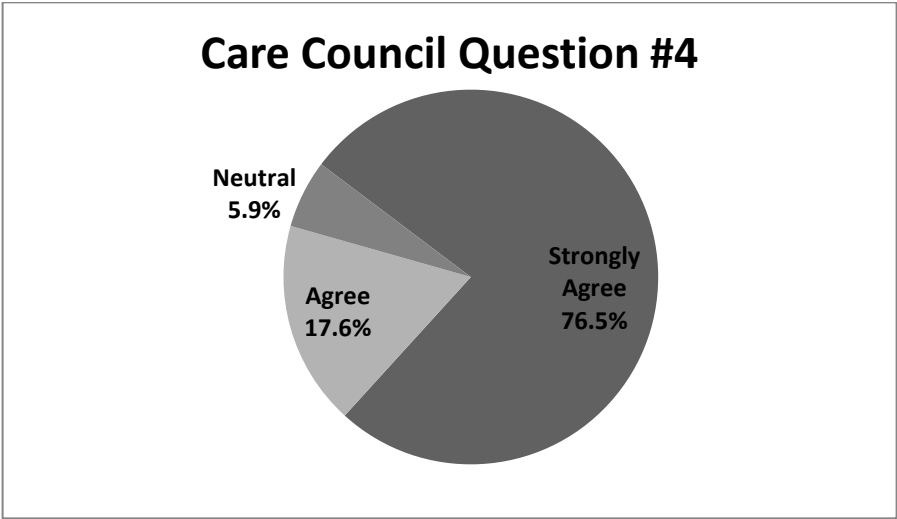
**Q3: The Grantee Office staff promptly and adequately responds to questions from the Care Council on resource allocation, reallocation and expenditures.**

All respondents (100 percent) agreed or strongly agreed that Grantee Office staff responds to resource allocation, reallocation and expenditure inquiries from the Care Council promptly and adequately. One respondent chose not to answer. Last year’s responses were similarly positive.



**Q4: The Grantee Office staff clearly communicates to the Care Council about the reallocation process.**

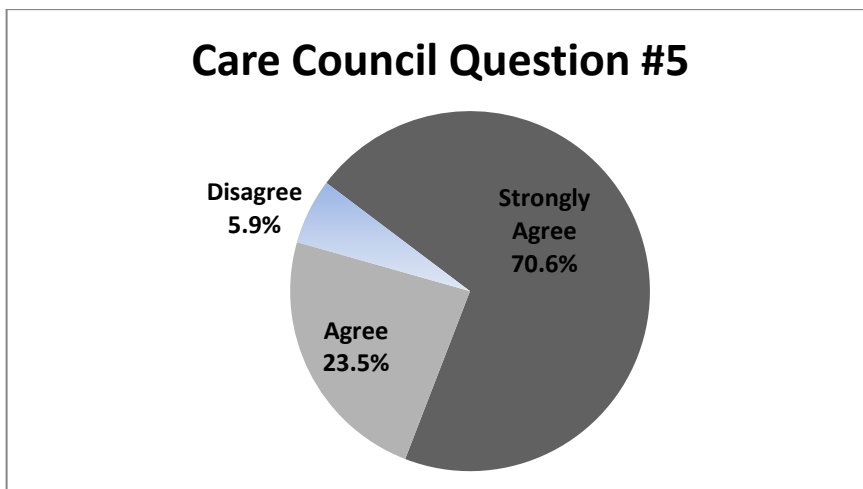
Sixteen respondents (94.1 percent) agreed or strongly agreed that the Grantee Office staff clearly communicates about the reallocation process to the Care Council, while one respondent was neutral. Last year all respondents agreed or strongly agreed.



**Comments:** One respondent elaborated on the completeness of information provided. During the interviews, two respondents praised the Grantee for the level of communication around reallocations.

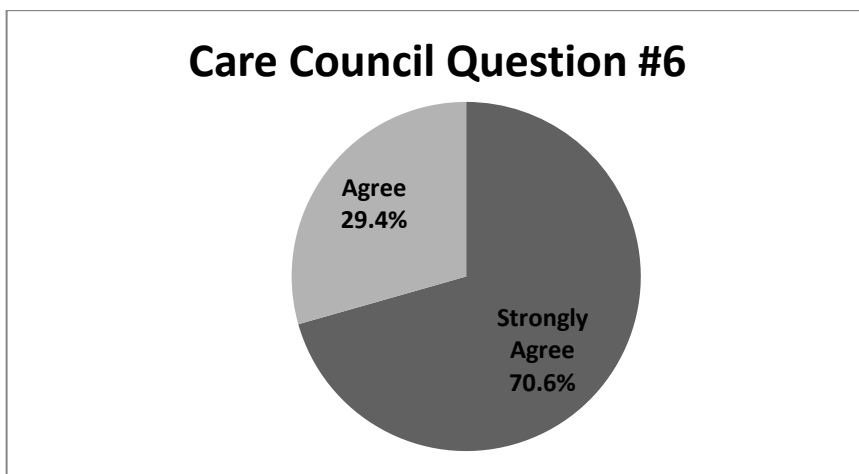
**Q5: The Grantee Office staff effectively administers grant funds.**

Sixteen respondents (94.1 percent) agreed or strongly agreed that the Grantee Office staff effectively administers grant funds. One respondent disagreed; no respondents entered a comment to elaborate. Last year 100 percent of those choosing to respond agreed or strongly agreed.



**Q6: The Grantee Office staff keeps the Care Council well informed of HRSA policies, procedures and updates that impact the Ryan White Program.**

All seventeen respondents agreed or strongly agreed that the Grantee Office staff keeps the Care Council well informed of HRSA policies, procedures and updates that impact the Ryan White Program. These results are similar to last year's responses.



**General Comments:**

Five respondents chose to leave general comments. All comments praised the Grantee on one or more areas including being knowledgeable, responsive, helpful, warm, welcoming, and diligent in their communication. They also complimented the approach and efforts of the Grantee staff.

## Procurement/Request for Application (RFA) Process

The Board of County Commissioners (BOCC) for Hillsborough County approves a two-year budget in advance for the Ryan White Part A Program. The approved budget is entered into the Clerk of the Court's Financial Accounting Management Information System (FAMIS) and obligates funds for Part A and MAI prior to the HRSA Notice of Grant Award and Florida Department of Health contract.

Contracts for Ryan White services are procured through a Request for Application (RFA) process or are renewed annually for existing contracts. Services are procured on a five year contract cycle by service category and county, with contracts being renewed on an annual basis if providers meet performance criteria. If needed, RFAs are issued for services within the five year period if a new provider is required or new services are being procured.

Two RFAs were issued during calendar year 2012 to procure services for a five year contract cycle. One was based on additional funding from HRSA; the other was for Medical Case Management services in two areas. The following flowchart illustrates the average processing time for both RFAs.

RFA Process	RFA Issued in April 2012	RFA Issued in November 2012
RFA Advertised	4/2/12	11/26/12
Pre-submittal Conference	4/5/12 (3 days)	12/4/12 (8 days)
Requests for Interpretation	4/10/12 (5 days)	12/7/12 (3 days)
Deadline & Evaluation of Applications	4/27/12 (17 days)	12/28/12 (21 days)
Award Recommendations Posted	5/9/12 (12 days)	1/10/13 (13 days)
Grievances and Appeals	5/22/12 (13 days)	1/24/13 (14 days)
Board of County Commissioners Approval	6/6/12 (15 days)	2/20/13 (27 days)
<b>TOTAL</b>	<b>65 days</b>	<b>86 days</b>

There were 65 and 86 days from issuance of the RFA to BOCC approval. This is down from 160 days in 2011. In the provider survey, 100 percent of providers agreed that their contract was negotiated in a timely and fair process, and that contracts were executed in a timely and efficient manner. These results are an improvement from the prior year.

## **Adherence to Care Council Priorities**

As previously noted, the AAM allows the Care Council to “*assess whether the services that have been procured by the grantee are consistent with stated planning council priorities, resource allocations, and instructions as to how to meet these priorities.*” On June 2, 2011, the Care Council approved the *Service Caps/Limits and Eligibility* as a separate document from the previous *Minimum Standards of Care and Service Caps* document.

The *Service Caps/Limits and Eligibility* document is reviewed annually by the Care Council and revised as needed. The following table (approved February 6, 2013) illustrates the current service caps/limits for those currently funded service categories. The Grantee uses these caps when soliciting proposals for services. The RFA includes the service caps and requires providers to adhere to them. All Care Council members that responded to the survey agreed that the Grantee Office follows the Care Council’s service priorities.

Currently Funded Service Category	Cap/Limit	Eligibility Exceptions
<b>Note:</b> “Common Criteria” eligibility for all services is: HIV positive, proof of residency, proof of income, and income <400% Federal Poverty level (FPL), except where noted.		
Food Bank/Nutritional Supplements	No cap/limit established	Income <150% Federal Poverty level (FPL) which includes a provision for waiver when required
Transportation	No cap/limit established	Common Criteria Only
Substance Abuse	No cap/limit established	Common Criteria Only
Mental Health	No cap/limit established	Common Criteria Only
Drug Reimbursement	No cap/limit established	Common Criteria Only
Health Insurance	Enrolled clients receive up to \$275/month for co-pays and up to \$400/month for COBRA, group and individual insurance premium payments	Common Criteria Only Note: Grantee has the authority to increase caps when necessary to ensure all funds are utilized for the grant period
Oral Health	\$2,000  Covered services are limited to: exams, x-rays, fillings, extractions, cleanings (prophylaxis, scaling and root planing, gross debridement), dentures (partial or full) and oral health instruction.	Common Criteria Only Note: Grantee considers exceptions on a case by case basis only if medically necessary
Primary Care	No limit on office visits or labs	Babies born to HIV positive mothers (pediatric indeterminate) may be served until 2 years of age  Must be receiving primary care from a Ryan White funded provider
Patient Education/Treatment Adherence*	No more than 25% of total primary care contract may be used for patient education. (*The Care Council designated pregnant women, infants, children and adolescents as special populations and does not include them in the service cap for primary care patient education)	
Treatment Adherence	No cap/limit established	Available only to Minority AIDS Initiative (MAI) clients
Case Management	\$2,400	Common Criteria Only Grantee considers exceptions on a case by case basis
Case Management (non-medical)	No cap/limit established	State Eligibility Rule 64D allows a one-time exception

Other priorities identified by the Care Council in regard to contracting for services are discussed with the Grantee Office when establishing criteria for the RFAs and contract renewals. Care Council priorities are also discussed during the priority setting and resource allocation process that occurs annually.

## **Care Council Allocations and Reallocations**

The grant year for Part A begins March 1<sup>st</sup> of each year. HRSA notifies the Grantee of the award amount, usually sometime in March. For 2012-13, HRSA made the grant award in full, with the notice coming in early March, 2012. The Care Council was notified on March 7, 2012 that there was an increase of 1.7% in the Part A Supplemental Award. This timing is an improvement over the prior year, when funding and budget issues at the federal level caused HRSA to make a partial award in March 2011, a final award notification in mid-July, and then a corrected final award in late July.

The initial allocations had been made by RPARC in September 2011, to allow the procurement process to proceed in time for the start of the new fiscal year. Based on the March 2012 award notice, a new set of allocations was approved by the Care Council on April 4, 2012. This included the additional funding, and an RFA was issued for bids to provide the services funded by the increase.

Funds were then reallocated in August 2012 to reflect the change in Part B Lead Agency over to the Florida Department of Health in Pinellas County. A second reallocation occurred in October 2012, based on expenditure patterns for the year. The final reallocation, approved by the Care Council in December 2012, reflected the expenditure projections for the year. In February, the Grantee also made the typical year-end reallocations (sweep) in order to provide as many services as the funding would support.

Several categories had a variation greater than 2 percent between the initial allocation and the final total expenditure. This is in contrast to prior years, where only one or two categories had larger than two percent variances. There was not a system-wide issue, but rather a series of issues or situations.

- Non-Medical Case Management was 1.1% under allocation. This category was originally allocated more than the prior year, because the eligibility verification burden was increased and additional staff would be needed. When the Part B Lead Agency role moved to the Florida Department of Health in Pinellas County, the Care Council decided to make all eligibility activities occur under Part B funds. Therefore, there was a decrease in Part A allocations in this category. The decrease was offset by moving some Part B funds into other Part A categories, for no net change in total funds.
- Grantee Admin & Support was 2.7 percent under allocation. The funds were originally intended to update hardware for RWIS. However, it was determined mid-year to wait on those upgrades until later, if needed at all.
- Pharmaceutical assistance was reduced by 2.5 percent, because the needs of clients were being partially met through other funding sources and because the dispensing fees were lower under the sole provider than they had been when there were two providers.
- These savings were put into high-priority categories based on Care Council directions.

**Part A FY 12-13 (includes MAI)**

<b>Service Category</b>	<b>Percent of Total Initial Allocation</b>	<b>Percent of Total Final Reallocation</b>	<b>Percent of Total Expenditure</b>	<b>Variance between Initial and Expended</b>
Outpatient Ambulatory Medical Care	35.0%	35.6%	36.1%	1.1%
Pharmaceutical Assistance	15.7%	13.0%	13.2%	-2.5%
Medical Case Management	12.7%	15.1%	15.3%	2.7%
Oral Health	5.7%	7.8%	7.9%	2.2%
Health Insurance	5.4%	5.3%	5.4%	0.0%
Substance Abuse	4.3%	4.3%	4.4%	0.1%
Substance Abuse (MAI)	1.3%	1.3%	1.3%	0.0%
Mental Health	2.6%	2.7%	2.8%	0.2%
Treatment Adherence (MAI)	4.4%	4.4%	4.5%	0.1%
Non-Medical Case Management	2.4%	1.2%	1.3%	-1.1%
Grantee Admin & Support	10.5%	9.3%	7.8%	-2.7%

Note: Part A Funding includes formula funding, supplemental funding and MAI funding.

Note: Grantee Admin includes Planning Council Support, RWIS Support, and Quality Management

The Grantee and the Care Council expended 98.2% of Part A funds this fiscal year. The vast majority of unspent funds were in the Grantee Administration and Support Category. Of the almost \$173,000 of unspent funds, \$154,000 were in this category (89%). Planned upgrades to the RWIS hardware were delayed, and therefore the Grantee processed a Budget Amendment in order to reallocate these funds. However, due to an oversight during the Budget Amendment process, the funding that we was intended to be used for hardware/MIS purposes was placed in a different line/character. Once the problem was discovered, it was too late to revise. It is to the benefit of the Ryan White consumers for the program to fully spend all grant dollars, so the maximum amount of services can be provided. Two years ago (2010-11), Part A expended all but 0.87% of its award, but in 2011-12 it did not spend 1.9% of its award. This year it left 1.8% unspent. It is unfortunate that the county administration could not correct the oversight in time to spend those funds on services. Despite this, the Grantee did expend more than 98% of the grant funds (an important benchmark for future funding).

All of the Care Council survey respondents (100%) agreed that the Grantee Office staff follows the Care Council's allocations and reallocations; and promptly and adequately responds to questions about allocation, reallocation and expenditures. In addition, 94.1% of respondents agreed that the Grantee Office clearly communicates about the reallocation process, with one neutral response. Care Council members that were interviewed all agreed that the Grantee Office is faithful to the directions and priorities of the Care Council.



## **Contracts and Contract Modifications**

The Grantee Office submits the details for new contracts and annual contract renewals to the Office of the County Attorney for review. The Community Service Program Manager prepares the contract and obtains the provider's signature. Signed contracts are presented at the scheduled Board of County Commissioners (BOCC) meeting for approval and contract execution. Executed contract details are then entered into the Clerk of the Court's Financial Accounting Management Information System (FAMIS) and the Ryan White Information Management System (RWIS).

There were 48 contracts renewed/extended at the February 22, 2012 BOCC meeting, in preparation for the 2012-13 fiscal year that was to begin on March 1, 2012, six days later.

Reallocations by the Care Council are executed as modifications to existing provider contracts. Modifications below \$100,000 can be approved by the Director of Family and Aging Services and subsequently reported to BOCC. This process by which approvals are made by the Director of Family and Aging Services and reported to the BOCC has increased efficiencies by removing possible delays related to waiting for modifications being placed on the BOCC calendar. Once modifications are approved, changes to the contract details are also made in RWIS by the RWIS Coordinator and in FAMIS by the Accountants.

### **Change in Lead Agency**

In late 2011, the Surgeon General of the Florida Department of Health issued a directive that all Part B dollars must be competitively bid. At this time, Hillsborough County was the Lead Agency for Part B as well as the Grantee for Part A and MAI funds. The State chose to extend current Part B contracts (including Hillsborough County) through September 2012 to allow themselves time for guidance to be issued, applications to be written and evaluated and Lead Agencies to be selected.

However, local health departments were exempted from having to compete. The Florida Department of Health in Pinellas County chose to exercise their option to have the Lead Agency function occur internally, and so no competitive bidding process occurred. In April 2012 it was announced to the Care Council that the Part B Lead Agency status for the region was moving to the Florida Department of Health in Pinellas County (herein called the Lead Agency in Pinellas County).

The staff in Hillsborough County worked with the new staff at the Lead Agency in Pinellas County to transition the administration of the Part B funds. The Lead Agency in Pinellas County determined that they would not do a procurement process for the remainder of the fiscal year, but would instead develop new contracts with the existing providers. The goal was for contracts and services to transfer over "as is" and to remain unaffected, and the Care Council would continue to be a single entity administering Part A, Part B, and MAI funds, just as it has in the past.

The Care Council discussed the transition at length during their August 1, 2012 meeting. They recommended a "realignment" to shift some contracts between Part A and Part B. This was done to simplify reporting, billing, and contracting. In addition, it was done to allow all eligibility to be performed under Part B, so that all data could be entered into the state's CareWare system. This resulted in approximately \$230,000 moving from Part A to Part B or vice versa. The funds stayed with the same providers, it was just moved between Parts.

Interviews with providers, Care Council members, and staff at the Grantee and Lead Agency in Pinellas County indicate that the transition was largely smooth. There were compliments for staff in both counties on their professional and pro-active efforts during the transition. Consumers were largely unaware of the switch, according to the interviewees. There were some technical hurdles in fully implementing the program in the Lead Agency in Pinellas County administration, notably around reporting and reimbursement of invoices. This did involve some frustration. However, the staff worked through these and communicated proactively.

Contracts and contract modifications for FY 12-13 were reviewed for timely execution and alignment with the approvals of the Care Council. A total of 49 Part A contracts were reviewed and are summarized below.

<b>Funding Source</b>	<b>Number of Contracts</b>	<b>Number of Contract Modifications This Year (2012-13)</b>	<b>Number of Contract Modifications Last Year (2011-12)</b>
Part A & MAI	49	38	63

The number of modifications in the prior year, 2011-12, was unusually high. This was due in large part to a partial award and incorrect award announcements from HRSA. The number of modifications two years prior, in 2010-11, was 20. Modifications are necessary in order to maximize the use of grant funds, however, it is better for all involved to keep the number of modifications low. It is more efficient and reduces administrative time spent on contract processing. In addition, it allows providers to plan better and make fewer forced mid-year adjustments.

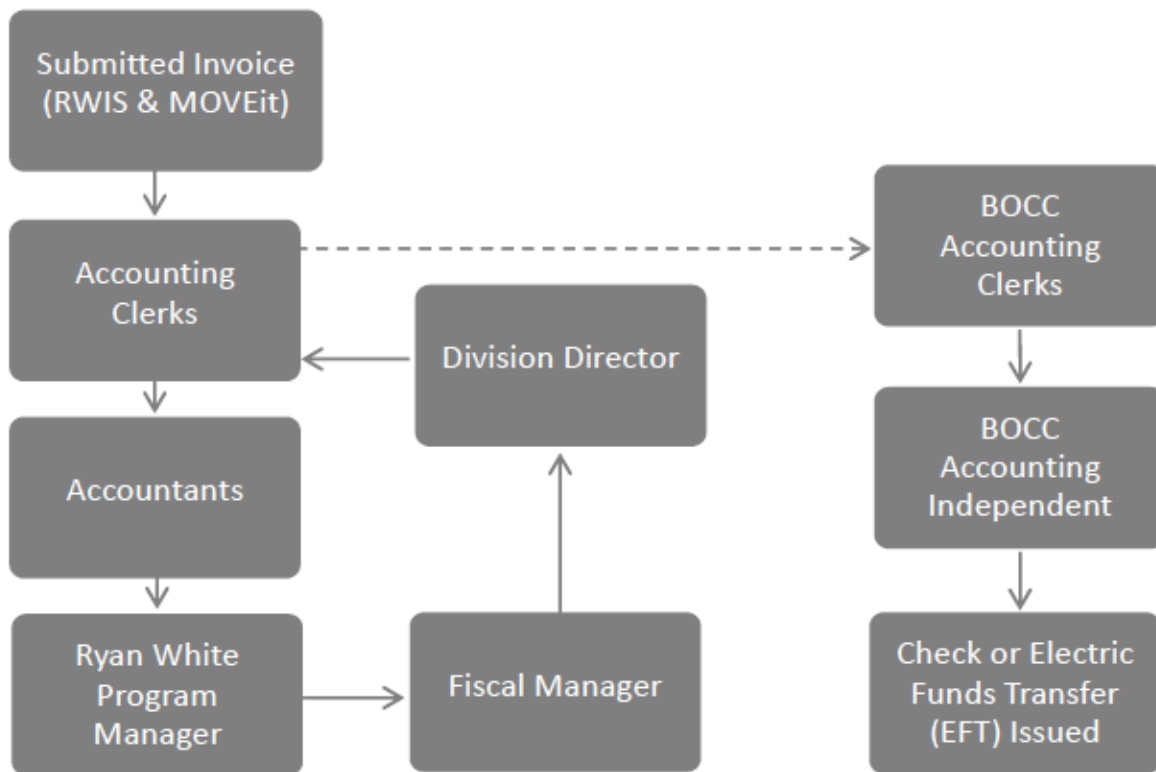
## Provider Reimbursement

During the period under review, providers were reimbursed utilizing two different processes, with the majority submitted through RWIS. These two processes are similar to those used in prior years. **Please note that the process in place during this AAM time period (and therefore described below) has since been changed** due to a new financial system in the county Clerk's office. The change falls into the next AAM time period and so will not be discussed until next year's report.

The process in place during FY 2012-13 is as follows: individual claims being sought for reimbursement are identified within RWIS and submitted as batched invoices. The majority of providers bill monthly on specific dates, with some providers invoicing semi-monthly. If all criteria is met (i.e., spending caps have not been exceeded, insurance status, additional contract specifications, etc.), batched claims will be sent to the Ryan White Accounting Clerks. If reimbursement criteria are not met, a denial on the specific claim will be issued by RWIS. The remainder of the claims will then be sent to the Ryan White Accounting Clerks.

Accounting Clerks subsequently review 5 percent of the submitted claims for accuracy. Claims can also be manually denied by the Accounting Clerk if processing criteria is not met. Those claims that are approved by the Accounting Clerks are then submitted to the Ryan White Accountants for review and approval. Accountants also review 5 percent of submitted claims for accuracy. Batch claims are then sent to the Ryan White Program Manager, the Fiscal Manager and Division Director for approvals. The Division Director will then forward the approved claims to the Ryan White Accounting Clerks. The Ryan White Accounting Clerks will then submit a payment request to BOCC Accounting. The BOCC Accounting Clerks then review the claims and will communicate with the Ryan White Accountants if additional verification or documentation is required. If all documentation is accepted, BOCC Accounting conducts an independent verification of the claim against the provider's contract and issues a payment either as a paper check or electronic file transfer (EFT).

The second process utilizes MOVEit, an electronic file transfer program that applies to the pharmaceutical assistance provider. This provider utilizes MOVEit to submit their invoices and supporting documentation. The remaining reimbursement process mirrors that of an RWIS submitted claim. The following flow chart illustrates the various steps for processing a claim. At any point in the process, a claim may be denied or a request for additional information may be issued to the provider.



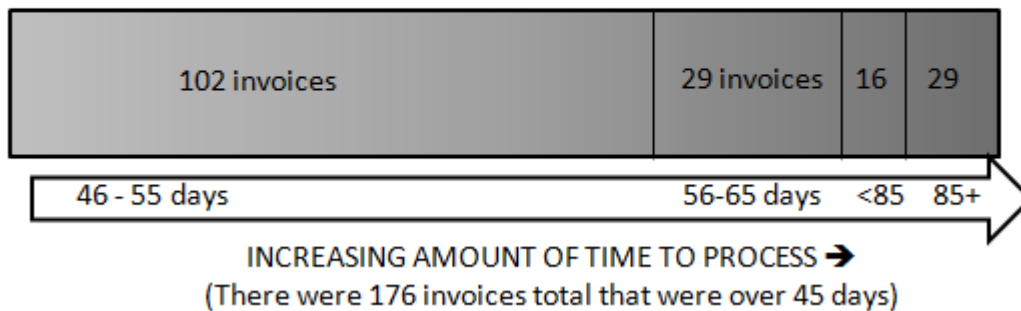
According to the Florida Prompt Payment Act, local government entities should process payments within 45 calendar days.

To assess the length of time to process provider payments, a total of 1990 RWIS and 17 MOVEit invoice records were pulled from the two systems. Of those records, 132 (7.1 percent) were cancelled (for various reasons) and required re-submission by the provider seeking reimbursement. This rate is slightly higher than last years' rate of cancellation (6.6%). A total of 1,875 invoice records were analyzed for length of processing.

Calendar Days Processing Time	RWIS		MoveIT		Total Result This Year (2012-13)		Total Result Last Year (2011-12)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
45 Days or Fewer	1686	90.7%	13	76.5%	<b>1699</b>	<b>90.6%</b>	1748	79.2%
46 Days or more	172	9.3%	4	23.5%	<b>176</b>	<b>9.4%</b>	458	20.8%
Total	1858	100%	17	100%	<b>1,875</b>	<b>100%</b>	2206	100%

- When looking at calendar days elapsed, 90.6% of invoices were paid within 45 days. This means that one out of ten invoices did not meet the Florida Prompt Payment Act guideline.
- This is a significant improvement over the prior year, where only 79.2% were paid within 45 days.
- The chart below shows the number of invoices that were over 45 days, grouped by length of time to process.

**Amount of time to process invoices  
that took more than 45 days.**



There were also 132 invoices that were cancelled and had to be resubmitted. It is likely that all of these took significantly more than 45 days between the original submission and receipt of the resubmitted payment. Although the Grantee is not expected to process these under the same timeline, one can imagine that providers would be frustrated by this delay.

The prior AAM (2011-12) included two recommendations related to invoice processing. A division reorganization and a reduction in staff had contributed to a much lower rate of efficiency; 1 in 5 invoices were not processed within 45 days. The AAM recommendations were to continue efforts to make the process more efficient and timely; and to share the AAM recommendation with management so they were aware of the impact of the reorganization and reduction in staff. The Grantee concurred with both of these recommendations in a response dated April 5, 2013 and described efforts to continue the improvements. The results from this year's AAM show the positive results of their efforts.

There was an issue related to eligibility which caused frustration for providers trying to submit invoices. The Notice of Eligibility (NOE) is the certification that a client's documentation has been verified and they are eligible for services for a specific time period. A change in Part B rules required specific eligibility verification to be conducted every six months. In order to make it more efficient, the Care Council and the provider agencies agreed that all Ryan White providers would follow the Part B eligibility requirements and timing. However, there were issues related to eligibility which impacted invoicing and reimbursements.

First, RWIS was programmed to require a current NOE in order to access a record and enter services for reimbursement/payment. An expired NOE locked out all provider agencies from entering their invoices even if the service was provided during a valid period. They were forced to track down which agency was responsible for entering the NOE and request that it be updated, and then wait for that to occur before they could invoice for the service. This extra time and effort was frustrating and inefficient, according to provider interviews, and it caused delays in receiving their payments.

The Grantee took provider feedback on this issue and requested a change in RWIS from the IT department. The change was to not lock out providers from records even if the NOE wasn't current. This programming change was made in the fall of 2012 and solved this inefficiency.

The second issue was that the eligibility information was needed in both RWIS (for Part A billing) and CareWare (for entry of Part B services). Although Part B agencies would do all eligibility checking, the information was still required in RWIS for Part A providers. Therefore, the agencies needed to do duplicate entry of the eligibility: once into RWIS and again into CareWare. It was agreed that the Part B agencies would be able to be reimbursed for this duplicate entry into RWIS and so would not have to shoulder the inefficiency of double entry without compensation.

In both cases, the Grantee Office and the Lead Agency staff worked cooperatively to address these issues and find resolutions so the program was as efficient as possible.

Finally, it should be remembered that this AAM review included invoices submitted for payment through June 2013. The survey of provider satisfaction was also conducted in the summer of 2013, and satisfaction was high. Also in the summer of 2013, Hillsborough County Clerk's Office joined other municipalities in switching to a new shared financial management system. Initial reports from this change indicate that providers are experiencing delays in receiving their reimbursements. However, this timeframe falls into the next AAM (2013-14) and so complete analysis and findings must wait until then.

### **Summary and Recommendations:**

This AAM for 2012-13 found improvements in almost every area analyzed. Provider responses indicate higher satisfaction in all areas, significantly so in some aspects. Care Council responses were almost entirely 100 percent; those that decreased from 100 percent last year remained in the mid-90 percents. The process for both RFAs occurred on time, efficiently, and according to plan. Contracts were renewed and extended in time for the new fiscal year, and the number of modifications dropped nearly in half from the year before. More than 90 percent of invoices were paid within 45 days, a significant improvement from the 79.6 percent rate the prior year.

That is not to say the administration went perfectly. There were issues that occurred during this time period:

- There were issues with eligibility entry into RWIS that delayed invoice submissions for some providers.
- The change in eligibility function placed a burden of double data entry on provider agencies.
- An oversight during the Budget Amendment process resulted in roughly \$150,000 being left unspent despite Grantee efforts to the contrary.

In these and other cases, the Grantee staff identified issues and problems, and worked with providers and the Care Council to try and resolve them. Interviews and surveys indicate that there was good communication around these issues and resolutions. This is a good model for how stakeholders should work together. Therefore, this AAM does not have any specific recommendations for improvement based on the activities in the 2012-13 fiscal year.

## Appendix A: Reallocations for FY 2012-13

Date of Care Council Approval	Service	County	Reallocation
August 1, 2012	Non-Medical Case Management	Pinellas	90,000 from Part A to B
	Non-Medical Case Management	Hillsborough	90,000 from Part A to B
	Pharmaceutical Assistance	EMA	33,000 from Part B to A
	Oral Health Care	Pinellas	92,000 from Part B to A
	Outpatient/Ambulatory	Pinellas	55,000 from Part B to A
	Medical Case Management	Pasco/Hernando	53,675 from Part A to B
October 3, 2012	Outpatient/Ambulatory (Carry Over)	Hillsborough	+55,958
	Outpatient/Ambulatory (Carry Over)	Pinellas	+50,000
	Medical Case Management (Carry Over)	Pinellas	+50,000
	Treatment Adherence AA MAI (Carry Over)	Pinellas	+3,163
	Pharmaceutical Assistance	EMA	-250,000
	Outpatient/Ambulatory	Pinellas	-34,080
	Outpatient/Ambulatory	Hillsborough	-150,000
	Mental Health	Hillsborough	-35,000
	Outpatient/Ambulatory	Pinellas	-10,000
	Treatment Adherence Hispanic MAI	Pinellas	-11,000
	Outpatient/Ambulatory Specialty	Hillsborough	+44,042
	Outpatient/Ambulatory	Pasco	+12,000
	Medical Case Management	Hillsborough	+50,000
	Medical Case Management Inmate	Hillsborough	+10,000
	Medical Case Management Inmate	Pinellas	+10,000
	Medical Case Management	Pinellas	+25,000
	Medical Case Management	Pasco	+50,000
	Oral Health	Hillsborough	+77,519
	Oral Health	Pinellas	+76,519
	Mental Health	Hillsborough	+25,000
	Mental Health	Pinellas	+30,000
	Substance Abuse	Hillsborough	+19,000
	Substance Abuse	Pinellas	+50,000
	Treatment Adherence AA MAI	Pinellas	+11,000
	Outpatient/Ambulatory	Pinellas	+55,000
	Pharmaceutical Assistance	EMA	+33,000
	Case Management Eligibility	Hillsborough	-90,000
	Case Management Eligibility	Pinellas	-90,000
	Oral Health	Pinellas	+92,000

## Appendix B: Survey instruments

### Introduction to Provider Survey

Ryan White Provider,

We ask your participation and assistance by completing the following survey by June 14, 2013. Please note that all information will remain confidential and respondent results will be presented in an aggregate form only.

If you have any questions about the survey, please contact David Cavalleri, Ryan White QM Consultant, at [dcavalleri@hcecf.org](mailto:dcavalleri@hcecf.org) or 407-977-1610 ext. 225.

1. The Grantee Office conducted a timely and fair contract negotiation process with my agency.  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree
2. The Grantee Office executed our agency's contract in a timely and efficient manner on or prior to March 1st, the start of the new fiscal year.  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree
3. The Grantee Office executed amendments to my agency contract in a timely and efficient manner.  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree
4. The Grantee Office staff contacted me to review my agency's utilization and expenditures data agency if spending was not on target.  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree
5. On average, my agency receives payments from Hillsborough County Government for our invoices within 45 calendar days.  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree
6. The Grantee Office staff informed my agency of reallocation processes and the requirements of our spending plan in order to make necessary adjustments during the year.  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree
7. The Grantee Office staff provided technical assistance to my agency for completion of invoices, reports and other requirements as needed.  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree
8. The Grantee Office staff provided our agency with a clear explanation of Ryan White Part A Program reporting requirements (i.e., Ryan White Services Report (RSR), client eligibility screening, etc.).  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree
9. The Grantee Office kept our agency well informed of Health Resources and Services Administration (HRSA) policies, procedures and updates that impact Ryan White Part A Program providers.  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree
10. The Grantee Office kept our agency well informed of Care Council directives that impact Ryan White Part A Program providers.  
Strongly Agree   Agree   Neither Agree or Disagree   Disagree   Strongly Disagree



11. Grantee Office staff is courteous and respectful.

Strongly Agree    Agree    Neither Agree or Disagree    Disagree    Strongly Disagree

12. The Grantee Office staff responded promptly and adequately to inquiries, requests and problem-solving needs from our agency.

Strongly Agree    Agree    Neither Agree or Disagree    Disagree    Strongly Disagree

13. Please share any additional comments below.

Thank you for completing the survey!

Any questions or comments can be directed to David Cavalleri, Ryan White QM Consultant, at [dcavalleri@hcecf.org](mailto:dcavalleri@hcecf.org) or 407-977-1610 ext. 225.

## Introduction to Care Council Survey

Care Council Member,

We ask your participation and assistance by completing the following survey by July 30, 2013. Please note that all information will remain confidential and respondent results will be presented in an aggregate form only.

If you have any questions about the survey, please contact David Cavalleri, Ryan White QM Consultant, at [dcavalleri@hcecf.org](mailto:dcavalleri@hcecf.org) or 407-977-1610 ext. 225.

### Survey Questions:

1. The Grantee Office staff follows the Care Council's service priorities, resource allocations and re-allocations.  
Strongly Agree   Agree   Neither Agree or Disagree   Strongly Disagree
2. The Grantee Office staff reports expenditure data to the Care Council on a quarterly basis.  
Strongly Agree   Agree   Neither Agree or Disagree   Strongly Disagree
3. The Grantee Office staff promptly and adequately responds to questions from the Care Council on resource allocation, re-allocation and expenditures.  
Strongly Agree   Agree   Neither Agree or Disagree   Strongly Disagree
4. The Grantee Office staff clearly communicates to the Care Council about the reallocation process.  
Strongly Agree   Agree   Neither Agree or Disagree   Strongly Disagree
5. The Grantee Office staff effectively administers Part A grant funds.  
Strongly Agree   Agree   Neither Agree or Disagree   Strongly Disagree
6. The Grantee Office staff keeps the Care Council well informed of HRSA policies, procedures and updates that impact the Ryan White Program.  
Strongly Agree   Agree   Neither Agree or Disagree   Strongly Disagree
7. Please share additional comments:

Thank you for completing the survey!

Any questions or comments can be directed to David Cavalleri, Ryan White QM Consultant, at [dcavalleri@hcecf.org](mailto:dcavalleri@hcecf.org) or 407-977-1610 ext. 225.