

**NEWARK EMA
HIV HEALTH SERVICES PLANNING
COUNCIL**



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

FY 2012

October 2012

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM
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ASSESSMENT OF THE RYAN WHITE PART A ADMINISTRATIVE MECHANISM IN THE NEWARK EMA

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I. INTRODUCTION

A. PURPOSE

The purpose of Newark EMA Assessment of the Part A Administrative Mechanism for FY 2012 is to fulfill the federal mandate of the Ryan White Part A program. 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:

“Assessment of the Administrative Mechanism and Effectiveness of Services

2602(b)(4)(E) 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 grantee and all providers, and the updates survey only the grantee. The Council completed a full assessment in 2011. This 2012 report is an update to the 2011 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 2011 for the Grantee to reflect current agency responsibilities. The Committee prepared final survey instruments. The Grantee Survey was computer fillable in Microsoft Word.

On August 30, 2012 the Council e-mailed the 2012 Grantee Survey to the City of Newark AIDS Director (RWU Manager) and the Union County Subgrantee, with a completion date of September 9, 2012.

The Council compiled results from the Grantee/Subgrantee as shown in this report. The Council reviewed results and has made recommendations to the grantee.

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>

C. GENERAL FINDINGS

The grantee section evidenced continued implementation of new processes related to the RFP, contracting and reimbursement in response to the FY 2011 survey. Both RWU and Union County Subgrantee noted that some timeframes for contracting/reimbursement were longer in 2011 than in prior years due to the impact of agency staffing cuts, fewer staff to process payments.

D. LIST OF ABBREVIATIONS

The following abbreviations and acronyms are used in this report.

EIRC	Early Intervention and Retention Collaborative
EFT	Electronic Funds Transfer
EMA	Eligible Metropolitan Area
HRSA	Health Resources and Services Administration
NEMA	Newark Eligible Metropolitan Area
NGA	Notification of Grant Award
PO	Purchase Order
RFP	Request For Proposals
RW	Ryan White
RWU	Ryan White Unit
UC	Union County

II. GRANTEE SURVEY

A. RFP PROCESS AND SELECTION OF PROVIDERS

1. In the last fiscal year, what work was undertaken by the Grantee to encourage new providers to apply for Ryan White Part A funds?

City of Newark. The Grantee continues to advertise the Newark EMA's Request for Proposals (RFP) in the Star Ledger (which covers the entire EMA), as well as other newspapers in the service area: Courier News (Union), Daily Record (Morris), NJ Herald (Sussex), Express Times (Warren) and the City of Newark's website.

Union County. The Union County sub-grantee contractually requires all Part A funded agencies in Union County to attend a monthly provider meeting. This meeting is held on the first Tuesday of each month at 505 South Avenue in Cranford New Jersey in the Catholic Charities of the Archdiocese of Newark's conference room that they lend to our continuum. During these meetings providers discuss any gaps and or barriers to care. This past year it was determined that one agency would be able to alleviate transportation issues with closely monitored bus passes. With the increased cost of providing a high level of primary medical care, Union County has actually seen a decrease in providers. No providers have been defunded as a result of limited funding, when an agency no longer wishes to apply, or when their funding needs decrease, Union County has been able to respond to the increased costs of care without decreasing funding to already established providers. As a result, new providers are only sought when there is a gap in service that is not able to be filled by existing providers but this does not mean the availability of Ryan White Funding is not announced nor that other providers are not encouraged to apply.

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

City of Newark. A total of 50 applications were submitted this grant year. Three applications were disqualified because they were not submitted within the established deadline. One applicant did not receive a recommendation for funding, based on internal and external review of their application and past performance. A total of 46 proposals were accepted and received RW funding for FY2012.

Union County. Eleven (11) applications for funding in Union County were received. All eleven (11) proposals were awarded contracts for Part A funds. One proposal received a very weak review from the peer reviewers and the sub-grantee. As a result the application received partial funding and the program is receiving technical assistance.

3. Please describe the process used to review proposals requesting FY 2012 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 process is held. 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 2012 pool (total of 22) were from New York and New Jersey (14 women, 6 men, 80% black, 10% white, 5% Hispanic, 5% other and 30% LGBTQ).

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-three day conference is then held at the Grantee's office, of which all reviewers must attend and present their findings in a panel-like discussion. 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 Grantee'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 the distribution of dollars on a service provider level. Service category allocations are made in accordance with the guidance set forth by the Planning Council in the fiscal year's Priority Setting Report.

Union County. The Union County sub-grantee participates in and follows the City of Newark's external review and peer review process. Please refer to the City of Newark Grantee's response for clarity.

4. Did the selection process this year identify new providers?

City of Newark. Two new providers were part of the application process and a returning provider (funded in FY2010), all of whom were accepted and received notice of award in March. All three providers are located in Essex County (two in East Orange and one in Newark).

Union County. No new Union County providers were identified this year.

5. Did the selection process 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 abuse, gay/lesbian/transgender people, youth, older adults and Latinos)? If so, How?

City of Newark. Despite the challenges and complexities of the Newark EMA epidemic, FY11 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 and keeping them in care.

Also, the Newark EMA has made access to health care a top priority through implementation of the Core Services Model in FY2002. Since then Part A providers have been encouraged to develop programs that offer one-stop shopping options, inclusive of key core services like Medical Case Management, Substance Abuse Treatment and Mental Health Counseling.

Union County. Union County has a very well established Mental Health and Substance Abuse continuum of care that is funded with many funding streams other than Part A. With Part A money in substance abuse, Union County funds a program that provides intensive outpatient counseling to hard to reach HIV+ people in the community. The treatment modality allows for street level counseling and is an excellent tool for retention in care. Union County also continues to fund a methadone treatment program which has expanded to include individual counseling and transportation which was a barrier to care. All mental health in Union County is provided by Master's prepared counselors and Union County continues to fund mental health in all corners of the County to ensure maximum exposure and access to care.

B. PLACEMENT OF CONTRACTS

6. On what date did the Newark EMA receive its award from the federal government for FY 2012 funding?

The EMA received notice of award on February 27, 2012.

Union County received its notice of grant award from the City of Newark on March 16, 2012.

7. On what date were award letters sent to funded agencies for FY 2012?

Newark. Award letters were distributed on March 14, 2012.

Union County. Union County sent out award letters to its agencies on March 28, 2012.

8. Total number of contracts placed in FY 2012:

	Newark	Union
8.1 Number of contracts in place on/before March 1, 2012:	0	0
8.2 Number of contracts in place on/before April 1, 2012:	0	0
8.3 Number of contracts in place on/before May 1, 2012:	0	0
8.4 Number of contracts in place on/before June 1, 2012:	0	0
8.5 Number of contracts in place on/before July 1, 2012:	0	10
8.6 Number of contracts in place on/before August 1, 2012:	20	10
8.7 Number of contracts in place on/before September 1, 2012:	20	10
8.8 Number of contracts in place on/before October 1, 2012:	31	11
Contracts outstanding as of October 1, 2012	4	0
Total Contracts	35	11

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

City of Newark. As of August 3rd, 20 contracts were fully executed. An additional 12 were executed by September 28, 2012. Two contracts are currently in final execution phase. And

the remaining two are in the Law Dept. due to a pending 501(c)(3) application and a program name change. It is anticipated that these contracts will be executed/placed in October, for a total of 36 contracts/service agreements

Union County. June 27, 2012 for 10 of the 11 contracts. There is one contract that was not executed until September due to some issues with language in the general assurances.

9(a) List/describe any obstacles contributing to the delay in executing provider contracts.

City of Newark. Every effort is made to deliver sub-recipient agreements for adoption within the first 120 days of receipt of the Notification of Grant Award (NGA). In some cases, providers are unable or slow to submit all required legal and program documents required for contracting. This delay in submitting all required documents accounts for 100% of those contracts not yet fully executed.

Union County. The only obstacle was a minor delay in receiving Union County's NGA from the City of Newark which pushed back agency awards by two weeks (minor delay) and as already stated, there was some issues that had to be worked out with general assurances that caused a long delay in one of the contracts.

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

Newark. The HRSA Ryan White Program Monitoring Standards (originally released April 2011) were re-released in April 2012. FY12 contract language was modified to ensure the provisions outlined in the Program Monitoring Standards are clear to all sub-recipients. We also added a section outlining "Unallowable Costs" to Part A funding and the requirement that RW consumers are assessed semiannually (every 6 months) for medical necessity, financial and residential eligibility of services in the EMA.

Lastly, each sub-recipient was required to demonstrate membership with one of four Early Intervention and Retention Collaboratives (EIRCs) established by the Grantee throughout the EMA as part of our strategy to address newly-diagnosed and the unaware population.

Union County. This year a lot of additional federal policies had to be included in the contracts. Many of these policies and guidelines have been followed or have been monitored in the past but had to be inserted into the contracts and the RFP guidance as mandated by the HRSA universal monitoring standards. Contract negotiations were also different as a result of the monitoring standards. Many areas of the monitoring standards were reviewed during the contract negotiations to meet the expectations of the monitoring standards. HRSA has made it very clear that Grantees and sub-grantees/agencies are to be fully aware of the allowable uses of Ryan White funds.

C. SERVICE PROVIDER REIMBURSEMENT

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

City of Newark. Service Providers must input service into CHAMP within 5 days of service

delivery. Program/Fiscal reports must be submitted to the Grantee's office by the 15th of the following month and reviewed by the assigned Program Monitor within a week. Upon notification, our Grant Accountant completes a final review of the monthly reports, requests a Purchase Order for the approved reimbursement amount. Once the Purchase Order (PO) is signed by the Provider, it is attached to a payment package and submitted to our Finance Dept. A check is cut or an EFT payment is processed normally within 10 business days.

Union County. Agencies submit a CHAMP report and a Union County voucher for payment by the 15th of each month. The RW program coordinator prints out a current CHAMP report and verifies the accuracy of the voucher and CHAMP report. The voucher is signed by the RW program coordinator and the RW accountant liaison, department director, and finance director. Once all signatures are received the RW grant coordinator copies the voucher for the City of Newark's records and reimbursement, then the original is sent to accounts payable for payment. From start to finish an accurately submitted voucher for reimbursement can be paid within two weeks of receipt by the RW program coordinator.

12. 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?

City of Newark. The average wait time for payment once an accurate invoice/report is received is 30 – 45 days.

Union County. An agency can expect, after submitting a complete and accurate reimbursement report, to receive a check, on average, in 7-10 business days.

12(a) List/describe any obstacles contributing to the delay in reimbursement to providers.

City of Newark. Initial reimbursements cannot be made until a fully executed contract is place. But beyond the first "trimester" of the grant period, delayed reimbursements are most often the result of incorrect reporting/billing for services rendered during the reporting period.

Due to downsizing, attrition, etc., the City's Finance Department is understaffed. This doesn't generally impact the Ryan White reimbursement process, except during holidays when the availability of staff coverage (due to vacations, personal days, etc.) is minimal or non-existent and in December when the City closes out its own municipal budget.

Union County. Rarely will this occur, but the only obstacle besides incomplete or inaccurate reports, is federal holidays and banking holidays.

D. GRANTEE SITE VISIT AND TECHNICAL ASSISTANCE

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

City of Newark. The average number of programmatic site visits is two per provider, with a range of one to three site visits per provider.

Union County. The goal or target is 3 sometimes 4 visits per year, pre HRSA monitoring standards. For FY'11 the average site visit per agency was 2.

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

City of Newark. The average number of fiscal site visits is one per provider, with a range of one to two site fiscal visits per provider.

Union County. Each month a fiscal review is done for each agency. The Union County program monitor performs a cursory fiscal monitoring during the comprehensive programmatic site visit.

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

City of Newark. The following components are involved in a typical site visit. There is considerable up-front preparation work done in the RW office before going to the provider site. Site Visit Protocols are attached.

- Internal desk audit of year to date reports and CHAMP
- Pre-notification of Site Visit to the program- **See sample (Attachment A)**
- 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 (minimum of 50 charts or 100% of charts, whichever's less)
- Closing and wrap-up with Administrators
- Site Visits Report (shared with the provider)- **See sample (Attachment B)**

Union County. The monitor performs a desk review that involves a CHAMP report for the time period selected. Units are matched to client IDs, and CHAMP look up is used for each selected client. The monitor uses a spreadsheet during the site visit where notes are made for each client and visit that is being reviewed. The monitor also reviews each agency for compliance with appropriate NEMA Planning Council standards of care. After each visit a summary report is drafted and submitted to the RW program manager and the monitor's supervisor. The program manager addresses any deficiencies as noted by the monitor.

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

City of Newark. A review of the standards provided by HRSA did not cause need for our EMA to make any significant changes to monitoring protocols as they measured well against the standards. An "All Providers Meeting" was held in June 2012 to formally present the National

Monitoring Standards to all of our sub-recipients. It was also an opportunity for providers to ask questions and gain clarity on the standards and how (if any) it will impact our monitoring of their programs in the future. The following issues were given careful review and emphasized during discussions with sub-recipients:

- Sub-recipient line item budgets to ensure HRSA-defined administrative costs are appropriately categorized.
- Compliance with the Consolidated Appropriations Act of 2012, which places a salary cap of \$179,900 on HRSA funded personnel (not including fringe).
- A review of service category definitions to ensure they are consistent with HRSA definitions/and restrictions on how services are delivered.
- A review of program income requirements and mandates limiting client charges for RW services.
- CHAMP system modifications were also made to ensure better compliance with the Payor of Last Resort policy.

Union County. The RW program manager has met with all agencies directors, program directors, and key staff in the day to day operations of Union County programs. All agencies are aware of what documentation is required to be made available to Union County monitors. The RW program manager is in greater contact with program's fiscal staff to discuss payroll documents, ledgers, to ensure all spreadsheets are made available. This is a change in policy.

A more comprehensive site visit is being scheduled with providers rather than numerous smaller ones. Union County's sub-grantee is working with the City of Newark Grantee to develop a universal monitoring tool to ensure compliance.

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

City of Newark. Site visit and Technical Assistance reports will require that the agency submit a Corrective Action Plan if a deficiency or issues have been identified by the monitor. Corrective action plans are assigned an implementation timeline, at which point a re-assessment of the corrective action is made via a follow-up meeting or site visit, which is also documented in a report and shared with the provider.

Union County. Fortunately CHAMP makes most corrective action plans easy to follow up on. Most agency issues deal with programmatic issues that involve indicators that can be tracked in CHAMP. With close monitoring of CHAMP the Union County program manager is able to monitor if recommendations occur. If an agency requires further technical assistance, additional site visits are scheduled and if this does not remedy the situation, depending on the reason for non-compliance, funding redistribution is the next step.

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

City of Newark. Open communication between monitor and service provider is strongly encouraged. To emphasize this, the program monitoring team conducts bi-monthly conference calls with each provider to address any technical, programmatic or fiscal issues that arise during the course of the grant year. Monitors are directed to review monthly reports and conduct CHAMP desk audits, in order to gather as much information as possible and to ensure

all areas of concern are addressed.

Union County. The Union County program manager has an open door policy and provides on going technical assistance to Union County agencies. The CHAMP office has an ongoing CHAMP training every Wednesday for 10am to 1pm at the FutureBridge office, 55 Eagle Rock Avenue in East Hanover. All Union County providers are contractually obligated to meet with the Union County RW program manager the first Tuesday of each month. During these meetings any and all issues can be raised. The Union County provider continuum is a very close knit group of agencies and work well together and the sub-grantee is available to them.

E. CHAMP

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

In response to our Payor of Last Resort policy and to support more efficient benefits coordination and case management of clients, the CHAMP system was modified in the following ways:

- A client status update is required to the system if 9 months passes without a billable encounter. After 12 months, client status is automatically changed to “suspended/no contact”. This allows for better monitoring and tracking of clients who are lost to care.
- Health Insurance/pay source information is now part of the billing process and must be updated each time services are billed.
- Socio-economic information related to residency and income will expire semiannually (after 6 months) to enforce semiannual assessment of client eligibility for services.
- The Medicaid pay source has been broken down into four primary types: Medicaid, Medicaid Managed Care, Medicaid Fee for Service and Medicaid Plan G. Medical Care to MMC recipients are not billable to Ryan White. Clients with other pay sources (Medicaid fee for service, private insurance, etc.) must provide a Pay Source Reason if medical care services are billed to Ryan White.

Union County. City of Newark Initiative — Sub-Grantee is the facilitator of the CHAMP User's Meeting.

20. What is the status of these objectives as of July 31, 2012?

All objectives have been completed and fully implemented.

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

21. What percent of the overall award (for the last fiscal year) was used for grantee support, Planning Council support, CHAMP, case management training, and quality management?

Approximately 14% of FY 2011’s award was used for Grantee support, Planning Council, CHAMP and Medical Case Management (MCM) Training.

Category	Cost	Percent
Grantee Administrative Costs	\$838,519	6%
Planning Council	\$381,918	3%
Quality Management	\$603,406	5%
Total	\$1,823,843	14%

22. What percent of formula funds were unexpended at the end of FY 2010?

All formula funds were utilized during the previous grant year. Formula: \$9,486,484 (100% spent)

22(a) What percent of supplemental funds were unexpended at the end of FY2010?

Nearly all supplemental funds were utilized during the grant year. The balance of \$378.24 represents less than half a percent of the supplemental award (\$3,244,130).

Supplemental: \$3,243,753.20 (99.99% spent)

Union County. All Union County funds were expended 100%.

22(b) What were the reasons?

The balance of \$378.24 is the accumulated balance of all 49 recipients of 2011 funding (\$178.24), plus \$200 left unspent from the 2011 RFP and Peer Review Session.

23. Please provide the final Spending Report for FY 2011.

See **Attachment C** for FY 2010 Final Spending Report.

24. Please provide Allocation Report for FY 2012.

See **Attachment D** for FY 2012 Allocation Report.

25. 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.

See **Attachment E**, the Ryan White/EIRC Resource Directory.

G. MINORITY AIDS INITIATIVE

26. Please provide the Planning Council with the following information about the Minority AIDS Initiative (MAI) funds: total MAI funds received by the Grantee; service categories in which the MAI funds were allocated; the amount of funding allocated in each service category; the target ethnic group of each program.

Blacks and Hispanics account for 35% of the EMA's population, but more than 86% of the HIV epidemic. As such, MAI funding is used to create new or expanded service options for Blacks and Hispanics, in response to the disproportionate impact of the disease and according to the distribution plan provided below.

Union County. Union County received \$50,000 Part F funds for Primary Medical Care for FY 2012 and \$0 for FY 2011.

Table 1: FY2011 Minority AIDS Initiative Funding

Services	Allocated	Spent	Target Population
Primary Medical Care Services	\$354,929	\$295,926	Blacks & Hispanics
Outpatient Substance Abuse	\$17,432	\$17,432	Blacks & Hispanics
Mental Health	\$135,250	\$113,500	Blacks & Hispanics
Oral Health	\$45,640	\$30,211	Blacks & Hispanics
Medical Case Management	\$185,301	\$429,983	Blacks & Hispanics
Case Management	\$364,477	\$270,593	Blacks & Hispanics
Medical Transportation	\$88,028	\$53,460	Blacks & Hispanics
Quality Management	\$0	\$40,000	
Administrative Costs	\$132,340	\$72,290	
TOTAL	\$1,323,397	\$1,323,395	

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

The following organizations received MAI funding in FY 2011.

1. AIDS Resource Foundation for Children	2. Broadway House
3. C.U.R.A.	4. Hope House
5. Isaiah House	6. La Casa de Don Pedro
7. La Villa Agency	8. Morristown Memorial Hospital
9. New Jersey AIDS Services	10. Newark Beth Israel Medical Center
11. North Jersey AIDS Alliance (NJCRI)	12. St. Michael's Peter Ho Clinic
13. Team Management 2000, Inc.	14. UMDNJ (HIV Clinic)
15. Zufall Health Center	

Union County. Trinitas Regional Medical Center received MAI funding in FY 2012.

H. CONDITIONS OF AWARD

28. Please state whether or not the following reports have been mailed. 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.

Table 2: Grantee Report on Conditions of Award

DATE OF GRANTEE REPORT	CONTENT OF REPORT
March 26, 2012	FY 2011 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
May 2, 2012	Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY 2012 funding level.
July 28, 2012	FY 2011 Annual Progress Report.
May 29, 2012 and July 1, 2012	<ul style="list-style-type: none"> • FY 2011 final Financial Status Report(FSR) • FY 2011 Expenditure Rate (as documented in the final FY 2011 FSR) • Budgeted allocation of FY 2012 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2012 Implementation Plan
May 29, 2012	<ul style="list-style-type: none"> • Report on Minority AIDS Initiative for FY 2012. <i>** The MAI 2011 report is due on January 31, 2013</i> • Categorical budget for each grant-funded contract, Contract Review Certifications and Attachment E, other sources of funds for FY 2012.

Additional Comments:

The Notification of Grant Award (NGA) from HRSA is normally received on or around March 1st. Once received, the Grantee (and Sub-grantee) must complete a series of legislative steps before a contract can be executed. Therefore, I think it would be appropriate to modify Question #8 to look at the period of April through September (as opposed to March through August). It is impossible for a contract to be placed in March.

III. RECOMMENDATIONS FROM THE PLANNING COUNCIL

The Planning Council has reviewed the results of this Assessment and has made the following recommendations to the Grantee.

1. All forms required for the contracting process must be made available on the website, including fringe sheet.
2. Develop a comprehensive checklist of all documents needed – for providers and vendors.
3. Explain the reason for two waves of contracts approval and the certification process.
4. In the 2013 Assessment of the Administrative Mechanism, the grantee will be asked to provide a standard step by step process for contracting so that the Planning Council will have a better understanding of the process.

ATTACHMENT A: PRE-NOTIFICATION OF SITE VISIT

Date

Executive Director Name

Program Name

Address

City, State, Zip Code

Dear *Mr. X*:

The Ryan White Unit of the City of Newark has scheduled a Part A Quality Assessment visit with your program for *(date)* at *(time)*.

In addition to yourself, I am requesting the presence of all grant-funded personnel. To prevent the interruption of services, staff will not be required to stay for the duration of the visit.

Please review the site visit agenda. These time frames are flexible to accommodate staff and client interviews. Call me to discuss any necessary changes. Upon completion of this visit, a report will be forwarded to you for review and comments.

QUALITY ASSESSMENT VISIT AGENDA

10:00 – 11:00am	Meet with the Administrator(s), Program Director(s) Discussion will center on Fiscal, Programmatic, and CHAMP issues
11:00 – 11:15am	Tour of the Facility
11:15– 11:45am	Interview Staff: All grant funded personnel should be available.
11:45 – 12:15pm	Client interviews (if possible)
12:15 – 2:30pm	Chart review: (20) open cases/clients and (5) closed cases/clients
2:30 – 3:00pm	Closing and wrap-up with Administrators and Program Director

Sincerely,

Program Monitor Name/Title

Division of Health Planning

cc: *Name, Manager/* Division of Health Planning/Ryan White Unit

ATTACHMENT B: SITE VISIT PROTOCOL

**NEWARK EMA
DIVISION OF HEALTH PLANNING/ DCFWB**

RYAN WHITE SITE VISIT GUIDE

Program Monitoring Schedule

Preliminary Site Visit	March - May
Quality Assessment Site Visit 1	June - August **upon contract execution
Quality Assessment Site Visit 2	September - December
Final Program/Fiscal Assessment Visit	January - March
CHAMP Monitoring/Assessment (in-house)	Daily, weekly or as needed
Technical Assistance Visit	As needed
Documentation of Site Visits, Meetings, etc.	All visits and meetings are documented via a report or letter. Site Visit reports are generated and filed within two weeks of the completed quality assessment/fiscal visit. Corrective action plans and other grant related correspondence is also kept on file in the Grantee office.

**NEWARK EMA
DIVISION OF HEALTH PLANNING/ DCFWB**

RYAN WHITE SITE VISIT GUIDE

- **Standard Quality Assessment Visit**

Meeting with the Administrators Review and discussion of contract goals and objectives, new initiatives, former corrective actions, program achievements, etc. with key administrators and staff.

Tour of the Facility Walk-through of the facility, including waiting/lobby area, treatment and counseling rooms, etc.

Staff Interviews One-on-one discussion with key personnel to assess knowledge of Ryan White guidelines and contract requirements and to review service delivery methods, issues and/or concerns. Feedback is also solicited.

Consumer Interviews One-on-one discussion with at least three Ryan White clients of the program to assess accessibility, appropriateness, effectiveness and satisfaction with services received from the provider. Feedback is also solicited.

Chart Reviews A sample-size of client charts, representing 2% of the program's unduplicated count (minimum of 10 and maximum of 50 charts) is reviewed for appropriate documentation of the clients HIV/AIDS status, assessment of needs, appropriate referrals, and consistency in care and treatment which meets or exceeds the standards of care established by PHS guidelines.

Closing and Wrap-up with Administrators Brief discussion of preliminary findings and opportunity for questions and answers.

ATTACHMENT C: SAMPLE SITE VISIT REPORT

YEAR-END SITE VISIT REPORT

AGENCY:

GRANT ADMINISTRATOR:

AMOUNT CONTRACTED:

GRANT PERIOD:

DATE OF VISIT:

I. OVERVIEW

An interim site visit was conducted for the Ryan White Program on

In attendance were

For the fiscal period of

, the program was awarded a total of

to provide the following:

Service Category	Amount	# of Units	Unduplicated Client Count	New Client Count
Total				

YEAR-END SITE VISIT REPORT

III. FISCAL ASSESSMENT (March 2011 – February 2012)

Year to date expectations 100 %

Service Category	YTD Expenditures	% of Funding	YTD Actuals	% of Expenditures
Total				

Comments:

YEAR-END SITE VISIT REPORT

IV. Service Provision and Utilization (March 2012 – February 2013)

Year to date expectations 100 %

Service Category	# of Units Provided	% of Goal	Unduplicated Client Count
Total			

V. Logic Model Outcomes

Planned Outcomes	Achieved Outcomes

YEAR-END SITE VISIT REPORT

VI. CHAMP ASSESSMENT

Frequency of CHAMP data entry:

Name of data entry person(s):

Has any staff received CHAMP training or TA in the last 6 months:

What was the reason and has it been resolved:

Recommendations for improvement to CHAMP:

YEAR-END SITE VISIT REPORT

VII. CHART AUDIT

Total # of charts reviewed reflecting of the agency's unduplicated client count year to date.

CONTENTS	YES	NO	Not applicable	%
INTAKE FORM				
NAME/ADDRESS OF CONSUMER				
EMERGENCY CONTACT PERSON				
PRESENTING PROBLEM				
BRIEF HISTORY				
PERSONAL SUPPORT SYSTEM				
EMPLOYMENT/INCOME/FINANCIAL SITUATION				
INSURANCE/ENTITLEMENTS				
SIGNED CONSENTS (ex. release of information, etc.)				
STATEMENT OF RIGHTS AND RESPONSIBILITIES (signed by consumer and staff)				
CONFIRMATION OF HIV STATUS				
SUBSTANCE ABUSE ASSESSMENT				
REFERRAL FOR TREATMENT (if needed)				
MENTAL HEALTH ASSESSMENT				
REFERRAL FOR TREATMENT (if needed)				
FULL NEEDS ASSESSMENT (housing, food, etc.)				
REFERRAL FOR SERVICES (if needed)				
NEEDS OF MINOR CHILDREN				
EVIDENCE OF CONSUMER/FAMILY INPUT				
PROGRESS NOTES (Case Mgmt., Substance Abuse, Mental Health, etc.)				
*FOLLOW/UP OR OUTREACH				
PRIMARY MEDICAL CARE INFORMATION (screenings, lab tests, etc.)				
MEDICATIONS/TREATMENT REGIMENT				
TREATMENT PLAN				
EVIDENCE OF UPDATED TREATMENT PLAN				
DISCHARGE PLAN				

Comments:

YEAR-END SITE VISIT REPORT

VIII. Staff Assessment/ Interview (#)

Name

Title

of years with the Provider

of years experience in the HIV/AIDS field

Knowledge of Ryan White Grant (the Care Act, funding, collaborations, reporting requirements, etc.)

Procedure for rendering services

Interaction with CHAMP

Challenges & Recommendations:

YEAR-END SITE VISIT REPORT

IX. CLIENT SATISFACTION ASSESSMENT (#)

Gender:	Race:	Age:	Highest level of Education:	Marital Status/ # of children:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of HIV diagnosis and location:	Mode of Transmission:
<input type="text"/>	<input type="text"/>

Physician's name & location:	Frequency of visits (per year):
<input type="text"/>	<input type="text"/>

Case Manager's name & location:	Frequency of contacts (per year):
<input type="text"/>	<input type="text"/>

Amount of time with the program:	<input type="text"/>
---	----------------------

Services received from the program:	<input type="text"/>
--	----------------------

Client comments/ suggestions:

Client's satisfaction score (1 poor, 2 needs improvement, 3 fair, 4 good, and 5 excellent)	<input type="text"/>
---	----------------------

YEAR-END SITE VISIT REPORT

X. Final Summary:

XI. Corrective Actions:

Deadline for addressing all corrective action requests:

OVERALL RATING: **Conditional** **Satisfactory** **Unsatisfactory**

ATTACHMENT D: FY 2011 FINAL SPENDING REPORT

FY 2011 Part A & MAI Expenditures Report

Section A: Identifying Information
City of Newark, NJ
Dorian Cooper
973/733-5449
cooperd@ci.newark.nj.us

Section B: FY 2011 Award Information	Award Amount	Carryover	Total
1. Part A Grant Award Amount	\$12,730,614	\$0	\$12,730,614
2. MAI Grant Award Amount	\$1,323,397	\$0	\$1,323,397
3. Total Part A Funds	\$14,054,011	\$0	\$14,054,011

Section C: Expenditure Categories	PART A AWARD						MAI AWARD						PART A + MAI TOTAL AWARD	
	CURRENT FY		PRIOR FY CARRYOVER		PART A TOTAL		CURRENT FY		PRIOR FY CARRYOVER		MAI TOTAL		Amount	Percent
	Amount	Percentage	Amount	Percent	Amount	Percent	Amount	Percentage	Amount	Percent	Amount	Percent		
1. Core Medical Services Subtotal ^{1 (see CHECKLIST)}	\$8,270,371	75.83%	\$0	0.00%	\$8,270,371	75.83%	\$887,052	73.24%	\$0	0.00%	\$887,052	73.24%	\$9,157,424	75.57%
a. Outpatient /Ambulatory Health Services	\$3,019,059	27.68%		--	\$3,019,059	27.68%	\$295,926	24.43%		--	\$295,926	24.43%	\$3,314,985	27.36%
b. AIDS Drug Assistance Program (ADAP) Treatments		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
c. AIDS Pharmaceutical Assistance (local)		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
d. Oral Health Care	\$558,779	5.12%		--	\$558,779	5.12%	\$30,211	2.49%		--	\$30,211	2.49%	\$588,990	4.86%
e. Early Intervention Services	\$82,626	0.76%		--	\$82,626	0.76%		0.00%		--	\$0	0.00%	\$82,626	0.68%
f. Health Insurance Premium & Cost Sharing Assistance		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
g. Home Health Care		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
h. Home and Community-based Health Services		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
i. Hospice Services		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
j. Mental Health Services	\$1,108,747	10.17%		--	\$1,108,747	10.17%	\$113,500	9.37%		--	\$113,500	9.37%	\$1,222,247	10.09%
k. Medical Nutrition Therapy	\$186,249	1.71%		--	\$186,249	1.71%		0.00%		--	\$0	0.00%	\$186,249	1.54%
l. Medical Case Management (incl. Treatment Adherence)	\$2,151,484	19.73%		--	\$2,151,484	19.73%	\$429,983	35.50%		--	\$429,983	35.50%	\$2,581,468	21.30%
m. Substance Abuse Services - outpatient	\$1,163,427	10.67%		--	\$1,163,427	10.67%	\$17,432	1.44%		--	\$17,432	1.44%	\$1,180,859	9.75%
2. Support Services Subtotal	\$2,636,028	24.17%	\$0	0.00%	\$2,636,028	24.17%	\$324,053	26.76%	\$0	0.00%	\$324,053	26.76%	\$2,960,081	24.43%
a. Case Management (non-Medical)	\$487,979	4.47%		--	\$487,979	4.47%	\$270,593	22.34%		--	\$270,593	22.34%	\$758,572	6.26%
b. Child Care Services		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
c. Emergency Financial Assistance	\$62,167	0.57%		--	\$62,167	0.57%		0.00%		--	\$0	0.00%	\$62,167	0.51%
d. Food Bank/Home-Delivered Meals	\$260,044	2.38%		--	\$260,044	2.38%		0.00%		--	\$0	0.00%	\$260,044	2.15%
e. Health Education/Risk Reduction		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
f. Housing Services	\$1,055,368	9.68%		--	\$1,055,368	9.68%		0.00%		--	\$0	0.00%	\$1,055,368	8.71%
g. Legal Services	\$315,296	2.89%		--	\$315,296	2.89%		0.00%		--	\$0	0.00%	\$315,296	2.60%
h. Linguistics Services		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
i. Medical Transportation Services	\$293,035	2.69%		--	\$293,035	2.69%	\$53,460	4.41%		--	\$53,460	4.41%	\$346,495	2.86%
j. Outreach Services		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
k. Psychosocial Support Services		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
l. Referral for Health Care/Supportive Services		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
m. Rehabilitation Services		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
n. Respite Care		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
o. Substance Abuse Services - residential	\$162,140	1.49%		--	\$162,140	1.49%		0.00%		--	\$0	0.00%	\$162,140	1.34%
p. Treatment Adherence Counseling		0.00%		--	\$0	0.00%		0.00%		--	\$0	0.00%	\$0	0.00%
3. Total Service Expenditures	\$10,906,400	100.00%	\$0	--	\$10,906,400	100.00%	\$1,211,105	100.00%	\$0	--	\$1,211,105	100.00%	\$12,117,505	100.00%
4. Non-services Subtotal	\$1,823,780	14.33%	\$0	--	\$1,823,780	14.33%	\$112,290	8.48%	\$0	--	\$112,290	8.48%	\$1,936,070	13.78%
a. Clinical Quality Management ² (see CHECKLIST)	\$603,406	4.74%		--	\$603,406	4.74%	\$40,000	3.02%	\$0	--	\$40,000	3.02%	\$643,406	4.58%
b. Grantee Administration ³ (see CHECKLIST)	\$1,220,374	9.59%		--	\$1,220,374	9.59%	\$72,290	5.46%	\$0	--	\$72,290	5.46%	\$1,292,664	9.20%
5. Total Expenditures	\$12,730,180	100.00%	\$0	--	\$12,730,180	100.00%	\$1,323,396	100.00%	\$0	--	\$1,323,396	100.00%	\$14,053,575	100.00%

Section D: FY 2011 Award & Expenditure Summary	Award	Expenditure	Balance
1. Part A	\$12,730,614	\$12,730,180	\$434
2. Part A MAI	\$1,323,397	\$1,323,396	\$1
3. Total	\$14,054,011	\$14,053,575	\$436

FOR OFFICE USE ONLY:

Grantee received waiver for 75% core medical services requirement.

ATTACHMENT E: FY 2012 ALLOCATION REPORT

FY12 Part A & MAI Allocations Table

[Detailed instructions for completing and submitting this report can be found in the Electronic Handbooks and downloaded from the web at <https://grants.hrsa.gov/webexternal/Login.asp>](#)

Section A: Identifying Information	
City of Newark, NJ	
Dorian Cooper	
973/733-5449	
cooperd@ci.newark.nj.us	

Section B: Reporting Year Award Information	
1. Part A Grant Award Amount	\$12,820,273
2. MAI Grant Request / Award Amount	\$1,313,733
3. Total Part A Funds	\$14,134,006

Section C: Allocation Categories	1. Part A Award		2. MAI Award		3. Combined Total	
	Amount	Percentage	Amount	Percentage	Amount	Percentage
1. Core Medical Services Subtotal¹ (see CHECKLIST)	\$8,300,479	76.01%	\$1,157,456	93.38%	\$9,457,935	77.79%
a. Outpatient /Ambulatory Health Services	\$2,675,472	24.50%	\$1,014,346	81.84%	\$3,689,818	30.35%
b. AIDS Drug Assistance Program (ADAP) Treatments	\$0	0.00%	\$0	0.00%	\$0	0.00%
c. AIDS Pharmaceutical Assistance (local)	\$0	0.00%	\$0	0.00%	\$0	0.00%
d. Oral Health Care	\$497,574	4.56%	\$62,650	5.05%	\$560,224	4.61%
e. Early Intervention Services	\$228,741	2.09%	\$0	0.00%	\$228,741	1.88%
f. Health Insurance Premium & Cost Sharing Assistance	\$0	0.00%	\$0	0.00%	\$0	0.00%
g. Home Health Care	\$0	0.00%	\$0	0.00%	\$0	0.00%
h. Home and Community-based Health Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
i. Hospice Services	\$0	0.00%	\$0	0.00%	\$0	0.00%
j. Mental Health Services	\$1,271,508	11.64%	\$20,001	1.61%	\$1,291,509	10.62%
k. Medical Nutrition Therapy	\$193,513	1.77%		0.00%	\$193,513	1.59%
l. Medical Case Management (incl. Treatment Adherence)	\$2,283,954	20.92%	\$37,742	3.05%	\$2,321,696	19.09%
m. Substance Abuse Services - outpatient	\$1,149,717	10.53%	\$22,717	1.83%	\$1,172,434	9.64%
2. Support Services Subtotal	\$2,619,066	23.99%	\$82,000	6.62%	\$2,701,066	22.21%
a. Case Management (non-Medical)	\$707,182	6.48%		0.00%	\$707,182	5.82%
b. Child Care Services		0.00%		0.00%	\$0	0.00%
c. Emergency Financial Assistance	\$76,688	0.70%		0.00%	\$76,688	0.63%
d. Food Bank/Home-Delivered Meals	\$193,172	1.77%		0.00%	\$193,172	1.59%
e. Health Education/Risk Reduction		0.00%		0.00%	\$0	0.00%
f. Housing Services	\$909,485	8.33%		0.00%	\$909,485	7.48%
g. Legal Services	\$310,829	2.85%		0.00%	\$310,829	2.56%
h. Linguistics Services		0.00%		0.00%	\$0	0.00%
i. Medical Transportation Services	\$274,189	2.51%	\$82,000	6.62%	\$356,189	2.93%
j. Outreach Services		0.00%		0.00%	\$0	0.00%
k. Psychosocial Support Services		0.00%		0.00%	\$0	0.00%
l. Referral for Health Care/Supportive Services		0.00%		0.00%	\$0	0.00%
m. Rehabilitation Services		0.00%		0.00%	\$0	0.00%
n. Respite Care		0.00%		0.00%	\$0	0.00%
o. Substance Abuse Services - residential	\$147,521	1.35%		0.00%	\$147,521	1.21%
p. Treatment Adherence Counseling		0.00%		0.00%	\$0	0.00%
3. Total Service Allocations	\$10,919,545	100.00%	\$1,239,456	100.00%	\$12,159,001	100.00%
4. Non-services Subtotal	\$1,900,728	14.83%	\$74,277	5.65%	\$1,975,005	13.97%
a. Clinical Quality Management ² (see CHECKLIST)	\$641,013	5.00%	\$15,000	1.14%	\$656,013	4.64%
b. Grantee Administration ³ (see CHECKLIST)	\$1,259,715	9.83%	\$59,277	4.51%	\$1,318,992	9.33%
5. Total Allocations (Service + Non-service)⁴ (see CHECKLIST)	\$12,820,273	100.00%	\$1,313,733	100.00%	\$14,134,006	100.00%

ATTACHMENT F

: RYAN WHITE/EIRC RESOURCE DIRECTORY

Ryan White/EIRC Resource Directory

Contact Info and Services
Provided at each Location



Highlights

- AGENCY CONTACT INFORMATION
- SERVICES PROVIDED
- HIV/AIDS TESTING INFORMATION

Rev: 8/06/2012

NEWARK EMA EIRC MEMBERSHIP ROSTER

UMDNJ/Infectious Disease Practice (HIV Clinic)	Newark Community Health Center/Newark Beth Israel Medical Center
Broadway House	AIDS Resource Foundation for Children
Catholic Charities/ St. Bridget's	Airmid
Community Health Law Project	CURA
Department of Veteran Affairs	Family Medical Group
Positive Health Care	Hyacinth - Newark
St. James Social Services	Isaiah House
St. Michael's Peter Ho Clinic	La Casa de Don Pedro
St. Michael's Behavioral Health	Newark Beth Israel Medical Center
Urban Renewal	Newark Homeless Health Care
UMDNJ/Dental	North Jersey AIDS Alliance (NJCRI)
UMDNJ/FXB	Smith Center
UMDNJ/START	Team Management 2000
UMDNJ/IMPACT	

Morristown Memorial Hospital	Trinitas Regional Medical Center – EIP Clinic
Hope House	Catholic Charities – Union Co. Jail Discharge
New Jersey AIDS Services	Central Jersey Legal Services
Zufall Health Center	Homefirst
	Hyacinth- Union
	Lennard Clinic
	Meals on Wheels
	PROCEED
	Trinitas - SAS
	Neighborhood Health Services Corporation

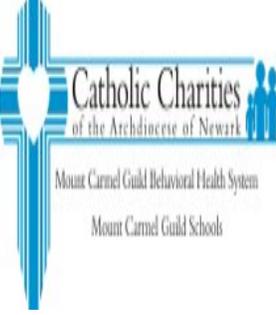
The Newark EMA Ryan White/EIRC Resource Directory is a good way to stay informed on treatment and prevention services in our area. EIRCs were established by the EMA for FY 2012 to ensure collaboration, information exchange, planning and linkages, between Part A/F medical providers and counseling, testing and referral (CTR) sites and activities funded by CDC and Part B.

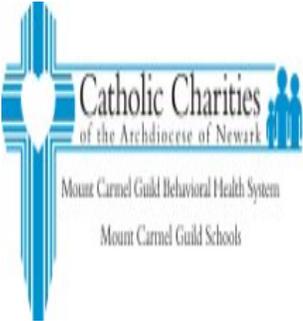
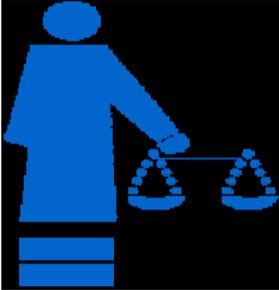
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AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>AIDS RESOURCE FOUNDATION FOR CHILDREN (973) 643 - 0400 72 Academy Street Newark, NJ 07102</p> <p><i>Early Intervention, Mental Health, Outpatient Substance Abuse Treatment, Case Management, Emergency Financial Assistance, Housing Services, Medical Transportation, After School Program (ages 6-18), support groups, summer camp, respite care for children, community engagement events</i></p>				
 <p>AIRMID FOUNDATION, INC. (973) 678 - 0553 137 Evergreen Place East Orange, NJ 07018</p> <p><i>Substance Abuse, Relapse Prevention, Individual/Group Counseling, HIV Education & Prevention, Health Wellness Education, Anger Management, Family/Peer Support</i></p>				
 <p>BROADWAY HOUSE FOR CONTINUING CARE (973) 268 - 9797 298 Broadway Newark, NJ 07104</p> <p><i>HIV/AIDS Nursing Care, Primary Medical Care, HIV Medications, Early Intervention, Mental Health (Individual/Groups), Outpatient Substance Abuse Counseling (Individual/Groups), Pastoral Care, Medical Case Management, Medical Nutritional Therapy, Activities, Transportation</i></p> <p><u>Broadway House For Continuing Care</u> <i>Providing the highest quality of care in a sub-acute environment with dedication and compassion.</i></p>				
 <p>CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK/ ST. BRIDGET'S (973) 799 - 0484 404 University Avenue Newark, NJ 07102</p> <p><i>Transitional & Emergency Housing, Case Management, Substance Abuse, Medical Transportation</i></p>	✓	✓	✓	

AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK/ UNION COUNTY JAIL DISCHARGE PLANNING PROGRAM (908) 497 - 3938 505 South Avenue Cranford, NJ 07016</p> <p><i>Discharge Planning Services at Union County Jail</i></p>	✓	✓	✓	✓
 <p>CATHOLIC SOCIAL SERVICES OF MORRIS COUNTY, INC./HOPE HOUSE (973) 361 - 5565 19-21 Belmont Avenue Dover, NJ 07802</p> <p><i>Case Management, Transportation, Support Services, Pastoral Care, Counseling and Coping Skills, AIDS Education, Mental Health Assessment, Counseling (Individual, Group & Family), Psychiatric evaluations, Medical monitoring, substance Abuse Assessment (Level I & II), Long & Short term housing subsidies , Resources and referrals to prevent homelessness</i></p>	✓	✓		
 <p>CENTRAL JERSEY LEGAL SERVICES (908) 354-4340 60 Prince Street Elizabeth, NJ 07208</p> <p><i>Legal Services with representation in Welfare, Social Security, Medicaid & Medicare claims, eviction defense, family matters, collections, bankruptcy, consumer fraud actions, housing subsidies</i></p>				
 <p>COMMUNITY HEALTH LAW PROJECT (973) 680 - 5599 650 Bloomfield Avenue, Suite 210 Bloomfield, NJ 07003</p> <p><i>Legal Services</i></p>				

AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>CURA, INC. (973) 622 - 3570 35 Lincoln Park Newark, NJ 07102</p> <p><i>Residential Substance and Co-occurring Treatment Services</i></p>	✓	✓		✓
 <p>DEPARTMENT OF VETERANS AFFAIRS (973) 676 - 1000 ext. 1828 385 Tremont Avenue East Orange, NJ 07018</p> <p><i>Primary Medical Care, Surgical Care, Women's Health, Pharmacy, Mental Health Services, wide array of Specialty Care programs, Homeless Veterans Treatment, Geriatrics & Extended Care, Caregiver Support, Hospice & Palliative Care, Military Sexual Trauma, OEF/OIF/ OND Returning Combat Veterans</i></p>	✓	✓		✓
 <p>FAMILY MEDICAL GROUP (862) 320 - 3902 134 Evergreen Place East Orange, New Jersey 07018</p> <p><i>Primary Medical Care, Medical Case Management, Referral Services</i></p>	✓			✓
 <p>HOMEFIRST, INTERFAITH HOUSING AND FAMILY SERVICES (908) 753-4001 905 Watchung Avenue Plainfield, NJ 07060</p> <p><i>Housing Services, Case Management, Emergency Financial Assistance, Food Bank/Home Delivered Meals</i></p>				

AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>HYACINTH AIDS FOUNDATION (973) 565-0300 408 Bloomfield Avenue, 2nd Floor Newark, NJ 07107 and 800 Broad Street Newark, NJ 07102</p> <p><i>Medical Case Management, Mental Health (Individual & Group), Client Advocacy, Outpatient Substance Abuse (Individual & Group), Risk Reduction, Health Education, Disclosure Prevention Counseling, Transportation, Discharge Planning</i></p>	✓	✓	✓	
 <p>HYACINTH AIDS FOUNDATION/UNION COUNTY MENTAL HEALTH (908) 755-0021 25 Craig Place North Plainfield, NJ 07060</p> <p><i>Mental Health (Individual & Group), Risk Reduction, Health Education, Disclosure Prevention Counseling, Assistance with Entitlements, Housing concerns, credit issues, legal documents, ADDP</i></p>	✓	✓	✓	
 <p>ISAIAH HOUSE (973) 678-5882 238 North Munn Ave East Orange, NJ 07017</p> <p><i>Housing, 3 meals per day, Case Management, Psychosocial support, Medical referrals, Medication adherence, Counseling services for women returning into community from incarceration</i></p>				
 <p><i>Fostering self-sufficiency, empowerment, and neighborhood revitalization since 1972.</i> 75 Park Avenue Newark, New Jersey 07104 (973) 482-8192 (973) 482-8883 www.lacasadonpedro.org</p> <p>LA CASA DE DON PEDRO (973) 624-4222 76 Clinton Avenue Newark, NJ 07102</p> <p><i>Individual & Community Level Outreach, Group & Individual Interventions, Long & short term rental assistance, Case management, Mental Health, Medical Nutritional Services, Housing information, referrals & advocacy, Educational workshops</i></p>	✓	✓		

AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>THE LENNARD CLINIC, Inc. (908) 352-0850 850 Woodruff Lane Elizabeth, NJ 07201</p> <p><i>HIV Counseling, Methadone Maintenance, Individual & Group Counseling, Primary Medical Care, Case Management</i></p>	✓	✓		✓
 <p>MEALS ON WHEELS, INC. (908) 486 - 5100 1025 Pennsylvania Avenue Linden, NJ 07036</p> <p><i>Home delivered meals</i></p>				
 <p>MORRISTOWN MEMORIAL HOSPITAL/ FAMILY HEALTH CENTER (973) 971 - 5912 475 South Street Morristown, New Jersey 07962</p> <p><i>Primary Medical Care, Medical Case Management, Mental Health, Oral Health, Medical Transportation, Medical Nutritional Therapy, Early Interventions Services</i></p>	✓	✓	✓	✓
 <p>NEIGHBORHOOD HEALTH SERVICES CORPORATION (908) 753-6401 1700 Myrtle Avenue Plainfield, NJ 07063</p> <p><i>Primary ambulatory care, Early Intervention Services, Oral Health, Medical Case Management, Mental Health, substance Abuse, Medical</i></p>	✓	✓	✓	✓

AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>NEWARK BETH ISRAEL MEDICAL CENTER/ THE FAMILY TREATMENT CENTER (973) 926-2479 201 Lyons Avenue Newark, NJ 07112</p> <p><i>Medical Case Management, Mental Health, Medical Nutritional Therapy, HIV Prevention Services, Counseling</i></p>	✓	✓	✓	✓
 <p>NEWARK COMMUNITY HEALTH CENTERS, INC. (973) 483-1300 741 Broadway Newark, NJ 07104</p> <p><i>Primary Medical Care, Mental Health, Medical Nutritional Therapy, Medical Transportation, Medical Case Management, Oral Health Care, Early Intervention Services, Adherence and Retention Support, Prevention for Positives, Diagnostic Laboratory, Infectious Disease Specialist, Support Groups</i></p>	✓	✓	✓	✓
 <p>NEWARK HOMELESS HEALTH CARE (973) 733-5300 110 Williams Street Newark, NJ 07102</p> <p><i>Primary Medical Care, Infectious Disease Specialist (bilingual), Mental Health, Substance Abuse, Medical Case Management, Oral Health, Transportation, Food Vouchers</i></p>	✓	✓		
 <p>NEW JERSEY AIDS SERVICES, INC. (973) 285-0006 44 South Street Morristown, NJ 07950</p> <p><i>Transitional Housing, Long & Short term rental assistance, Security deposits, Case Management, Substance Abuse Counseling, Mental Health Counseling, Transportation, Food Pantry, Laundry services, Education Workshops/ seminars on HIV/AIDS</i></p>				

AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>NORTH JERSEY AIDS ALLIANCE/NJCRI (973) 483 - 3444 393 Central Avenue Newark, NJ 07103</p> <p><i>STD Testing, Discharge Planning, Support & Education Group, Healthy Relationships Intervention, (Individual & Group), Safe syringe program, Shower and Laundry Services for clients,, Substance Abuse, Clinical trials, Referral services</i></p>	✓	✓	✓	✓
 <p>POSITIVE HEALTH CARE, INC. (973) 596 - 9667 333 Washington Street Newark, NJ 07102</p> <p><i>Case Management, Substance Abuse Services, Housing, Direct Emergency Assistance, Early Intervention Services</i></p>				
 <p>PROCEED, INC. (908)351-7727 1126 Dickinson Street Elizabeth, NJ 07201</p> <p><i>Case Management, Rental Assistance, Nutritional Services, Direct Emergency Assistance,</i></p>	✓	✓	✓	
 <p>SMITH CENTER FOR INFECTIOUS DISEASE AND URBAN HEALTH (862)772-7822 310 Central Avenue, Suite 307 East Orange, NJ 07018</p> <p><i>Infectious Disease testing, treatment, vaccination and risk reduction counseling, Specifically HIV, Hepatitis A, B, C, Herpes, Gonorrhea, Chlamydia, Trichomonas, Syphilis & Tuberculosis</i></p>	✓			✓

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AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>ST. JAMES SOCIAL SERVICE CORPORATION (973) 624-4007 604 Dr. Martin Luther King Jr. BLVD Newark, NJ 07102</p> <p>Counseling & Referrals for Medical Treatment, Recovery Mentorship, Transitional Housing, Short term Utility & Rental Assistance, Food Pantry</p>	✓	✓	✓	✓
 <p>ST. MICHAEL'S MEDICAL CENTER/ BEHAVIORAL HEALTH SERVICES (973) 877-5000 111 Central Avenue Newark, NJ 07102</p> <p><i>Substance Abuse & Mental Health Counseling, Psychiatric consultations, Medication management, Monitoring & Education, Nursing assessments & Medication reconciliation, case management, life skills anger management</i></p>	✓	✓	✓	✓
 <p>ST. MICHAEL'S MEDICAL CENTER/PETER HO CLINIC (973) 877-2827 268 Dr. Martin Luther King Jr. BLVD Newark, NJ 07102</p> <p><i>Primary Medical Care, Medical Case Management, Substance Abuse & Mental Health Treatment, Oral Health, Transportation, Medical Nutritional Therapy, Eye Screenings, Diabetic Education & Management, Pain Management, Specialty Medical Services</i></p>	✓	✓	✓	✓
 <p>TEAM MANAGEMENT 2000 INC. (973)324-2220 395 Pleasant Valley Way West Orange, NJ 07052</p> <p><i>Early Intervention Services, Substance Abuse Treatment (Standard & Intensive) & Counseling, Case Management, Mental Health, Housing for Emergency Assistance, Transitional & Permanent Housing, Medical Transportation</i></p>	✓	✓	✓	✓

AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>TRINITAS REGIONAL MEDICAL CENTER/ EARLY INTERVENTION PROGRAM (908) 994 - 7600 655 Livingston Street, 2nd Floor Elizabeth, NJ 07206</p> <p><i>Primary Medical Care, Laboratory Services, Medical Case Management, Mental Health Services, Substance Abuse, Transportation</i></p>	✓	✓		
 <p>TRINITAS REGIONAL MEDICAL CENTER/ OUTPATIENT SUBSTANCE ABUSE OUTREACH PROGRAM (908) 994 - 7090 645 East Jersey Street Elizabeth, NJ 07206</p> <p><i>Substance Abuse evaluations, counseling and referrals</i></p>	✓	✓	✓	✓
 <p>UNIVERSITY OF MEDICINE & DENTISTRY/DENTAL CLINIC (973) 972 - 6613 110 Bergen Street, Room 881 Newark, New Jersey 07103</p> <p><i>Oral Health Care</i></p>				
 <p>UNIVERSITY OF MEDICINE & DENTISTRY/ FRANCOIS-XAVIER BAGNOUD CENTER (FXB) (973) 972 - 4150 65 Bergen Street, SSB Building, 8TH Floor Newark, New Jersey 07103</p> <p><i>Primary Medical Care, Medical Case Management, Child Life Therapy, Phlebotomy, Social Work & Mental Health Counseling, Medical Nutrition Services, Women's Support Group</i></p>	✓			✓

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 <p>UBHC UNIVERSITY BEHAVIORAL HEALTHCARE</p> <p>UNIVERSITY OF MEDICINE & DENTISTRY/UNIVERSITY BEHAVIORAL HEALTHCARE - IMPACT (973) 972- 5430 183 South Orange Avenue Newark, NJ 07103</p> <p><i>Psychotherapy (Individuals, group, family), Psychiatric evaluation, Psychopharmacological management, referral services</i></p>				
 <p>UMDNJ UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY</p> <p>UNIVERSITY OF MEDICINE & DENTISTRY/ INFECTIOUS DISEASE PRACTICE (HIV CLINIC) (973) 972- 3846 185 South Orange Avenue, MSBI 689 Newark, NJ 07103</p> <p><i>Primary Medical Care, Laboratory Services, Medical Case Management, Mental Health Services, Substance Abuse including Suboxone treatment, Transportation, Medical Nutritional Therapy, HIV/Hepatitis C co-infection program, support groups, new patient initiative, specialty services, oral health</i></p>	✓	✓		✓
 <p>UMDNJ UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY</p> <p>UNIVERSITY OF MEDICINE & DENTISTRY/ DIVISION OF ADOLESCENT & YOUNG ADULT MEDICINE - START PROGRAM (973) 972 - 5469 65 Bergen Street, GA-177 Newark, New Jersey 07103</p> <p><i>STD/STI testing, Paps, Pregnancy tests, Diabetes & Blood Pressure Screenings, Interventions (individual), Teen forum, Parent & Caregiver Presentations, Referrals</i></p>	✓	✓		✓

AGENCY / CONTACT INFO/ SERVICES PROVIDED	HIV TESTING SITE	RAPID TESTING	RAPID/ RAPID TESTING	ROUTINE TESTING
 <p>URBAN RENEWAL CORPORATION/ (973) 483- 2882 224 Sussex Avenue Newark, NJ 07103</p> <p><i>Case management, Emergency Housing, Transportation, Client Development Plans, Early Intervention Services, Substance Abuse, Referral Services</i></p>	✓	✓		
 <p>ZUFALL HEALTH CENTER (973) 328-3344 17 South Warren Street Dover, NJ 07801</p> <p><i>Primary Medical Care, Oral Health, Medical Case Management, Early Intervention Services</i></p>	✓	✓		✓



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Other Important Contacts

CITY OF
NEWARK
NEW JERSEY



**City of Newark Department of
Child & Family Well-Being/
Ryan White Unit (Grantee Office)**

110 William Street, Room 209
Newark, NJ 07102
Phone: 973-733-4402
Fax: 973-733-5444



**Newark EMA HIV Health Services
Planning Council**

315 N. 6th Street, 2nd Floor
P.O. Box 7007
Newark, NJ 07107
Phone: 973-485-5220
Fax: 973-485-5085



**FUTUREBRIDGE Business Solutions
(CHAMP)**

55 Eagle Rock Avenue
East Hanover, NJ 07869
Phone: 973 515-9000
Fax: 973 515-9011