

**NEWARK EMA
HIV HEALTH SERVICES PLANNING
COUNCIL**



**ASSESSMENT OF THE
ADMINISTRATIVE MECHANISM**

**NEWARK EMA RYAN WHITE
HIV/AIDS PROGRAM - PART A**

FY 2018

September 2018

NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM
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List of Abbreviations/Acronyms

DHCW	Department of Health and Community Wellness (in the City of Newark)
EFT	Electronic Funds Transfer
EMA	Eligible Metropolitan Area
FY	Fiscal Year
HAB	HIV/AIDS Bureau (of HRSA)
HRSA	Health Resources and Services Administration
NMS	National Monitoring Standards
PC	Planning Council
PO	Purchase Order
REC	Research and Evaluation Committee (REC) of the Newark EMA PC
RFP	Request For Proposals
RWHAP	Ryan White HIV/AIDS Program
RWU	Ryan White Unit (in the Newark DHCW)
TA	Technical Assistance

ASSESSMENT OF THE RYAN WHITE PART A ADMINISTRATIVE MECHANISM IN THE NEWARK EMA

FY 2018

September 2018

I. INTRODUCTION

A. PURPOSE

The purpose of Newark Eligible Metropolitan Area (EMA) Assessment of the Administrative Mechanism for FY 2018 for the Ryan White HIV/AIDS Program (RWHAP) Part A is to fulfill the federal mandate of the RWHAP. This mandate was initially set forth in the Ryan White CARE Act, as amended, and has been incorporated into the Ryan White HIV/AIDS Treatment Modernization Act (RWTMA) of 2006 and the Ryan White HIV/AIDS Treatment Extension Act (RWTEA) of 2009. This requirement was summarized in the HRSA/HAB Ryan White CARE Act Part A Manual and reiterated in the FY 2019 Notice of Funding Opportunity (NOFO):

“Assessment of the Administrative Mechanism and Effectiveness of Services 2602(b)(4)(E) of the Public Health Services (PHS) Act requires planning councils to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.”¹

Planning councils are required to complete the assessment annually. It has been the practice of the Newark EMA HIV Health Services Planning Council to complete one “full” assessment followed by two annual updates. The full assessment includes surveys of both the Recipient and all RWHAP-funded providers/agencies. The two annual updates survey only the Recipient. The Council completed a full assessment in 2014 and two annual updates in 2015 and 2016. A full assessment was due in 2017 but was replaced by a third Recipient annual update due to change in Planning Council Support Staff vendor. This 2018 report is a full assessment.

B. METHODOLOGY

The assessment was completed by the Planning Council through its Research and Evaluation Committee (REC). The committee reviewed and updated the assessment tool used in 2017 for the Recipient (formerly “Grantee”) to reflect current agency responsibilities. The committee also reviewed and updated the Provider/Agency Survey tools used in 2008, 2011, and 2014 which were compiled into a 2018 tool to assess the provider/agency responses. (In 2010 the Council recommended that, for subsequent administrative assessments, agency names be required for provider surveys instead of anonymous submission. This would help address the problem of low response rates of only 50% (due to anonymous submittal of surveys). (Without agency

¹ Health Resources and Services Administration. HIV/AIDS Bureau. Ryan White CARE Act Part A Manual. Section VI: Planning Council Operations. <http://hab.hrsa.gov/tools/parta/parta/ptAsec6chap1.htm>

names, Council staff had no means of follow up for non-responding agencies.) The Committee prepared final survey instruments which are in Attachment 5. The Recipient Survey was computer fillable in Microsoft Word. The Provider/Agency Survey form was entered into Qualtrics for ease of online completion. (Survey Monkey had been explored but could not be used due to cost and short time frame for survey turnaround.)

The Provider/Agency Survey was to be completed confidentially using Qualtrics. Confidentiality of responses was ensured by the following language on the survey. This enabled candid responses without concern about the effect on the agency's Ryan White funding.

“Completed surveys will be collected and analyzed by Planning Council Staff. All reports and findings will be based on aggregated data. The findings will be presented not only to the Planning Council, but also the City of Newark and HRSA (Health Resources Services Administration, the branch of the federal government that allocates and monitors Ryan White Part A funds across the United States). More importantly, your responses will be used to improve the administration of Ryan White Part A funds locally.”

“Thank you for taking the time to complete this questionnaire. Your assistance and honesty are greatly appreciated.”

On July 20, 2018 The Council e-mailed the FY 2018 Provider/Agency Survey to 34 Part A service providers (subrecipients) with a completion date of August 10, 2018. On August 21, 2018 the Council e-mailed the 2018 Recipient Survey to the City of Newark AIDS Director (RWU Manager) with a completion date of September 4, 2018.

During Assessment asks a series of questions on the topics of (1) Procurement – request August 2018 Council staff contacted all providers to improve completion rate. By September 1, 2018, results were received from a total of **20** providers for a return rate of **59%** of the 34 contracted Part A provider agencies. This is a lower response rate than in 2011 (73% or 32/44 agencies) and but a higher rate than in 2008 (47% 26/55 total, 23/31 (74%) Newark and 3/14 (21%) Union). The response rate for 2014 is not known.

Results from all providers/agencies and the Recipient were compiled as shown in this report. The Council reviewed results from providers and has made recommendations to the Recipient.

C. GENERAL FINDINGS

Annually, the Newark EMA must report results of the Administrative Assessment to HRSA/HAB as part of the annual grant application. The specific language is:

“Include in your application a narrative that describes the results of the Planning Council's/ Planning Body's (PC/PB) assessment of the administrative mechanism in terms of the following:

- “Assessment of grant recipient activities to ensure timely allocation/contracting of funds and payments to contractors; and
- “The RWHAP Part A jurisdiction's response to any deficiencies identified by the PC/PB and the status of your corrective actions in response to administrative assessment findings.”

In response, the PC Administrative for proposals (RFP) and technical assistance, (2) Contracting, (3) Reimbursement, (4) Monitoring, Site Visits and Technical Assistance, (5)

CHAMP client level data system (CLD), (6) Planning Council and (7) Comments. Detailed information regarding the current and most recent fiscal years are asked of the Recipient.

Response Rate of Provider/Agency surveys. The FY 2018 response rate of 59% (20 of 34) from providers/agencies was lower than in previous years. (We can measure only FY 2011 and FY 2008 because results for FY 2014 could not be located among PC records.) Furthermore, some of these 20 responses were incomplete.

Provider/Agency Findings. In general, responses from providers/agencies showed continued satisfaction with improvements made by the Ryan White Unit (RWU) and City of Newark in expediting contracting and reimbursement. The Recipient detailed the improvements made for the FY 2018 procurement, contracting and reimbursement process. More were pleased with the streamlined Request for Proposals (RFP), although some would have liked a longer response timeframe. More were pleased with the RFP Technical Assistance session and overall administration of the Ryan White program. Reimbursement was received faster, notwithstanding the slow start up of contracting and reimbursement due to late receipt of the RWHAP award notice by the City of Newark. As a result, initially agencies experienced delayed reimbursement which are solved by mid-year.

- Agencies were generally pleased with the performance of RWU Monitors and the monitoring process. Response time to questions from RWU was good to excellent, with same day response widely experienced.
- Most agencies were pleased with CHAMP, its features, and responsiveness of CHAMP staff to questions.
- Agencies asked that the RFP be issued earlier to avoid the rush for completion during December holidays. (This will be addressed by the Recipient for FY 2019.)
- **Agencies found no deficiencies in the administration of the Newark EMA RWHAP program as related to procurement, contracting, reimbursement, and monitoring/technical assistance during the program year.**

The Recipient section evidenced continued implementation of new processes related to the RFP, contracting and reimbursement in response to the FY 2011 and FY 2014 surveys and feedback by agencies in the subsequent program years. The Recipient noted that contracting is directly affected by receipt of partial awards from HRSA/HAB, especially this year in FY 2018 with an unprecedented three partial awards (in the past, there have been just two partial awards.) Delays in receipt of the full FY 2017 and FY 2018 awards – via two or three partial awards staggered over three to five months – continued to negatively impacted contracting and hence reimbursement. The RWU has worked diligently with City of Newark Departments of Law and Finance to overcome these funding delays and to expedite the contracting and reimbursement process as much as possible. These contracting strategies have been reported by the Recipient in previous Administrative Assessments.

The HRSA/HAB Project Officer, Grants Management Officer and staff conducted a Fiscal Site visit to Newark RWHAP in July 2018 and made recommendations for improvement in the efficiency of the RWHAP procurement, contracting and reimbursement processes. The strategies and details were discussed with the City of Newark Law, Finance, City Clerk and Municipal Council departments especially with respect to New Jersey public contracting law which governs procurement by the City. Improvements were agreed to which are discussed further in this document.

Discussion of findings on the provider/agency surveys. The reasons for the lower response rate are not known as of this writing. The use of Qualtrics had several limitations: (1)

responses could be accessed only through Rutgers University (by the Interim Chair of REC who is a Rutgers employee), (2) only one individual could access the survey results because the Qualtrics “invitation” did not work – not Planning Council staff, (3) agencies reported that Qualtrics emails inviting the response were sent to “junk” mail. (4) There was not enough time [for PC staff] to review incomplete surveys and follow up with agencies to ensure that they completed missing items.

Recommendations for future provider/agency surveys (2019 and beyond).

- (1) The Planning Council (PC) staff should take the lead on management and administration of the survey and not a provider agency such as Rutgers University. A consultant can continue to be used to tabulate survey results and prepare the written report.
- (2) More time should be spent by the PC’s Research and Evaluation Committee (REC) planning and preparing the survey process and tool, particularly for subrecipients - termed providers/agencies.
- (3) The REC should identify exactly what information is needed from providers/agencies to assess the effectiveness of the administrative mechanism, and what items can be done by other means. E.g., an evaluation of CHAMP and the PC. This might reduce the length of the survey and increase response rate.
- (4) Ensure that the appropriate provider/agency staff complete the tool. There should be zero “no response” answers on the date of the RWHAP award letter, number of services funded, and similar basic RWHAP information. This may require communication by the Recipient to subrecipients to emphasize the importance of the survey.
- (5) Within the survey tool, identify the timeframes to be surveyed (e.g., current fiscal year or last fiscal year) and include the dates covered by the fiscal years.
- (6) Pilot test the survey tool on a few agencies to ensure clarity and understanding of the tool, and to make improvements.
- (7) Use a more user-friendly survey/data collection process, e.g., survey monkey, and budget an amount to pay for this data collection process – since the assessment is mandated in federal RWHAP law.

D. IMPROVEMENTS PROPOSED BY RECIPIENT FOR FY 2019

The federal Ryan White HIV/AIDS Program (RWHAP) funder – Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) conducted a Fiscal Technical Assistance Site Visit at the offices of the City of Newark Department of Health and Community Wellness (DHCW) from July 25-27, 2018. The visit resulted in a series of recommendations to the City of Newark which could improve and expedite the contracting process for Newark EMA RWHAP services. The City of Newark agreed on implementation of the HRSA/HAB recommendations.

These recommendations will be implemented starting for Fiscal Year (FY) 2019. As a result, the RFP for services will be issued earlier in 2018, contracts adopted earlier, so that services and reimbursement can begin at the start of FY 2019.

Details of the HRSA/HAB recommendations and City of Newark changes to the RWHAP procurement process are presented in the “Addition Information” section of the 2018 Recipient Survey.

II. PROVIDER/AGENCY SURVEY

A. RFP PROCESS AND SELECTION OF PROVIDERS

1. How did your agency learn that the Ryan White Part-A Request for Proposals (RFP) was available?

Of the 20 total respondents, 40% (8) received notice of the FY 2018 RFP by Ryan White administration – program monitor, grant monitor, etc. Another 40% (8) were notified by e-mail or by checking the City of Newark website. No respondents indicated that they learned of the RFP by legal notice published in the *Star Ledger* newspaper. Four (20%) did not answer this question.

For the first year, the FY2018 RFP was available in pdf format on the website of the City of Newark.

Clarity of application document.

2. Did the RFP:

	Yes	No
2.1. Clearly describe application requirements?	85% (17)	15% (3)
2.2. Clearly describe eligibility requirements?	85% (17)	15% (3)
2.3. Describe the purpose and objectives of the entire Part-A program?	85% (17)	15% (3)
2.4. Describe the criteria and procedures for reviewing proposals?	85% (17)	15% (3)

The majority of agencies (85%) responded that the application clearly described the requirements, RWHAP and proposal review criteria.

What comments do you have on this year's RFP document (e.g., strengths and weaknesses, particularly in comparison to previous years' documents or other organizations' RFPs) and RFP process?

Ten agencies (50%) provided comments. The remaining 10 (50%) either did not answer the question or answered “none” or “No Comment”. Since a number of agencies addressed several topics, comments are categorized below.

Positive comments in general.

“I liked the more streamlined RFP.” “The smaller or condensed RFP was most appreciated.” “More comprehensive.”

“Very similar RFP.” “It was about the same.”

Request for more time needed to complete the proposals.

“The only comment I have is that more time should be allocated to complete the RFP.”

“The timing for completion of particular components seemed rushed. It probably was more tolerable for veteran grantees but I can imagine how frustrating it may have been for new grantees.”

Copies of the proposal and attachments.

“Only one copy of the RFP be submitted and all additional copies be reproduced by the recipient.”

“There are a lot of attachments.”

Request for multi-year grant awards.

“We have had our RW grant renewed for many years as have many other excellent organizations. There was a brief mention about having the grant renewal for organizations that have demonstrated excellence to be every 2 or 3 years. I hope that is considered.”

“That the award letter be for more than one year (i.e., two or four years) roll out.”

“We should have a multi-year RFP process.”

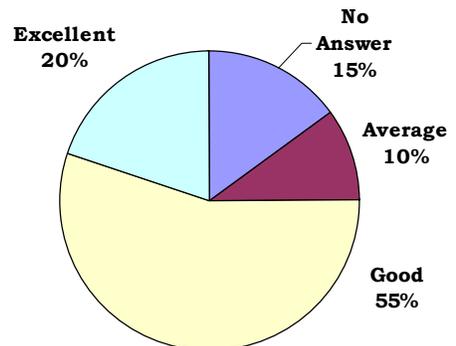
Request for feedback.

“Would like feedback from the reviewers so we can improve our RFP every year.”

3. How would you rate the Technical Assistance meeting (December 8, 2017) in clarifying proposal requirements and any other questions you had about the RFP or your proposal?

Most providers (75%) rated the TA session excellent (20%) or good (55%). Only 10% rated it as average. No one rated it fair or poor. The overall ranking was “good”.

Figure A: Rating of RFP TA Session



Comments on the RFP Technical Assistance session.

Four (20%) agencies responded.

“Handouts of the presentation were distributed, and it proved to be valuable to completing the RFP.”

“I think the meeting is clear and helpful.”

“Very clear and concise!”

“The TA meeting really does not change from year to year.”

4. Last year the RFP was available in PDF form starting on November 21, 2017 and for pickup on November 29, 2017. Proposals were due on December 20, 2017. Was this enough time to prepare and submit your proposal?

Half of respondents (10 or 50%) said yes this was enough time and seven (35%) said that it was not sufficient time. Three (15%) did not answer.

Suggestions/comments on the length of time to complete RFP. Thirteen agencies (65%) gave comments on the length of time to complete the RFP.

“Gathering the required documents (MOUs, Testing and Awareness data, etc.) from partnering agencies can be challenging during the defined timeframe. Although the more process-savvy agencies begin to seek the documents early, more time would be beneficial.”

“Gathered earlier in the year, so when the new fiscal year rolls over the CHAMP information can be pre-populated.”

“I think that more time is needed to complete the RFP. Perhaps we can get them from NEMA earlier.”

“It was definitely a short turn around time. If due date is around this we should receive RFP earlier.”

“It would be ideal to have at least 2 months to put the RFP paperwork together before final submission to the RW EMA Office.”

“It would be much better to have the application due earlier in the year and not around the holidays.”

“It would be nice for it to be a multiyear RFP so lessen the contract process and an update as to when an expected time the RFP will come out so we can prepare.”

“More time to prepare would be better.”

“Need a month.”

“One month is usually sufficient to factor in agency Board of Directors involvement.”

“There should be more time to put together the size and complexity of the document that is being requested. Best would be to move to every other year as I stated above.”

“Timing has improved from a few years ago.”

“Would prefer it to be out in September and due in October.”

5. Were the RFP page limitations appropriate?

Most providers (80% or 16) said that the RFP page limitations were appropriate. One provider (5%) said they were not and three (15%) did not respond.

Comments on RFP page limitations. There were two comments (10%).

“We have never had a problem with the page limits.”

“Actually, my response is actually half “yes” and half “no”. Sections 2 -4 were a bit of a challenge to complete within the page limitations.”

6. Was your agency provided with feedback on reasons for selection/non-selection or the amount of funding awarded?

A majority of providers (12 or 60%) said they did not receive feedback on the reasons for selection/non-selection and or the amount of funding awarded, and five (25%) said they said they did not receive feedback. Three (15%) did not respond.

Comments on feedback regarding selection and grant award. Six (30%) providers offered comments about receipt of feedback.

“We were provided with the amount of funding, but not on the reason why the program was accepted.”

“I can receive the score of my proposal if I ask for it specifically from our monitor.”

“I have been requesting feedback from Ryan White for the past five years on my strengths and weaknesses with our application and have NEVER received feedback. I thought maybe it was not possible or acceptable to provide.”

“Partial reasons were given for approved funding to our agency.”

“The award process needs much better communication. This is the weakest link of the process.”

B. PLACEMENT OF CONTRACTS

7. For the current fiscal year, (which started on March 1, 2017) when were you notified that you would be receiving Ryan White Part A funding?

Note: The provider/agency survey tool erroneously identified the “current fiscal year” as starting on March 1, 2017 and asked for responses for FY 2017 (March 1, 2017 and ending February 28, 2018). Information regarding placement of contracts for the current fiscal year which is FY 2018 starting on March 1, 2018 and ending on February 28, 2019 is NOT available.

Seventeen (85%) agencies responded – 15 (75%) provided the dates or estimated that they were notified, and two (10%) provided other answers. See the table below.

Table 1: Notification Date for Ryan White Part A Funding FY 2017 (March 1, 2017 – February 28, 2018)

# Providers	Percent	Date/Response
2	10%	2/28/2017
10	50%	3/1/2017 (including 3 who noted this was a partial award and that the full award was received later in the year.)
3	15%	April 2017
2	10%	Don’t recall exact date.
3	15%	No answer
20	100%	Total

7.1. How were you notified?

Most reported notification of award by e-mail, e-mail followed by letter, or letter.

Award Notification	#	%
E-mail	8	40%
E-mail followed by Letter	5	25%
Letter	3	15%
No answer	4	20%
Total	20	100%

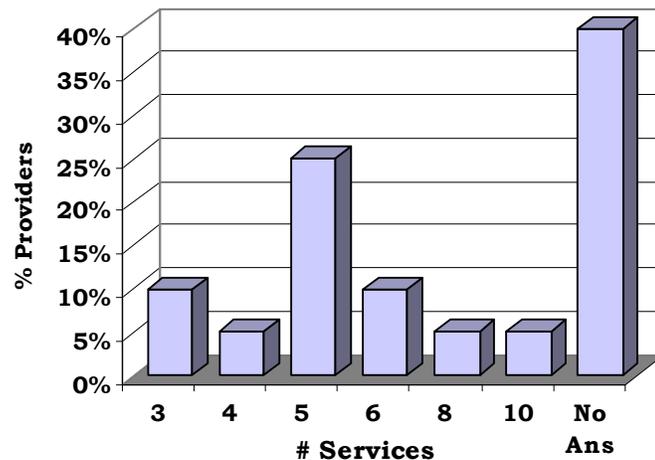
8. How many service categories were you funded for in FY 2017-18?

Note: This question asked about the number of service categories funded in FY 2017-18. It is assumed that the responses are for FY 2017 (March 1, 2017 - February 28, 2018) and not FY 2018 (March 1, 2018 – February 28, 2019).

The range of service categories funded is shown in the table and chart below.

Table 2: Number of Service Categories funded by Number of Providers in FY 2017-18

# Svcs	# Provs
3	2
4	1
5	5
6	2
8	1
10	1
Blank	8
Total	20



9. On approximately what date did you receive a fully executed contract from the City of Newark for the Ryan White Part A services that your agency provides?

Responses on this question were mixed. Seven (35%) agencies did not respond. Three (15%) did not know or were unsure. The responses and comments are shown below.

Table 3: Dates Fully Executed Contracts Were Received

# Providers	Percent	Cumul. %	Date Received/Comments
1	5%	5%	5/8/2017
1	5%	10%	I don't remember, probably in the end of May or beginning of June.
1	5%	15%	6/19/2017
2	10%	25%	July 2017
1	5%	30%	7/23/2017
1	5%	35%	8/8/2017
2	10%	45%	August 2017
1	5%	50%	September 2017
2	10%	60%	Cannot recall exact date. Do not know.
1	5%	65%	Never received exact amount.*
7	35%	100%	No answer.
32	100%	100%	Total

** **Comment.** “We never received nor have we received the exact amount of funding that we are to receive for this grant. We received a small initial award and we thought that our funding was severely cut. The second installment indicated that our funding was not cut as deeply as was initially thought. I tried to speak to the grant monitor to get the exact amount of funding for the year and I was told it was not available. We still don't know.”*

10. Do you have any comments/suggestions on the City of Newark Ryan White Unit's (process of negotiating Ryan White Part-A contracts or any other aspect of the contract or contracting process?)

Five agencies (25%) had comments on the contracting process.

“Make it a 2 year process for established programs. Have an exact amount of the annual award clearly stated early in the process. If you can't give an exact amount then please state this. Better communication about the financials. We know there may be federal glitches but knowing what is going on is necessary and can be improved.”

“I really believe this should be a multi year grant we currently have not received any contract documents for 2018-2019, which slows the payment process, were are currently 5 months behind in payment.”

”If at all possible execute the full contract as of 03/01 of each fiscal year moving forward.”

“Yes biannual contract at earlier notification of Announcement.”

“It is too intensive.”

11. Was your 2017-18 (FY 2017) contract augmented/amended during the year?

Nearly half - 45% or 9 agencies - reported that their contracts were augmented/amended during FY 2017. Another five (25%) did not have contractual changes, and six (30%) did not respond.

If "yes", do you have any comments on how this was handled?

Four (20%) of the nine agencies with amended contracts responded.

“It is the same long process when there is an amendment and receives contract amendments 5-6 months after the amendment is approved.”

“It was not friendly until Supervising Program Monitor (replaced name) intervened. For her support, I am eternally grateful.”

“It was partially distributed from March 1st to July 31st of 2017.”

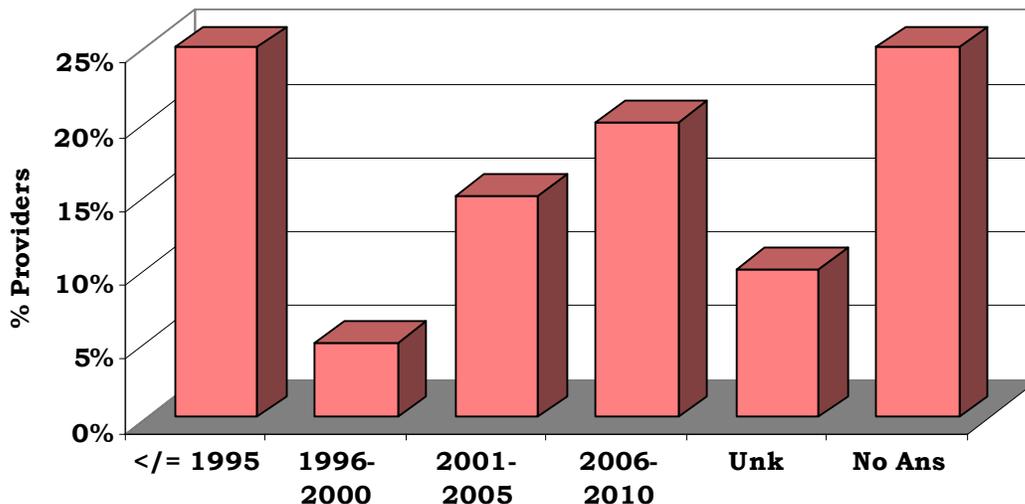
“When we had an adjustment we suddenly went from health unit overage to being under in all but one category toward the end of the year. It was very difficult.”

C. SERVICE PROVIDER REIMBURSEMENT

12. In which year did you become a Ryan White Part A provider?

Fifteen of the 20 providers/agencies answered this question but only 65% (13) knew the answer. Half (45%) are long-term Ryan White providers for over 10 years (before 2006). Another 20% (4) have received Ryan White funding since 2006.

Figure B: Distribution of Agencies by Year They Became Part A Providers (n=20)



13. In FY 2017-18, what was the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of reimbursement check?

Note: Responses showed that this survey question was unclear because it did not specify the dates of FY 2017 (3/1/17-2/28/18) OR FY 2018 (3/1/18-2/28/19). As a result, some agencies reported results for the current FY 2018 and others reported for FY 2017.

Only 12 (60%) of agencies responded. Eight agencies (40%) did not respond. This response rate is not good since reimbursement is a key indicator of the efficiency of the administrative mechanism. One third received reimbursement in two months or less - 15% (3) within one month or less and another 20% (4) in one to two months. Two providers (10%) said it took three or more months and three had other comments about slow start up at the beginning of the fiscal year and then within 2 months.

Table 4: Approximate Time between Invoice and Reimbursement Check

#	%	Response
3	15%	One month or less <i>1-2 weeks. 2-3 weeks. 30 days.</i>
4	20%	1-2 Months <i>45-60 days. 6-8 weeks. Estimate: 2 months wait. Sometimes two months, sometimes one month.</i>
2	10%	3 or more Months <i>90 days. 3-5 months.</i>
3	15%	Slow start then 2 months. <i>Initially it runs around 4-5 months until the contracts go through and it catches up to be around 60 days. It varies. No money comes in at the beginning of the grant for a while. Then, after July, it gets more consistent. My first report was submitted as soon as my contract was uploaded into the CHAMP system and I was able to submit it. I signed a PO for these funds the first week of August and am still awaiting receipt of payment.</i>
8	40%	No answer.
20	100%	Total

14. When (date or month) did your agency receive your first reimbursement check for FY 2018 services?

Only half of agencies responded. Half did not answer the question. The comment here is the same as for Question #13 above. This response rate is not good since reimbursement is a key indicator of the efficiency of the administrative mechanism. One third have processed invoices for reimbursement. Three (15%) received at least one reimbursement check in this year FY 2018. Four (20%) are in process. The remaining 65% (13) either do not know (15%) or did not respond.

Table 5: Date in FY 2018 Agency Received First Reimbursement Check

#	%	Response
3	15%	Received reimbursement check <i>6/20/2018 we received March 2018. We still have not received as of yet April, May, June or July. July 30th 2018. 8/06/2018</i>
4	20%	Not Received Yet <i>Not received yet (3). I don't have an answer to this question. Had to wait for the CHAMP system to be prepopulated before submitting actuals and reports.</i>
3	15%	Don't recall/Unknown <i>Do not recall. Unknown (2).</i>
10	50%	No answer.
20	100%	Total

15. Have your reimbursement checks been accurate?

Once the checks were received all were accurate, as reported by nine providers (45%). Three (15%) reported the checks were not accurate. Eight (40%) did not respond.

Comments on the problems and resolution. Two providers gave comments.

“Funds reimbursed did not match up what is in CHAMP. Still not resolved.”

“Haven't received one yet. “

D. CITY OF NEWARK RYAN WHITE UNIT - SITE VISIT AND TECHNICAL ASSISTANCE (TA)

16. How would you rate the City of Newark Ryan White Unit in responding to questions and requests for information over the past year?

Most providers (16 or 80%) answered this question. Three quarters (15 or 75%) of agencies rated RWU response the TA as either excellent or good. One rated it as poor, and four did not answer.

Comments. Seven agencies (35%) provided comments.

“They have always responded appropriately and timely to questions.”

“The Program Monitor for our agency is very accessible, and our questions are answered timely.”

“The Ryan White Unit is always prompt to responding to our questions.”

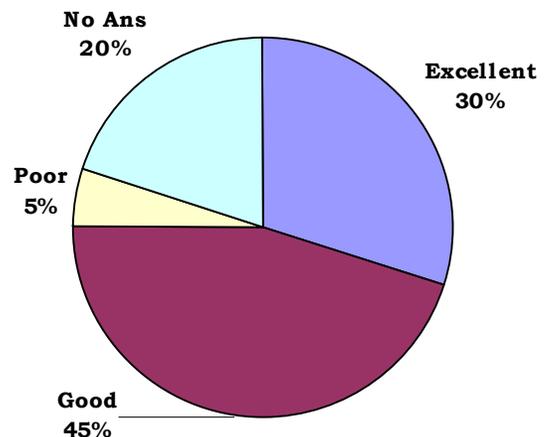
“The Ryan White Unit is great when it comes to responsiveness and requests for information, it appears the issues are with the city’s contract process and turn around time with POs and payment.”

“We all have room for improvement.”

“The overall team is great. However, I am not happy with my current monitor.”

“We have a new grant monitor and he seems to be new. He can't quickly answer many questions that the previous monitor could answer.”

Figure C: Rating of RWU TA



17. How would you rate the timeliness of their responses?

The majority of agencies rated the timeliness of RWU responses as Excellent (5 or 25%) or Good (9 or 45%). Two rated it as Average (1 or 5%) or Fair (1 or 5%). Four (20%) of agencies did not respond.

Comments. Four agencies (20%) provided comments.

“Staff (5 names listed) are all terrific.”

“Questions are answered by the closing of the Program day.”

“The Ryan White Team always has a quick turn around time for responding.”

“We are expected to get information to RW with extreme promptness, but when we ask for information, such as how much is our annual award, this information is not available.”

18. In your experience over the past twelve months during FY 2017, how would you rate the communication between your agency and the Ryan White Unit?

Three quarters of respondents (15 or 75%) said that communication was either “excellent” (5 or 25%) or “good” (10 or 50%). One agency (5%) rated communication as “average”. Four (20%) agencies did not respond.

Comments. Three agencies (15%) provided comments.

“The former grant monitor was very experienced and helpful. However, having our budget adjusted last year and having the units suddenly reflect a deficit was difficult. Having our transportation funding taken away was a problem and didn't reflect an understanding of the unique nature of our very sick residents who can't go anywhere unattended and need our help to go to social event and Return to their medical care. After transportation funding was cut, I spoke to RW about how they should not forget that people are still dying of this disease. A 50 year old with Dementia due to HIV needs specialized care that we provide.”

“Excellent except for my monitor. I have a difficult time with him.”

“We communicate between the agencies via telephone, fax, e-mail, and internet.”

19. How many site visits from the Ryan White Unit for the purposes of monitoring Part A funds did your agency have during FY 2017 (March 1, 2017-February 28, 2018)? (Please include all scheduled site visits, unscheduled visits and special technical assistance visits. Do not include visits from the CHAMP staff.)

Note. *This question is newly worded for the FY 2018 Assessment of the Administrative Mechanism and separately identifies programmatic, fiscal, and quality management site visits. The question was unclear since it asked for responses twice – for Question 19 and Questions 19.1, 19.2, 19.3.*

The majority of agencies responded – 16 or 75%. Twelve agencies (60%) received all three types of site visits - programmatic, fiscal, quality management (QM) including chart reviews. Three agencies (15%) received programmatic and QM site visits but not fiscal visits. One agency (5%) received only a QM site visit. Four agencies (20%) did not respond.

Questions 19.1, 19.2, 19.3. How many programmatic (19.1), fiscal (19.2) and quality management site visits (including “chart review” visits) (19.3) did your agency receive in FY 2017?

Nearly three quarters (70%) of providers reported receiving at least one programmatic

monitoring site visit in FY 2017. This was reduced to 60% of agencies for fiscal site visits, and 65% for Quality Management (QM) site visits. A range of 4 to 8 agencies did not answer the questions. The number of site visits are reported below.

Table 6: Monitoring Site Visits in FY 2017 – Programmatic, Fiscal, QM

Number of Visits	Programmatic		Fiscal		Quality Management	
	#	%	#	%	#	%
0	1	5%	0	0%	3	15%
1	9	45%	9	45%	7	35%
2	4	20%	2	10%	4	20%
3	0	%	1	5%	1	5%
11	1	5%	0	0%	1	5%
Subtotal	15	75%	12	60%	16	80%
No Answer	5	25%	8	40%	4	20%
Total	20	100%	20	100%	20	100%

20. How would you rate the recommendations proposed by the Ryan White Unit monitor(s)?

Three quarters of respondents rated the RWU monitor recommendations as “Excellent” (30% or 6) or “Good” (45% or 9). One (5%) rated the recommendations as “good”. Four agencies (20%) did not respond.

Comments. Four comments were provided:

“All accurate.”

“All of the Monitors recommendations were accepted and acted upon.”

“Had to re-structure charts and is still in this process.”

“We hope that the new surveyors, if there are any, understand how our agency is different from other facilities who receive funding. We are the only skilled Nursing home in NJ to specialize in AIDS care.”

21. What improvements, if any, should be made to the monitoring process?

Over three-quarters (16 or 80%) of respondents gave no comments or had no improvements to recommend. Four (20%) had recommendations including notice of standards and structure end training.

“Grantee (we) should be notified of changes in standards of care PRIOR TO RFP and site visit.”

“Have a standardized training on what the charts are supposed to entail.”

“We appreciate clear structure for the surveys.”

“Our Project Management Officers do change often.”

22. How would you rate the Ryan White Unit in providing your agency with (1) programmatic, (2) fiscal, (3) Quality Management technical assistance (TA) or

training during FY 2017? (This may include recommendations from the site visit or special technical assistance training.)

Note. This question also asked about FY 2017-18. This was confusing as discussed in Comments below.

22A. Programmatic TA.

22B. Fiscal TA.

22C. Quality Management TA.

Responses to the above have been combined into a table for ease of comparison. Sixteen agencies (80%) responded and four (20%) did not. The majority of agencies rated the programmatic and QM technical assistance either excellent or good – and have given these ratings to the fiscal TA. Three to four agencies (15%- 20%) noted that they did not require TA in FY 2017-18 or TA was not applicable. One reported that their fiscal TA request had not been met.

Table 7: RWU Technical Assistance in FY 2017 – Programmatic, Fiscal, QM

TA Rating	Programmatic		Fiscal		QM	
	#	%	#	%	#	%
Excellent	3	15%	3	15%	3	15%
Good	9	45%	7	35%	9	45%
Average	0	0%	1	5%	2	10%
Fair	1	5%	1	5%	1	5%
Subtotal TA	13	65%	12	60%	15	75%
Not Applicable (our agency has not required TA in FY 2017-18)	3	15%	2	10%	1	5%
Not Applicable (our requests for TA during FY 2017-18 have not been met)	0	0%	1	5%	0	0%
Not Applicable (we have had no site visits/TA during FY 2017-18)	0	0%	1	5%	0	0%
Subtotal Responses	16	80%	16	80%	16	80%
No Answer	4	20%	4	20%	4	20%
Total	20	100%	20	100%	20	100%

Comments. Four agencies (20%) provided comments as follows.

“Good!”

“The recommendations provided our Program with information that facilitated better compliance.”

“Most TA is geared towards MCM or Non-MCM, they need include Fiscal TA trainings.”

“This questionnaire is confusing. You are discussing FY 2017-18 in present tense as though you didn't update the survey and really mean this year's grant. Perhaps I missed an initial explanation about this. I filled it out based on the question as it pertained to last year and also the changes for this year.”

E. CHAMP (COMPREHENSIVE HIV/AIDS MANAGEMENT PROGRAM)

23. In general, how would you rate the CHAMP system?

Over half of providers (12 or 60%) rated the CHAMP system as “excellent” or “good”. Another three (15%) rated it “average” and one rated it poor (5%). Four agencies (20%) did not answer.

24. What comments do you have on CHAMP as a tool to record client-level information?

Six agencies (30%) commented on CHAMP as a tool to record client level information. This is much fewer than the previous survey FY 2011 survey available from the Planning Council. (FY 2014 AAM survey results cannot be located.) Most were complimentary and included suggestions.

“Excellent.”

“Easy to use and retrieve data.”

“Be able to print our notes separately.”

“It is a good tool overall. What we don't like are all the forced questions to answer that just seem to pop up and bring data entry to a halt. Such as requiring lab information. I have requested that we be able to have a report in advance of who requires what. For example, if we can pull a report for September that says these residents will require labs, smoking counseling session dates, verification of income etc, we could prepare IN ADVANCE and not be slowed down when entering the data.”

“It does not capture non billable units for medical due to insurance therefore it is not captured in our numerator for our medical visits.”

“It is slow and cumbersome.”

25. What comments do you have on CHAMP as a tool to develop the following reports?

25A. Service Reports?

Six agencies (30%) responded to this question.

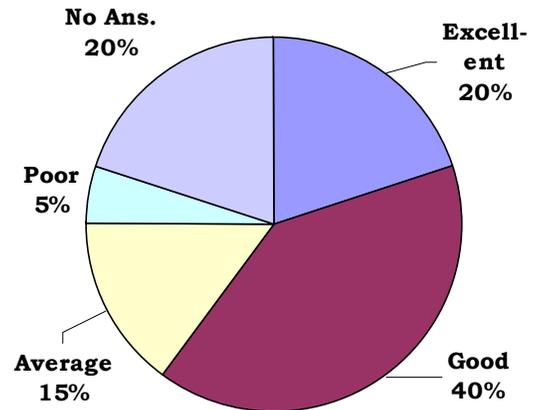
“Good.” “Very good.” “Very useful.”

“Great tool to collect Quantitative data. Not so good to collect Qualitative data.”

“I don't understand why there needs to be a monthly copy of this report delivered to RW when the information is electronically available. It seems very inefficient and redundant. The reports that we use are useful.”

“I don't really use CHAMP as a tool. Prefer CARE Ware and our EMR.”

Figure D: Rating of CHAMP System



25B. Fiscal Reports?

Four agencies (20%) responded to this question.

“Excellent.” “OK.”

“Be able to generate Actual reports through the system.”

“Last year we were faced were relying on CHAMPS to make sure that we were spending down our allocated money appropriately. There was a change around October for unclear reasons and we ended up finding that we were Under and had to really push to meet goals. I don’t know why that happened. I like the CHAMP system overall.”

25C. Quality Management Reports?

Four agencies (20%) responded to this question.

“Excellent.” “OK.”

“It is helpful with demographic reports and other data. Jason and the group are very helpful.”

“Depends on what you’re looking for, either QM for fiscal or QM for services. This tool only provides fiscal data.”

26. How would you rate the on-going support that you/your staff received in using CHAMP during FY 2017? (Please consider responses to any questions including assistance through the CHAMP "Helpdesk".)

Nearly three quarters (70%) of agencies rated CHAMP support as “Excellent” (25% or 5) or “Good” (45% or 9). One agency (5%) rated CHAMP support as “Average” and another (5%) as “Fair.” Four agencies (20%) did not answer the question.

Comment. All four agencies responding were pleased with the support received using CHAMP.

“Helpful.” “Jason is always helpful and responsive.”

“Staff received CHAMP training that was very valuable.”

“Staff response in timely manner.”

27. Please rate the timeliness of their responses.

Nearly three quarters (70%) of agencies rated the timeliness of CHAMP response as “Excellent” (30% or 6) or “Good” (40% or 8). Two agencies (10%) rated CHAMP support as “Average”. Four agencies (20%) did not answer the question.

Comment. The one agency responding was pleased with the timeliness of CHAMP response. “Staff response in timely manner.”

28. Did you receive any training on CHAMP in FY 2017 (March 1, 2017 –February 28, 2018)?

Over one quarter of agencies (30% or 6) received training in CHAMP in the past 12 months and half did not (10 agencies). Four agencies (20%) did not respond.

29. If you have any ideas for improving CHAMP, please feel free to include them here.

Most providers had no additional comments (15 or 75%).

Three agencies (15%) had specific comments on **CHAMP reporting**.

“More detailed reports.”

“Print notes separately.”

“I stated this before so forgive the redundancy. Have a report so we know in ADVANCE what clients need what data to be entered in the upcoming month. Everything that freezes the data entry clerk from moving forward should be included in this report.”

Two agencies (10%) had specific comments on the **speed of the CHAMP system**.

“Make it faster!”

“It is too slow. It is not our server. Other agencies tell me the same and it then leads to such a waste of time spent.”

F. PLANNING COUNCIL

30. The Newark EMA HIV Health Services Planning Council (sometimes referred to as "NEMA" or the "Planning Council") is responsible for undertaking Needs Assessments and Health Plans and using this information, as well as other sources of data, to set the priorities for the Ryan White Part A funds received by the Newark EMA. How familiar are you with this work?

The majority of respondents (16 or 80%) were “Extremely familiar” (10 or 50%) or “Somewhat familiar” (6 or 30%) with the Council’s work. The remaining four agencies (20%) did not respond.

31. In general, how would you rate the work of the Planning Council during FY 2017?

Two thirds of agencies rated the work of the Council as “Excellent” (4 or 20%) or “Good” (9 or 45%). Three (15%) rated it as average. Four agencies (20%) did not respond.

Comments were received from six (30%) agencies ranging from involved to not involved.

“Good.”

“As part of the Planning Council I have hands on experience in regard to the process.”

“I had the opportunity to see how the Planning Council worked via meetings attended.”

“Our NP attends regularly and he finds it helpful. I have not attended a NEMA meeting.”

“We don't get much interaction with the Planning Council.”

“I am not as familiar as I would like to be ... the council seems exclusive and not inclusive.”

32. Have you or your staff attended any Planning Council or Committee meetings n FY 2017-18?

Twelve or 60% of respondents reported that either they or their staff have attended a Planning Council or Committee meeting in the past 12 months. Four (20%) have not attended such meetings. Four agencies (20%) did not respond.

33. Have you seen/read copies of the Planning Council's Needs Assessments or Health Plans?

Fifteen (75%) of agencies reported that they had seen or read copies of the Council’s Needs Assessments or Health Plans, and one (5%) did not. Four agencies (20%) did not respond.

34. What is your impression of the quality of their Needs Assessments and Health Plans?

Seven (35%) providers reported that the documents are “Very high quality, the information is accurate and recommendations are ‘on target’.” Another six (30%) said “Somewhat high quality”. Two (10%) said the quality was average. Five agencies (25%) did not respond.

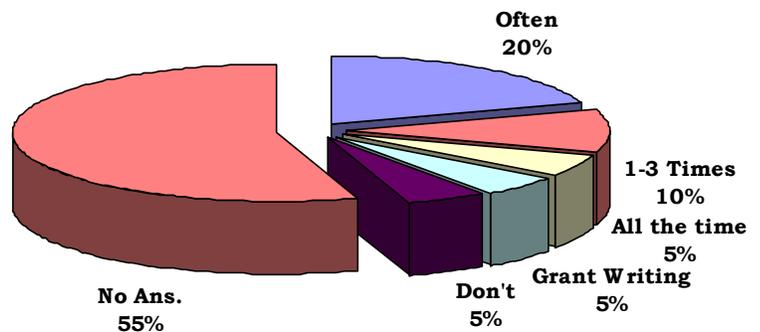
Comments. One agency (5%) commented that the Needs Assessment/Health Plans were a “great tool”.

35. How often did you use the Planning Council's Needs Assessments or Health Plans?

Figure E: Use of Council Needs Assessments/Plans

A total of 9 agencies (45%) responded to this question. A total of eight agencies make use of the Newark EMA PC Needs Assessments or Health Plans – often, a few times, all the time and during grant writing.

It is good to know that the Planning Council documents have a benefit to RWHAP agencies and the community.



36. What comments do you have on the Planning Council's priorities and/or priority setting process?

The vast majority of providers (18 or 90%) had no comments.

Comments. Two agencies commented as follows:

“None...our agency locations are not located where the Planning Council focuses on. We are outsiders.”

“Prioritize Insurance co-payments for medications and specialized doctor's visits.”

- 37. This section addresses the FY 2018 application (for this year 2018). How would you rate (in terms of its helpfulness in program development and proposal writing) the Planning Council's "FY 2018 Priority Setting and Resource Allocation Report" (a copy was included in the City of Newark's RFP supplement entitled "FY 2018 Required Forms and Reference Materials"), which sets forth the percentage of the Part A award allocated to each of the service categories?**

Over half (11 or 55%) reported that the document was “good” in terms of usefulness, two (10%) said “excellent”, and one (5%) said “average”. Two (10%) were not familiar enough with the document and four agencies (20%) did not answer.

37.1 Do you have any suggestions for improving future “Funding Allocation Priorities Report”?

With respect to **suggestions for improving future “Funding Allocation Priorities Report”**, the following were provided.

“Co-payments for medications and specialty physicians.”

“Get feedback from Morris-Sussex-Warren counties. Population is different.”

“More consumer contribution.”

- 38. How would you rate Planning Council staff in responding to questions and requests for information during FY 2018 (March 1, 2017-February 28, 2018) ?**

One third of agencies reported that Council staff response was good (5 or 25%) or average (1 or 5%). Half (10) said that they have never called the Council offices with a question or request. Four agencies (20%) did not respond.

Comments. Two agencies provided comments.

“Always receive a response to my questions to PC staff.”

“As a member I understand the process.”

- 39. Please rate the timeliness of their responses.**

Six agencies (30%) rated the timeliness of Council staff response as good. Fourteen (70%) agencies did not respond.

No agencies provided additional comments.

- 40. What other comments do you have on the Planning Council's work? (Please feel free to comment on the Council's service standards, opportunity for consumer/public input at meetings and in needs assessments/health plans, timing/location of meetings, or anything else relevant to the Planning Council's**

work.)

No agencies had additional comments at this time.

G. OTHER COMMENTS

41. Effective March 1, 2017, the Planning Council meeting locations and PC support staff were changed in response to findings of a HRSA/HAB site visit.

41A. Did this change affect you or your agency?

Twelve agencies (60%) said that this change did NOT affect their agency and four agencies (20%) said that it had an affect. Four agencies (20%) did not respond.

41B. If Yes, how?

Two agencies responded. One (5%) said that it was a change for the better. The other (5%) said that it was difficult to attend the meetings in Elizabeth.

42. What other comments do you have regarding the City of Newark Ryan White Unit's or the Planning Council's administration of the Ryan White Part A program?

Seventeen agencies (85%) had no comments at this time. The remaining three agencies (15%) gave the following comments.

"Need to be consistent with meeting locations."

"I would be helpful to have better communication particularly related to fiscal matters."

"The RW Unit is always very helpful when we reach out to them."

43. What comments/suggestions do you have about this survey?

Fifteen agencies (75%) had no additional comments or suggestions. Three (15%) said the survey was too long. Two respondents (10%) had suggestions/recommendations.

"It is longer than I thought it would be." "Too long." "You can make it shorter."

"Should be one bi-annual." (Unclear if this is every two years or twice a year.)

"Please clarify if this was supposed to be for last year or this year (18-19). Thanks."

III. RECIPIENT SURVEY

A. RFP PROCESS AND SELECTION OF PROVIDERS

1. In the last fiscal year (FY 2017), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White Part-A funds?

The Recipient advertises the Newark EMA's Request for Proposal (RFP) in the Star Ledger (which encompasses the entire EMA). Advertisements are also placed in the Courier News (Union), Daily Record (Morris), NJ Herald (Sussex), Express Times (Warren) and the City of Newark's website, which include the service areas reflective of our consumer population. The Recipient continues to distribute Ryan White program information at health fairs and other community events attended by non-Ryan White Providers.

Non-Ryan White Providers who show an interest in the program are given a copy of the most recent Request for Proposal (RFP) Manual, and may also be scheduled for a face to face meeting with the NEMA Project Director for a formal introduction to the program.

Also, for the first time, in FY 2017 for the FY 2018 Grant Year the City of Newark included the full FY 2018 RFP in pdf format on the City of Newark website. This enabled applicants to download the document and save it without the need to physically come to the RWU office and pick up the RFP document.

Further activities to bring on new providers will not be undertaken as the Ryan White Unit is not adequately staffed to accommodate an influx of new sub-recipients. Staff of the Ryan White continues to unit monitor 10 additional sub-recipients (previously monitored by the Union County Health Department). With funding steadily decreasing, and administrative dollars becoming more and more strained, the Recipient is strengthening its infrastructure so that it may properly and effectively monitor all of its sub-recipients programmatically and fiscally. Currently, the EMA has 38 funded providers, 24 in Essex County, 10 in Union County and 4 in the Tri-County region.

2. How many proposals were received for the current fiscal year (FY 2018)? Of these proposals how many were awarded contracts for Ryan White Part-A funds?

Proposals received. A total of 40 applications (proposals) were received.

Proposals awarded. Of the 40 proposals, 38 received awards. Two applications were disqualified because they did not meet the minimum scoring criteria of 65 points, therefore not eligible to receive an award.

3. Please describe the process used to review proposals requesting FY 2018 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.

External Review Process

Applications are subjected to an External Peer Review process in order to eliminate conflict of

interest and assure a fair and objective evaluation. Peer reviewers are chosen from a large pool of medical and public health providers, administrators and professionals serving the state of New Jersey, but with no direct relationship/affiliation with current and potential Ryan White providers. All peer reviewers are required to submit a Conflict of Interest/Disclosure Form. Members of the 2017 panel (total of 22) were from New York and New Jersey (17 women, 5 men, 73% black, 14% white, 9% Hispanic, and 4% MSM).

Each proposal is assigned to two peer reviewers, who must complete an evaluation packet for each of their assigned proposals, outlining areas of strength and weakness. The evaluation packet allows for scoring of each section of the proposal and an overall performance score. A two to three day conference is held at the Recipient's office. All reviewers must attend and present their findings in a panel-like discussion, which is later transcribed. The average of the two scores from each reviewer is the "External Score" for the proposal.

Internal Review Process

Each proposal is assigned to a program monitor (in the Recipient's office) who must complete an evaluation packet for each of their assigned proposals and also outline areas of strength and weakness. Continuing applicants are reviewed by their program monitor for the current grant year. In addition to the proposal, the program monitor completes an evaluation of the current performance for each continuing applicant, taking into account program accomplishments, fiscal diligence and adherence to reporting requirements. The Program Monitor score represents the "Internal Score" for the proposal.

Allocation Process

The average of the Internal and External Scores represents the Overall Score for the proposal. Scores are used to determine eligibility for funding. A score of less than 65 points will disqualify a proposal, unless special circumstances apply. Service category allocations are made in accordance with the guidance set forth by the Planning Council in the fiscal year's Priority Setting and Resource Allocation Report.

4. Did the selection process this year (FY 2018) identify new providers? If so, please identify the County/Region and services of the new provider.

There were no new providers in FY 2018. The application process identified one new and one returning applicant. But neither was selected to receive an award due to a deficiency of evidence of need for the services proposed, and the overall score of the applications being below 65 points.

5. Did the selection process this year (FY 2018) 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: Substance users, gay/bisexual and other MSM, lesbian/transgender people, youth, older adults and Latinos)? If so, How?

The Newark EMA has made access to health care a top priority since implementation of the Core Services Model 14 years ago. In accordance with the federal requirements, core medical services continue to receive 75% or more of direct service dollars. Despite the challenges and complexities of the Newark EMA epidemic, FY17 client level data on utilization of Part A medical care by race/ethnicity, gender, age, exposure category, and geography indicates that no populations are underrepresented in our continuum of care. As part of the application

process, providers must be able to describe their experience and success in working with hard to reach populations, bringing them into care, keeping them in care and achieving viral load suppression.

Mentally ill. The EMA currently funds 18 mental health programs, including 12 in Essex County, 3 in Union County and 3 Tri-County. 18% of clients receiving mental health services also received psychiatric care at a Part A funded site.

Substance Use Disorder. The EMA currently funds 13 substance abuse programs, including 10 in Essex County, 2 in Union County and 1 Tri-County. It also provides funds a Residential Substance Abuse program in Essex County.

** 9 sites are funded for both Mental Health and Substance Abuse services to support clients who are dually-diagnosed with mental and substance use issues.

LGBTQ. Two EMA providers (both located in Essex County) have strong relationships with the LGBTQ population and receive non-Part A funding to support programs that address the needs of this community. Services include counseling, linkage to PrEP, drop-in centers for peer counseling and other supportive services. Another provider, also located in Essex County, is receiving state funding to manage a transitional housing program for young MSM, lesbians and the transgendered. Participants will reside at the transitional home for up to two years, while they are stabilized (access to medical care, education, job training and employment, mental health and substance abuse services as needed) to become independent and self-sufficient members of society.

Youth. Two EMA providers (both located in Essex County) provide RWHAP services to adolescents and young adults living with HIV. One program is more family-oriented, providing care to pediatric patients (perinatal infected) until they age into the adult health care system. Services also include pre-conception counseling for women of child-bearing ages and potential dads. The other provider deals with mostly teens and young adults who are high-risk and behaviorally impacted by HIV.

All sub-recipients are expected to provide services in a manner that is culturally and linguistically appropriate to the population that they serve.

B. PLACEMENT OF CONTRACTS

6. On what date did the Newark EMA receive its Notification of Award (NOA) from the federal government (HRSA) for FY 2018 funding?

The Newark EMA received three Notices of Award (NOA) from HRSA. The first partial Notice of Award was dated January 26, 2018 in the amount of \$2,587,003.00. The second partial award dated March 14, 2018 was in the amount of \$5,623,213.00. The balance of award dated May 22, 2018 was received in the amount of \$12,544,208.00, reflecting the total FY 2018 award.

7. On what date were award letters sent to funded agencies for FY 2018?

The initial award letters were distributed to 38 sub-recipients on February 28, 2018, the second partial award was distributed on June 6, 2018 and the final awards were distributed on July 23, 2018.

8. On what date were the FY 2018 funds from HRSA accepted by the Municipal Council (City of Newark)?

Funds were accepted by the Newark Municipal Council on March 2, 2018.

9. In the chart below, please indicate the number of contracts adopted and executed for FY 2018:

Table 8: FY 2018 Contract Status

FY 2018 CONTRACT STATUS		
DATE:	# of contracts ADOPTED	# of contracts EXECUTED
<i>By March 31, 2018</i>	0	0
<i>By April 30, 2018</i>	0	0
<i>By May 31, 2018</i>	20	0
<i>By June 30, 2018</i>	0	20
<i>By July 31, 2018</i>	11	11
<i>By August 31 2018</i>	2	2
<i>By September 30, 2018</i>	4	4 (projection)
Total Contracts	37*	37*

* One contract within DHCW is executed by interdepartmental agreement. See below.

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

As of 8/24/18, 33 or 87% of the 38 FY2018 contracts are fully executed. One sub-recipient is a City of Newark entity, and therefore does not receive a contract, but rather an interdepartmental agreement between the Recipient and the Provider (Mary Eliza Mahoney Health Center- Special Care Clinic). There are 4 contracts scheduled to be adopted on September 6, 2018.

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

- The contracting process cannot begin until a receipt of award from the Funding Source, which typically occurs in February.
- Upon receipt of award, the Recipient completes the Allocation of Funds using the guidance and recommendations from the Planning Council PSRA report.
- Once allocations are finalized, the RWU prepares and distributes the sub-recipient letters of award.
- The Recipient prepares the Apply/Accept resolution for adoption by Municipal Council.
- The Recipient notifies OMB to prepare Budget Insertion resolution for adoption by Municipal Council.
- Sub-recipients are typically given three weeks to prepare contract documents, which are then reviewed by the (1) program monitoring team, (2) fiscal team, and (3) manager.

- Once contract documents have completed the internal review process, they are packaged and entered into Legistar, which is the legislative data base for the City of Newark.
- Each contract must successfully pass 11 points of review within four Municipal departments: Health and Community Wellness, the Law Department, Business Administration, and City Clerk. Once it has completed the review process, it will be marked “agenda ready” for the next municipal council meeting.
- During the months of June, July and August, the Municipal Council meets only once a month. They meet 2 – 3 times a month during the rest of the year.
- Once adopted, the City Clerk prepares the certifying resolution which is then returned to the Recipient for execution of the contract.
- Contract packages are reviewed internally to ensure that all required forms are included, and insurance coverage is still active.
- Contracts are then submitted to the Law Department for final review.
- Upon completion of review by the Law Department, the contract is forwarded to the City Clerk’s office for signature and final execution.

See Attachment 1 for Contract Process Timeline.

11. Please comment on the content of the contracts this year (FY 2018) in comparison to last year (FY 2017), for example were any new HRSA policies/guidelines or Planning Council directives/specifications/standards etc. included?

In December 2016, HRSA released updated to PCN 16-02 on the Eligible Individuals & Allowable Uses of Funds. Recipient updated the RFP manual and Contract Agreement to reflect all revisions made to the Ryan White Part A services of Health Insurance Premium and Cost Sharing, by including standalone dental insurance as an allowable cost and Medical Transportation, which provided further clarification on provider transportation.

C. SERVICE PROVIDER REIMBURSEMENT

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

Service Providers must input service into CHAMP within 5 days of service delivery. Program/ Fiscal reports must be submitted to the Recipient’s office by the 15th of the following month and reviewed by the assigned Program Monitor within a week. The Program Monitor completes a “Monthly Monitoring Report” which documents their review of the reimbursement request and approval/denial of payment. Approval notification is sent electronically to the Grant Accountant and Administrative Assistant. Grant Accountant completes a final review of the monthly reports, and requests a Purchase Order (PO) for the approved reimbursement amount. Once the PO is signed by the Provider, it is attached to a payment package and submitted to the City of Newark Finance Dept. A check is cut or an Electronic Funds Transfer (EFT) payment is processed within 5 - 10 business days.

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 Recipient’s issuance of a reimbursement check?

The average wait time for payment once an accurate invoice/report is received is 2-3 weeks. The City of Newark has vastly improved its payment process by upgrading its payment management system and implementing policies to streamline the payment review process down from the previous 4 to 6 week turnaround time.

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

Contracts must be fully executed before payments can be submitted for reimbursement.

13.2 What steps are being taken to speed up the reimbursement process?

The Recipient works closely with the administrative departments of the City (Law, BA and City Clerk) to expedite the execution of contracts. The City and DHCW are undergoing a systems change to expedite the contracting processes. With the anticipated changes, the Recipient projects reimbursements will begin at the start of the grant year.

D. RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE

14. In the last fiscal year (FY 2017), how many Programmatic site visits did each service provider receive? (please give range and average)?

14.1 Programmatic site visits.

100% of the programmatic site visits were completed for FY2017.

14.2 Fiscal site visits.

The Recipient implemented changes to the monitoring process to separate the program and fiscal review of sub-recipients. During the close of FY2016 the fiscal monitoring tools were reviewed by HRSA and adopted by the Ryan White unit in FY2017. 29% of our sub-recipients received fiscal site visits, the remaining sub-recipients will be assessed during FY2018.

14.3 Quality Management site visits (including “chart review” visits).

45% of our sub-recipients received quality Management site visits. Our quality management team work closely with the Program Monitors and assesses performance outcome reports to aid in determining which providers would most benefit from a quality management visit.

15. Describe a typical site visit for each of the following (please attach the written protocol used during visits for each of the following).

15.1 Programmatic site visits.

- Internal desk audit of year to date reports and CHAMP
- Pre-notification letter of Site Visit to the program
- Meet with the Administrators of the program
- Tour of the program site with Program Director (or his/her designee)
- Interview Consumers (2-3)
- Interview Staff (front line staff and program coordinators)

- Chart Reviews (sampling size is based on client population, per HRSA's NMS)
- Closing and wrap-up with Administrators
- Site Visits Report (shared with the provider)

15.2 Fiscal site visits.

- Internal desk audit of year to date reports and CHAMP
- Pre-notification letter of Site Visit to the program
- Meet with the Administrators of the program
- Review Fiscal Questionnaire
- Review of Accounting records
- Closing and wrap-up with Administrators
- Site Visits Report (shared with the provider)

15.3 Quality Management site visits (including "chart review" visits).

- Schedule the Quality Management (QM) meeting with the sub-recipients administration
- Pre-notification letter of Site Visit to the program
- Meet with the Administrators of the program
- Conduct chart review
- Closing and wrap-up with Administrators
- Site Visits Report (shared with the provider)
- Schedule preliminary conference call to discuss report
- Development of Plan-Do-Study-Act (PDSA) performance improvement cycle
- Review of PDSA

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

The Recipient received HRSA-sponsored Technical Assistance (TA) to improve its site visit and monitoring tools. TA placed an emphasis on compliance-testing per the service standards developed by the EMA, and the allowable use of funds as prescribed by HRSA. Site visit and monitoring tools were modified to test compliance. The Recipient has been notified that the NMS are still under revision; therefore it will postpone any further modifications to its monitoring protocol until the updated NMS are released by HRSA.

17. 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.)?

There are four primary steps to a corrective action or finding; these steps are standard practices and used programmatically, fiscally and with quality management.

17.1 Programmatic site visits.

17.2 Fiscal site visits.

17.3 Quality Management site visits (including chart review visits).

1. Written notification to the Provider, with a clear deadline for response. All corrective actions or Site Visit findings must be responded to within the established timeframe, in written form.
2. Corrective Action responses are reviewed internally and discussed during bi-weekly staff meetings.
3. Implementation of the corrective action steps are monitored by the Program Monitor. Follow-up site visits are scheduled as needed to verify progress or completion.
4. Acceptance or rejection of Corrective Action responses must be provided to the agency in writing by the Monitor.

18. In addition to the monitoring, what other technical assistance is provided, e.g., phone calls, etc.?

Further technical assistance is provided through Annual Provider Meetings, face to face meetings, conference calls, webinars and guidance from the Program Monitor.

E. CHAMP

19. What objectives (including program improvements) do you have for CHAMP for the current fiscal year (FY 2018)?

There are three primary objectives for the CHAMP program this fiscal year, which will likely carry into the next fiscal year as well.

Firstly, the Recipient is working with the CHAMP programmers to create opportunities in CHAMP for data matching across systems, i.e. the state's HIV surveillance system. By activating CHAMP's ability to capture names and other identifying information, we can improve data accuracy with respect to unmet need and better identify PLWHA who are not in care or lost to care.

Secondly, the Recipient will be working with CHAMP to add performance measures for the state's Behavioral Health Integration Project, aka B-HIP. As part of the project, the state has developed six measures related to the integration and quality of substance and abuse and mental health services in the primary care setting. These measures will be tracked through Medical Case Management, Non-Medical Case Management, Outpatient Substance Abuse, Mental Health and Psychosocial Services, and reported bi-monthly to providers and to the state.

Lastly, as recommended by the HRSA, the Recipient will work with CHAMP to create a CHAMP Super User, who will be an employee of the Recipient's office and trained in all aspects of CHAMP. This will enable the Recipient to maximize its access and use of CHAMP data, including the ability to create specialized reports on demand and as needed.

20. What is the status of these objectives as of July 31, 2018?

These objectives are in process and will likely carry into the next fiscal year.

F. PROCUREMENT/ALLOCATION REPORT (IN COMPARISON TO PLANNING COUNCIL PERCENTAGES)

21. What percent of the overall award (for FY 2017) was used for Recipient Support, Planning Council Support, CHAMP, and Quality Management? Please indicate the percentages for each category.

Approximately 13% of the FY 2017 award was used for Recipient Support, Planning Council Support, CHAMP and Quality Management.

Table 9: FY 2017 Allocations for Administration and Quality Management

Item	Amount	Percentage
Administration	\$1,152,953	9%
Recipient Support	\$644,781	5%
Planning Council Support	\$240,920	2%
CHAMP	\$267,252	2%
Quality Management	\$456,316	4%
Total	\$1,609,269	13%

22. What percent of formula funds were unexpended, and why, at the end of FY 2017?

All formula funds were expended at the end of FY 2017. There were no unexpended formula funds in FY 2017

23. What percent of supplemental funds were unexpended, and why, at the end of FY 2017?

An amount of \$89,059.44 in supplemental funds was unexpended at the end of FY 2017 due to vacancies in the Quality Management component (Recipient Support) and the return of service dollars by several sub-recipients.

24. What percent of MAI funds were unexpended, and why, at the end of FY 2017?

All MAI funds were expended at the end of FY 2017. There were no unexpended MAI funds in FY 2017.

25. Please provide the final Spending Report for FY 2017.

See **Attachment 2**.

26. Please provide the Allocation Report for FY 2018 using the table on the following page.

Table 10: FY 2018 PROCUREMENT REPORT

SERVICE CATEGORY (BY PRIORITY)	PLANNING COUNCIL				RECIPIENT		
	PERCENT AND DOLLAR		+/-25%		PERCENT AND DOLLAR		VARIANCE FROM COUNCIL
CORE SERVICES (9)							
PRIMARY MEDICAL CARE	16%	1,706,012	2,132,515.40	1,279,509.24	15.61%	1,664,370	Within range
EARLY INTERVENTION SERVICES	0.50%	53,313	66,641.11	39,984.66	0.44%	46,527	Within range
MENTAL HEALTH SERVICES	9.90%	1,055,595	1,319,493.90	791,696.34	9.14%	974,429	Within range
SUBSTANCE ABUSE SERVICES (OUTPATIENT)	7%	746,380	932,975.49	559,785.29	7.25%	772,811	Within range
ORAL HEALTH CARE	7%	746,380	932,975.49	559,785.29	6.83%	727,900	Within range
MEDICAL NUTRITION THERAPY	1.20%	127,951	159,938.66	915,963.19	0.93%	99,653	Within range
MEDICAL CASE MANAGEMENT	32.90%	3,507,988	4,384,984.79	2,630,990.87	34.58%	3,687,123	Within range
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE	0.50%	53,313	66,641.11	39,984.66	0.40%	42,220	Within range
SUPPORT SERVICES (7)							
HOUSING SERVICES	8%	853,006	1,066,257.70	639,754.62	8.26%	881,255	Within range
MEDICAL TRANSPORTATION SERVICES	2.55%	271,896	339,869.64	203,921.79	2.10%	224,161	Within range
CASE MANAGEMENT SERVICES (NON-MEDICAL)	6.60%	703,730	879,662.60	527,797.56	7.22%	770,173	Within range
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)	1.35%	143,945	179,930.99	107,958.59	1.47%	157,086	Within range
EMERGENCY FINANCIAL ASSISTANCE	1.75%	186,595	233,243.87	139,946.32	1.49%	159,345	Within range
FOOD BANK/HOME-DELIVERED MEALS	1.50%	159,939	199,923.32	119,953.99	0.92%	97,834	Below minimum
PROFESSIONAL SUPPORT (LEGAL) SERVICES	2.95%	314,546	393,182.53	235,909.52	3.14%	334,956	Within range
PSYCHOSOCIAL SUPPORT SERVICES	0.30%	31,988	39,984.66	23,990.80	0.30%	32,303	Within range
TOTAL AMOUNT OF FUNDING	100%	10,662,577			100%	10,672,146	

G. LISTING OF SERVICE PROVIDERS

27. Please provide a list of all Part A funded service providers in the Newark EMA (with a contact name, address and phone number) for FY 2018 as well as the categories of services for which each is contracted.

See Attachment 3.

H. MINORITY AIDS INITIATIVE

28. For FY 2018, 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 Recipient; the amount of funding allocated in each service category; and the target ethnic group of each program.

Table 11: FY 2018 MAI Funding Allocations

FY 2018 Providers	Primary Medical Care	Medical Case Management	Transitional Housing	Total
Essex County				
Rutgers IDP	\$745,000	\$116,000	\$0	\$861,000
St. Michael's Peter Ho	\$100,000	\$100,000	\$0	\$200,000
Newark Beth Israel Medical Center	\$39,000	\$0	\$0	\$39,000
Union County				
None				0
Tri-County				
None				0
Total Direct Service Dollars	\$884,000	\$216,000	\$0	\$1,100,000
Quality Management				\$62,393
Administration				\$86,375
FY 2018 Total MAI Funding				\$1,248,768

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

Rutgers Infectious Disease Practice (IDP), Newark Beth Israel Medical Center and Saint Michael's Clinics Inc.

I. CONDITIONS OF AWARD

30. 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 RECIPIENT REPORT	CONTENT OF REPORT
3/20/18	FY 2017 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
8/29/17	Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY 2016 funding level.
6/30/18	FY 2017 Annual Progress Report.
7/30/18	FY 2017 final Financial Status Report (FSR)
5/29/18	FY 2017 Expenditure Rate (as documented in the final FY 2017 FSR)
6/30/18	Budgeted allocation of FY 2018 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2018 Implementation Plan.
6/30/18	Report on Minority AIDS Initiative for FY 2018.
N/A	Categorical budget for each grant-funded contract, Contract Review Certifications and attachment E, other sources of funds for FY 2017.

J. ADDITIONAL COMMENTS

Additional Comments:

During the week of July 23, 2018, the Recipient hosted representatives from HRSA for a Fiscal Diagnostic Site Visit. The site visit was triggered by the Federal Financial Report, which is submitted to HRSA annually via the Electronic Handbook (EHB). The Newark EMAs FFR for FY2016 and 2017 had to be returned after the deadline because the drawdowns in the payment management system did not match the expenditures reported in our Cash Transaction Reports. This was the result of sub-recipient payments being processed after the close out period. In an effort to maximize the utilization of funds and to ensure all service expenses are reimbursed by the grant, the Recipient has been too lenient with respect to deadlines and extensions for final close out reports. Effective immediately, the Recipient will rigidly enforce deadlines to ensure timely close out of the grant, but this may result in a higher

unobligated balance (UOB) at the end of the year.

In addition, HRSA offered to provide the EMA with a projected formula funding letter, which will allow the Recipient to initiate the contract process earlier in the year. Typically, the EMA doesn't receive a notice of award until late January, which means the allocation of funds, award notifications to sub-recipients, contract negotiations, etc. cannot start until February or March. The projected formula funding letter can be made available to the Recipient as early as September/October (once HIV prevalence data is available and confirmed through the CDC). This yields a 6 month lead time from the grant period start date of March 1 (as opposed to just 1 month). To accommodate an earlier contract process, the Recipient has moved the RFP season from November to August. This modified timeline will align the RFP and peer review process with the anticipated receipt of our funding notification. Peer review will occur in November, leaving the last quarter of the grant year available for the allocation of funds and processing of contracts. This revised timeline should allow the Recipient to have contracts in place within the first month of the grant year.