NEWARK EMA
HIV HEALTH SERVICES PLANNING
COUNCIL

ASSESSMENT OF THE
ADMINISTRATIVE MECHANISM

NEWARK EMA RYAN WHITE
HIV/AIDS PROGRAM - PART A

FY 2019

September 2019

NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL
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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 2019

September 2019

I. INTRODUCTION

A. PURPOSE

The purpose of Newark Eligible Metropolitan Area (EMA) Assessment of the Administrative Mechanism for FY 2019 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 service providers/agencies. The two annual updates survey only the Recipient. The Council completed a full assessment in 2018. This 2019 report is an update 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 2018 for the Recipient (formerly "Grantee") to reflect current agency responsibilities and changes that were made for FY 2019 procurement following a site visit by HRSA/HAB to the Recipient in July 2018.

On August 12, 2019 the Council e-mailed the 2019 Recipient Survey to the City of Newark AIDS Director (RWU Manager) with a completion date of September 6, 2019.

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[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

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."

The **Recipient** evidenced continued implementation of new processes related to the RFP, contracting and reimbursement in response to the FY 2018 survey and feedback by agencies. Contracting is directly affected by receipt of partial awards from HRSA/HAB, especially in past years with two to three partial awards. Past delays in receipt of the full Fiscal Year award had 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.

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 the efficiency of the RWHAP procurement, contracting and reimbursement processes and expedite the contracting process for Newark EMA RWHAP services. 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. The City of Newark agreed on implementation of the HRSA/HAB recommendations which are discussed further in this document.

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

E.   FINDINGS OF FY 2019 ASSESSMENT OF THE ADMINISTRATIVE MECHANISM (AAM) IN RESPONSE TO FY 2018 AAM - IMPROVEMENTS PROPOSED BY RECIPIENT FOR FY 2019

The major change for FY 2019 was a change in the procurement and contracting timeline to start earlier than in past years. This change was due to advice by HRSA HAB in a Technical Assistance site visit and agreement by the City of Newark with TA advice.

Background. 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.

The most important recommendation was that HRSA/HAB would issue a **"Formula Funding Letter" for FY 2019** in September-October 2018 which would contain the FY 2019 formula funding amount. RWHAP formula funding is approximately two thirds (2/3) of the total grant award per federal law. This Formula Funding Letter is similar to a partial Notice Of Award (NOA). Formula funding is based the prior year total award (FY 2017) and 2017 HIV Surveillance Data reported to CDC (in 2018 - due from states by June 30, 2018). **The Formula Funding Letter from HRSA HAB allows the Newark Municipal Council to accept RWHAP funding for the coming year (FY 2019) which in turn allows Newark to adopt and execute RWHAP contracts.**

In past years, Newark relied upon the Notice Of Award (NOA) which was often issued on/near February 28, or just before the start of the RWHAP Part A Fiscal Year. As a result, contracts were not adopted and executed until well into the current RWHAP Fiscal Year.

Impact and Results. As with prior years, the Ryan White Unit (RWU) prepared and issued the RWHAP Request For Proposals (RFP) for the coming fiscal year – FY 2019. However, the RFP was released on September 12-14, 2018 compared to October/November of previous years with a due date of October 19, 2018. **This FY 2019 timeline was 2 months earlier than prior years.**

As a result, the following processes were completed earlier: peer review process, internal review, service allocations, issuance of Letters of Intent to service providers and vendors, and submittal of preliminary and final contract documents. **FY 2019 contracts were adopted and executed much earlier than in prior years, so that services and reimbursement could begin at the start of FY 2019.** See the table below.

Table 1: **Comparison of Timeline of Contracts Adopted and Executed for FY 2017, FY 2018, FY 2019**

Month/Date	FY 2017 # Contracts		FY 2018 # Contracts		FY 2019 # Contracts	
	Adopted	Executed	Adopted	Executed	Adopted	Executed
March 31	0	0	0	0	18	0
April 30	0	0	0	0	37	37
May 31	25	0	20	0		
June 30	7	25	0	20		
July 31	2	8	11	11		
August 31	3	4	2	2		
September 30	2	2 (projection)	4	4 (projection)		
Total	**39**	**39**	**37***	**37***	**37**	**37**
Percent Dist'n						
March 31	0%	0%	0%	0%	49%	0%
April 30	0%	0%	0%	0%	100%	100%
May 31	64%	0%	54%	0%		
June 30	18%	64%	0%	54%		
July 31	5%	21%	30%	30%		

Month/Date	FY 2017 # Contracts		FY 2018 # Contracts		FY 2019 # Contracts	
	Adopted	**Executed**	**Adopted**	**Executed**	**Adopted**	**Executed**
August 31	**8%**	**10%**	**5%**	**5%**		
September 30	5%	5%	11%	11%		
Total	**100%**	**100**	**100%**	**100%**	**100%**	**100%**

* One contract within DHCW is executed by interdepartmental agreement.

Impact on Recipient Requirement of "Rapidly Allocating Funds to Areas of Greatest Need within the Eligible Area". As a result of the Formula Funding Letter, the procurement and contracting process was expedited by two month, which allowed agencies who submitted contract documents timely and completely to begin billing RWU immediately - starting in April 2019, the month after the services were delivered.

- The Newark EMA received a partial projected formula letter dated September 7, 2018 in the amount of $7,261,867. The [final] Notice of Award dated January 14, 2019 was in the amount of $12,504,425 which was the total FY 2019 award.

- FY 2019 Award letters were sent to RWHAP funded agencies on December 31, 2018, with a funding period of March 1, 2019 through August 31, 2019. The final Award Letters were sent on April 10, 2019 covering full FY 2019 through February 29, 2020.

- The City of Newark Municipal Council accepted the HRSA funds on December 5, 2019.

- Contract documents were due on January 11, 2019 for the period of March 1, 2019 through August 31, 2019 and March 15, 2019 for the entire 2019 fiscal year.

- On April 30, 2019, 100% of contracts for RWHAP funded agencies were fully executed.

Remaining agency/provider obstacles contributing to the delay in executing provider contracts. Many sub-recipients find it difficult to complete the Line Item Budget table and associated fiscal documents. The process of Monitors working with sub-recipients to revise contract documents delays entry of the contract into **Legistar**, and pushes back the adoption/execution dates to the next available Municipal Council Meeting.

Conclusion: No deficiencies were found in the Recipient's allocation/contracting process.

II. RECIPIENT SURVEY

A. RFP PROCESS AND SELECTION OF PROVIDERS

1. In the last fiscal year (FY 2018), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White HIV/AIDS Program (RWHAP) Part A funds?

The Recipient's office collects contact information for all inquiries made during the fiscal year for Ryan White funding. Those who expressed interest will receive an invitation to apply once the Request for Proposal is released.

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 Unit continue to monitor 38 sub-recipients, 24 in Essex County, 10 in Union County and 4 in the Tri-County region.

With funding steadily decreasing, and administrative dollars becoming more and more strained, the Recipient continues to strengthen its infrastructure so that it may properly and effectively monitor all of its sub-recipients programmatically and fiscally.

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. (New for FY 2019) In Summer of 2018 the Recipient reported to the Planning Council implementation of changes in the procurement process as a result of a Fiscal Site visit conducted by HRSA/HAB in July 2018. Please describe those changes in terms of:

(a) **notification of federal award amount for the upcoming fiscal year which is required for procurement**
The Health Resources and Services Administration (HRSA) provided the Recipient a projected formula award letter for the FY19 grant year on September 7, 2018. This document was used to initiate the procurement process in Legistar (City of Newark's contracting system) which began in October 2018. The Recipient's office received the full FY2019 Notice of Award (NOA) on January 14, 2019, significantly earlier than previous years. These changes contributed to our ability to initiate and complete the budget insertions required for contracting with sub-recipients.

(NOTE: Granicus **Legistar** is a software application that helps government entities manage the legislative process, from drafting files to publishing agendas and minutes. Information from Legistar is then published on Insite. The Newark Municipal Council uses Legistar to automate meetings, agendas, legislation (ordinances), etc., including accepting the RWHAP award and approval of contracts for RWHAP services.)

(b) **timeframe for procurement including steps in the process – publication of Request for Proposals, where notice of availability of funds was published (newspaper, city website, etc.)**
The City of Newark's procurement process takes approximately 2½ months from contract entry into Legistar to contract execution. During this time the contracts undergo a 13-point review and approval process. The Request for Proposals are advertised 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.

(c) **date of required Technical Assistance session**
Technical Assistance Meeting was held on Monday, September 24, 2018.

(d) **due date for Letter of Intent**
The Letter of Intent was due Friday, September 28, 2018.

(e) **due date for FY 2019 proposal to the City of Newark.**
Applications for FY 2019 funding were due by Friday, October 19, 2018.

Please answer all five questions (a)-(e).

3.   **How many proposals were received for the current fiscal year (FY 2019)? Of these proposals how many were awarded contracts for Ryan White Part-A funds?**

Proposals received. A total of 37 applications (proposals) were received - 33 service providers and 4 vendors.

Proposals awarded. 100% of these applicants were awarded contracts.

4.   **Please describe the process used to review proposals requesting FY 2019 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.

<u>**External Review Process**</u>
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 2019 panel (total of 23) were from New York and New Jersey (17 women, 6 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.

<u>**Internal Review Process**</u>
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.

<u>**Allocation Process**</u>
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.

5.   **Did the selection process this year (FY 2019) identify new providers?** *If so, please identify the County/Region and services of the new provider.*

For FY 2019 the Recipient contracted with the Apostles' House, a returning sub-recipient, who was last funded in FY 2011. The Apostles' House is located in Newark, NJ and provides Case Management and Nutritional Services/Food Bags.

6.   **Did the selection process this year (FY 2019) 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 15 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, FY18 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 19 mental health programs, including 13 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 12 substance abuse programs, including 10 in Essex County, 1 in Union County and 1 Tri-County. It also provides funds a Residential Substance Abuse program in Essex County.

> ** 10 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

(New for FY 2019) In the past, the procurement process has been dependent upon receipt of a Notification of Award (NOA) confirming the amount of the federal RWHAP award. This NOA has been received before March 1. We understand that there were changes in 2018 for FY 2019 and notice was received much earlier.

7.   On what date did the City of Newark receive notification from the Federal government (HRSA/HAB) on the amount of the federal award, which enabled the City of Newark to start the procurement process?

The Newark EMA received a partial projected formula letter dated September 7, 2018 in the

amount of $7,261,867. The Notice of Award dated January 14, 2019 was in the amount of $12,504,425 which was the total FY 2019 award.

8.   Please describe this notice and how it started the procurement process.

The projected formula letter is a calculation based on last year's budget amount (FY2017 through February 28, 2018) and this year's Center for Disease Control and Prevention's (CDC) HIV surveillance data for the Newark EMA (2017 due to CDC June 30,2018). This document provided the Recipient the ability to issue partial awards for a period of six (6) months from March 1, 2019 through August 31, 2019. This document was entered into Legistar on October 17, 2019, and adopted by the by the Newark Municipal Council on December 5, 2019, which began the procurement process.

9.   Were there any Partial Notifications of Award (NOAs) issued by HRSA/HAB for FY 2019?

There were no partial awards issued by HRSA/HAB for FY2019.

10.   If Yes, how did this/these partial NOAs affect the procurement process?

Not applicable.

11.   On what date did the Newark EMA receive its final Notification of Award (NOA) from the federal government (HRSA) for FY 2019 funding?

The final Notice of Award was dated January 14, 2019 in the amount of $12,504,425.

12.   On what date were award letters sent to funded agencies for FY 2019?

FY 2019 Award letters were sent to RWHAP funded agencies on December 31, 2018, with a funding period of March 1, 2019 through August 31, 2019. The final Award Letters were sent on April 10, 2019 covering the full FY 2019 through February 29, 2020.

13.   On what date were the FY 2019 funds from HRSA accepted by the Municipal Council (City of Newark)?

The Municipal Council accepted the HRSA funds on December 5, 2019.

14.   In the chart below, please indicate the number of contracts adopted and executed for FY 2019:

FY 2019 CONTRACT STATUS		
DATE:	**# of contracts ADOPTED**	**# of contracts EXECUTED**
By March 31, 2019	**18**	**0**
By April 30, 2019	**37**	**37**
By May 31, 2019		
By June 30, 2019		

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

On April 30, 2019, 100% of contracts for our RWHAP funded agencies were fully executed.

16.   What was the due date in 2019 for agencies to submit contract documents for processing by the City of Newark?

Contract documents were due on January 11, 2019 for the period of March 1, 2019 through August 31, 2019 and April 23, 2019 for the entire 2019 fiscal year.

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

Although 100% of our sub-recipient contracts were executed by April 30, 2019, it was the Recipient's goal to execute sub-recipient contracts by March 30, 2019. The Recipient has assessed the FY 2019 timeline and identified an additional two weeks, which will further improve our contracting process.

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

Many sub-recipients find it difficult to complete the Line Item Budget table and associated fiscal documents. The process of Monitors working with sub-recipients to revise contract documents delays contract entry into **Legistar** and, pushes back the adoption/execution dates to the next available Municipal Council Meeting.

19.   Please comment on the content of the contracts this year (FY 2019) in comparison to last year (FY 2018), for example were any new HRSA policies/guidelines or Planning Council directives/specifications/standards etc. included? List/describe any recipient obstacles contributing to the delay in executing provider contracts not discussed above.

There were no HRSA policies/guidelines or Planning Council directives/specifications/ standards, etc., included in the FY 2019 contracts.

There are no additional recipient obstacles contributing to the delay in executing provider contracts to report.

C.   SERVICE PROVIDER REIMBURSEMENT

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

Service Providers:
- Must input service(s) 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.

RWU Program Monitoring and RWU Fiscal:

- Assigned Monitors receive billing, review/approve within 5 days via "Monthly Monitoring Report" which documents their review of the reimbursement request and approval/denial of payment.
- Approvals are sent electronically to RWU Fiscal (Grant Accountant) with the completed Monthly Monitoring Report used to approve billing **(Attachment A)**
- RWU Fiscal (Grant Accountant) completes a final review of the monthly reports, and prepares supporting documents used to request a Purchase Order (PO) for the approve reimbursement amount.
- PO is received. Sub-recipient signs PO. Once the PO is signed by the sub-recipient, it is attached to a payment package and submitted to the City of Newark Finance Dept.
- A check is cut in the upcoming check run or an Electronic Funds Transfer (EFT) payment is processed within 5 - 10 business days.

21.   When (month/date) were providers first able to submit invoices for reimbursement in FY 2019?

Sub-recipients were able to first submit reimbursements on April 15, 2019.

22.   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 length of time it takes for sub-recipients to receive a payment takes 45 days from the date the reimbursement reporting is received by the Ryan White Unit.

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

Obstacles that delay reimbursement to providers include a lack of supporting documents for Emergency Financial Assistance, LABS and Transportation. Additional obstacles include incorrect billing and un-submitted billing.

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

Monitors are required to review/approve billing within 5 days. Sub-recipients who are delayed in the submission of their billing receive delinquency notices and calls as needed to provide TA and encourage receipt of billing.

D.   RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE

25.   What is the policy of the City of Newark Ryan White Unit regarding programmatic and fiscal monitoring site visits to service providers? That is, how many site visits are required for a service provider and what is the scope of those visits?

The Ryan White unit is required to conduct a Programmatic and Fiscal Site visit to all RW funded agencies annually. The scope of the visits is to certify that RW funded agencies are programmatically and fiscally compliant when measured against the National Monitoring Standards and checked for allowable uses of funding.

26.   In the last fiscal year (FY 2018), how many Programmatic site visits did each service provider receive? (please give range and average)

In FY18 76% (25) of our sub-recipients received a programmatic site visit due staff turnover (two Program Monitors). The remaining 24% (8) will be visited in FY19.

27.   In the last fiscal year (FY 2018), how many fiscal site visits did each service provider receive? (please give range and average)

Prior to June 2019 site visits included both a programmatic and fiscal evaluation or assessment. Since the program and fiscal assessments were separated into two distinct monitoring tools, approximately 30% of agencies received an independent fiscal compliance audit. Due to staff turnover in June and the recent fiscal TA to review the fiscal compliance monitoring tool provided to us by HRSA in July, fiscal site visits were temporarily suspended. Fiscal site visits will reconvene in October, to be performed by the grant accountant, until new staffing is identified.

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

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)

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)

Quality Management site visits (including "chart review" visits)
- Schedule the QM meeting with the sub-recipient's 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 PDSA
- Review of PDSA

Programmatic and Fiscal Monitoring tools – Attachment B

29.   **What changes have been made to monitor service providers in response to the (a) HRSA National Monitoring Standards and/or (b) Policy Clarification Notices (PCNs) and (c) any other federal policy changes? Please list and describe the changes.**

The Recipient received HRSA-sponsored 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.

30.   **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.

> Programmatic site visits
> Fiscal site visits
> 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.

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

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

E.   CHAMP

32.   **What objectives (including program improvements) do you have for CHAMP for the current fiscal year (FY 2019)?**

- Our RW Program Coordinator has begun training with CHAMP to satisfy HRSA's request to have an in-house CHAMP super user. Trainings will focus on all administrative components of the management system and the process for generating data from the flat files.

- CHAMP Super User Portal - These are virtual environments that offer the monitoring staff and QM personnel access to the CHAMP Cube/OLAP Data and back office features

- Research and development of Restful application for EMA level feeds. This feed can be used by developers to send data from their system into the CHAMP system using XML or JSON formatted data.

- Missing Viral Load Reporting- This report is used to identify clients with missing viral loads.

- BHIP – Behavioral Health Information Program - New fields will be added to support some of the new performance measures.

- Ryan White Services Report - HRSA released a significant amount of CHANGES to the RSR for this year. Work on these change began in July. As of Sept 3rd the test file has been submitted to HRSA for certification.

- Quality Management Improvement Screen – The development of a quality management screen will allow users to easily look up exceptions from their performance reports.

33.   What is the status of these objectives as of July 31, 2019?

- CHAMP Administrative Training - The initial training, which began in July 2019, consisted of an introduction to the administrative rights of CHAMP, including but not limited to setting up user maintenance, provider maintenance, contract maintenance and assigning privileges. Trainings are scheduled on a weekly-effective August 23, 2019.

- CHAMP Super User Portal - The environment builds are complete. The environments are set up and will be available for demonstration and trainings on 9/16. This project is 90% complete.

- Restful Application for EMA Level Feeds – A framework has been developed for direct services. This project is 30% complete and will require provider participation and further funding to make successful.

- Missing Viral Load Reporting – At present, this report is run on request. A standardized version is 80% complete.

- BHIP – Behavioral Health Information Program - This project began in FY2018 and after 8 months of data collection, analysis and few changes the updates are 99% complete.

- Ryan White Services Report (RSR) – Programming changes are a couple months ahead of schedule. This project is 95% complete.

- Quality Management Improvement Screen – The screen still needs more testing and exception reasons need to be entered. Concentration for this project was initially placed on Viral Load suppression, other popular performance measures used by

EMA will be included in the first run of the update. This project is 60% complete.

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

34.   What percent of the overall award (for FY 2018) was used for Recipient Support, Planning Council Support, CHAMP, and Quality Management? Please indicate the percentages for each category.

Table 2: FY 2018 Allocations for Administration and Quality Management

Item	Amount	Percentage
Administration	$1,153,681	9.2%
Recipient Support	$10,919,784	87.1%
CHAMP	$343,142	2.74%
Planning Council Support	$244,698	1.95%
Quality Management	$446,369	3.5%
Total	**$12,519,834**	**99.8%**

35.   What percent of formula funds were unexpended, and why, at the end of FY 2018?

There were no unexpended formula funds in FY 2018

36.   What percent of supplemental funds were unexpended, and why, at the end of FY 2018?

0.03% ($3,589.00) was unexpended at the end of FY 2018 due to vacancies in the quality management component and the return of service dollars by several sub-recipients.

37.   What percent of MAI funds were unexpended, and why, at the end of FY 2018?

1.66% ($20,786.00) these funds were not allocated during FY2018.

38.   What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2018?

All unallocated funds for Administration and Quality Management were reallocated to sub-recipients based on request for additional funds and demonstration of need.

39.   Please provide the final Spending Report for FY 2018.

See Attachment C.

40.   Please provide the Allocation Report for FY 2019 using the table on the following page.

Table 3:   FY 2019 ALLOCATION 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%	1,700,602	2,125,752.60	1,275,451.56	16.37%	1,740,073	Within Range
EARLY INTERVENTION SERVICES	0.50%	53,144	66,429.77	39,857.86	0.27%	28,415	Below Range
MENTAL HEALTH SERVICES	10.15%	1,087,819	1,348,524.31	809,114.58	9.62%	1,078,819	Within Range
SUBSTANCE ABUSE SERVICES (OUTPATIENT)	6.00%	637,726	797,157.23	478,294.34	6.66%	707,734	Within Range
ORAL HEALTH CARE	7.00%	744,013	930,016.76	558,010.06	7.39%	785,430	Within Range
MEDICAL NUTRITION THERAPY	1.20%	127,545	159,431.45	95,658.87	1.29%	137,579	Within Range
MEDICAL CASE MANAGEMENT	33.15%	3,523,435	4,404,293.67	2,642,576.20	33.25%	3,533,779	Within Range
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE	1.00%	106,288	132,859.54	79,715.72	0.45%	47,600	Below Range
SUPPORT SERVICES (7)						
HOUSING SERVICES	7.50%	797,157	996,446.53	597,867.92	7.82%	830,864	Within Range
MEDICAL TRANSPORTATION SERVICES	2.55%	271,033	338,791.82	203,275.09	2.32%	246,814	Within Range
CASE MANAGEMENT SERVICES (NON-MEDICAL)	7.10%	754,642	943,302.72	565,981.63	6.72%	714,377	Within Range
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)	1.35%	143,488	179,360.38	107,616.23	1.69%	179,360	Within Range
EMERGENCY FINANCIAL ASSISTANCE	1.75%	186,003	232,504.19	139,502.51	1.40%	148,400	Within Range
FOOD BANK/HOME-DELIVERED MEALS	1.50%	159,431	199,289.31	119,573.58	1.26%	133,915	Within Range
LEGAL SERVICES	2.95%	313,549	391,935.64	235,161.38	3.20%	340,000	Within Range
PSYCHOSOCIAL SUPPORT SERVICES	0.30%	31,886	39,857.86	23,914.72	0.30%	31,545	Within Range
TOTAL AMOUNT OF FUNDING	**100%**				**100%**		

G. LISTING OF SERVICE PROVIDERS

41. **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 D.

H. MINORITY AIDS INITIATIVE

42. **For FY 2019, 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.**

    100% of MAI funds are used for targeted ethnic groups of African Americans and Hispanics.

Table 4: FY 2019 MAI Funding Allocations

FY 2019 Providers	Primary Medical Care	Medical Case Management	Transitional Housing	Total
Essex County				
Rutgers IDP	$150,000	$665,000	$0	$815,000
St. Michael's Peter Ho	$79,116	$100,000	$0	$179,116
Newark Beth Israel Medical Center	$48,353	$0	$0	$48,353
Union County				
None				0
Tri-County				
None				0
Total Direct Service Dollars				
Quality Management				**$61,321**
Administration				**$122,643**
FY 2019 Total MAI Funding				**$1,042,469**

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

    Reflected Above.

I.   CORE MEDICAL SERVICES WAIVER

On July 24, 2019 the Newark EMA was awarded a waiver of the requirement to provide 75% of RWHAP-funded Part A services for Core Medical Services.

44.   **Please outline how the Recipient will implement the FY 2019 service allocations proposed in this waiver which change the 75%/25% FY 2019 Planning Council allocation above. Actions can include a work group with the Council, identifying service utilization to-date in FY 2019, identifying [geographic] areas of need, identifying programs needing additional funds, reallocating funds to support services, etc.**

Prior to the Core Service Waiver issued for FY19, funds returned by sub-recipients could only be reallocated based on HRSA's mandate for the 75% core and 25% support service split, which often caused the Recipient's office to return funds to HRSA that could've had an impact on services within the EMA.

The provision of a Core Service Waiver for FY2019 provides the Recipient flexibility to ensure that funds returned by our sub-recipients are reallocated to areas based on the needs of our consumers, which now includes the ability to fund support services. This change will also provide the Recipient the ability to exhaust its FY2019 award in its entirety.

J.   CONDITIONS OF AWARD

45.   **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
3/22/19	FY 2019 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
x/xx/19 Not a condition for FY 2019	Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY 2016 funding level.
6/26/19	FY 2018 Annual Progress Report.
6/26/19	FY 2018 final Financial Status Report (FSR)
6/26/19	FY 2018 Expenditure Rate (as documented in the final FY 2018 FSR)

DATE OF RECIPIENT REPORT	CONTENT OF REPORT
6/6/19	Budgeted allocation of FY 2019 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2019 Implementation Plan.
x/xx/19 Not a condition for FY 2019	Report on Minority AIDS Initiative for FY 2019.
x/xx/19 Not a condition for FY 2019	Categorical budget for each grant-funded contract, Contract Review Certifications and attachment E, other sources of funds for FY 2019.

K.   ADDITIONAL COMMENTS

Additional Comments:

None.

ATTACHMENT A:

MONTHLY MONITORING REPORT TEMPLATE

FY19 MONTHLY MONITORING REPORT

PROVIDER: Click here to enter text.   **MONITOR:** Click here to enter text.

REPORTING MONTH: Click here to enter text.   **DATE RECEIVED:** Click here to enter text.

DATE REVIEWED: Click here to enter text.

FUNDED SERVICE CATEGORIES			
☐ Primary Medical Care	☐ Medical Case Management	☐ Early Intervention Services	☐ Mental Health
☐ Substance Abuse	☐ Oral Health	☐ Health Ins. Premium and Cost Sharing	☐ Medical Nutritional Therapy
☐ Case Management	☐ Psychosocial Support	☐ Nutritional Services/ Food Bank	☐ Housing Related Services
☐ Emergency Financial	☐ Substance Abuse – Residential	☐ Transportation	☐ Legal Services

GENERAL	
Did the provider submit the following signed reporting for this period? CHAMP Reimbursement CHAMP Expenditure Actuals Does the reporting/budget reflect the approved appropriation? *If no, reject reporting; notify Administration and Fiscal of discrepancy, have CHAMP data corrected; reprint reporting in-house or have program re-submit.*	Y ☐ N ☐ Y ☐ N ☐ Y ☐ N ☐ Y ☐ N ☐
Is the provider receiving MAI funding? If yes, was the following signed reporting submitted? CHAMP Reimbursement CHAMP Expenditure Actuals	Y ☐ N ☐ Y ☐ N ☐ Y ☐ N ☐ Y ☐ N ☐
Were reports submitted on time for this period? (15th of each month) Was a Delinquency Notice sent to the provider after 5 business days? If not, explain: **Click here to enter text.**	Y ☐ N ☐ Y ☐ N ☐

FY19 MONTHLY MONITORING REPORT

FISCAL	
Are the actuals current, with no more than three month lag? Program submitted actuals through **Click here to enter text.**.	Y ☐ N ☐
Does the actuals reflect approved costs in line item budget only? If no, discuss discrepancy and action to be taken: **Click here to enter text.**	Y ☐ N ☐
Are the cumulative Actuals on track to exhaust the allocation for all funded services? If no, what action will be taken: Click here to enter text.	Y ☐ N ☐
Were any unit cost modifications, budget revisions, budget reductions, or additional awards made to date? If yes, note modifications below.	Y ☐ N ☐

Unit Cost Revision	Budget Revision	Budget Reduction	Additional Award

Does the report for this period reflect these changes? If not, why? **Click here to enter text.**	Y ☐ N ☐

PROGRAMMATIC		
PRIMARY MEDICAL CARE	☐ **Includes MAI**	☐ **Not funded**
Does the laboratory expenses report match CHAMP? Does report contain unbillable units due to missing required fields or late data entry? If yes, how many? **Click here to enter text.** Is the cumulative LOS on track to exhaust the allocation for this service? If no, what action will be taken: Click here to enter text.	Y ☐ N ☐ n/a☐ Y ☐ N ☐ Y ☐ N ☐	
HEALTH INS. PRE. & COST-SHARING (HIPCS) ☐ **Includes MAI**		☐ **Not funded**
Does the HIPCS expenses report match CHAMP? Does report contain unbillable units due to missing required fields or late data entry? If yes, how many? **Click here to enter text.** Is the cumulative LOS on track to exhaust the allocation for this service? If no, what action will be taken: Click here to enter text.	Y ☐ N ☐ Y ☐ N ☐ Y ☐ N ☐	

MEDICAL CASE MANAGEMENT	☐ **Includes MAI**	☐ **Not funded**
Does the billing reflect a comprehensive array of services? (i.e. no excessive use of any particular subtype)		Y ☐ N ☐
Does report contain unbillable units due to missing required fields or late data entry?		Y ☐ N ☐
If yes, how many? **Click here to enter text.**		
Is the cumulative LOS on track to exhaust the allocation for this service?		Y ☐ N ☐
If no, what action will be taken:		
Click here to enter text.		

EARLY INTERVENTION SERVICES (EIS)		☐ **Not funded**
Number of EIS clients. Click here to enter text.		
Number of EIS clients linked to Medical Care this month. Click here to enter text.		
Were any clients not linked to Medical Care this month?		Y ☐ N ☐
If any client was not linked to care, what was the reason? Click here to enter text.		
Please identify areas that require follow up below:		
Click here to enter text.		

MENTAL HEALTH	☐ **Includes MAI**	☐ **Not funded**
Does report contain unbillable units due to missing required fields or late data entry?		Y ☐ N ☐
If yes, how many? **Click here to enter text.**		
Is the cumulative LOS on track to exhaust the allocation for this service?		Y ☐ N ☐
If no, what action will be taken:		
Click here to enter text.		

SUBSTANCE ABUSE	☐ **Includes MAI**	☐ **Not funded**
Does report contain unbillable units due to missing required fields or late data entry?		Y ☐ N ☐
If yes, how many? **Click here to enter text.**		
Is the cumulative LOS on track to exhaust the allocation for this service?		Y ☐ N ☐
If no, what action will be taken:		
Click here to enter text.		

ORAL HEALTH	☐ **Includes MAI**	☐ **Not funded**
Does report contain unbillable units due to missing required fields or late data entry?		Y ☐ N ☐
If yes, how many? **Click here to enter text.**		
Is the cumulative LOS on track to exhaust the allocation for this service?		Y ☐ N ☐
If no, what action will be taken:		

Click here to enter text.	

MEDICAL NUTRITIONAL THERAPY ☐ **Includes MAI**	☐ **Not funded**
Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.**	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken:	
Click here to enter text.	

CASE MANAGEMENT ☐ **Includes MAI**	☐ **Not funded**
Does the billing reflect a comprehensive array of services? (i.e. no excessive use of any particular subtype)	Y ☐ N ☐
Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.**	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken:	
Click here to enter text.	

TRANSPORTATION ☐ **Includes MAI**	☐ **Not funded**
Did the agency provide a Transportation Log and/or other supporting documents (ie. invoices) to validate services were provided for allowable uses only?	Y ☐ N ☐
Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.**	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken:	
Click here to enter text.	

LEGAL SERVICES ☐ **Includes MAI**	☐ **Not funded**
Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.**	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken:	
Click here to enter text.	

HOUSING AND RELATED SERVICES ☐ Includes MAI	☐ Not funded
• **Transitional** A written request is on file and approved by Grantee for any client with stay longer than 24 consecutive months.	Y ☐ N ☐ n/a ☐
Does report contain unbillable units due to missing required fields or late data entry? If yes, how many? **Click here to enter text.**	Y ☐ N ☐
Is the cumulative LOS on track to exhaust the allocation for this service? If no, what action will be taken: Click here to enter text.	Y ☐ N ☐

EMERGENCY FINANCIAL ASSISTANCE	☐ Not funded
Does the service provided comply with the allowable use of funds for this service category? (refer to Contract Agreement or PCN 16-02)	Y ☐ N ☐
Does the supporting documents reflect the expenditures reported in CHAMP?	Y ☐ N ☐
Does report contain unbillable units due to missing required fields or late data entry? If yes, how many? **Click here to enter text.**	Y ☐ N ☐
Does service comply with limitations for **emergency assistance**? (use CHAMP Look-up) • No more than $3,000.00 per individual/household annually • No more than two encounters per individual/household annually • No more than three months of unpaid utility charges per encounter	Y ☐ N ☐
Does service comply with limitations for **security / back rent assistance**? (use CHAMP Look-up) • Assistance in acquiring housing (first month's rent and security $\leq$ 1.5 months) is limited to one encounter annually. • Emergency assistance with rent is limited to three months of back rent and two encounters annually.	Y ☐ N ☐
A written request is on file and approved by Grantee for any assistance provided to client that exceeds Grantee limits.	Y ☐ N ☐ n/a ☐
Is the cumulative LOS on track to exhaust the allocation for this service? If no, what action will be taken: Click here to enter text.	Y ☐ N ☐

FY19 MONTHLY MONITORING REPORT

NUTRITIONAL SERVICES	☐ Includes MAI	☐ Not funded

Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.**	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken:	
Click here to enter text.	

PSYCHOSOCIAL SERVICES	☐ Includes MAI	☐ Not funded

Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.**	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken:	
Click here to enter text.	

DIRECT SERVICES DELIVERED

Does the review of the Direct Services Delivered Report show any of the following?	
• Duplicated billing – more than 1 visit per day, per service	Y ☐ N ☐
• Excessive billing – overuse of one particular subtype or 'other'	Y ☐ N ☐
• Incorrect billing – billing inconsistent with encounter	Y ☐ N ☐
Was the billing issue addressed with agency?	Y ☐ N ☐ n/a☐
Reporting will need to be resubmitted ☐ / Report was corrected in-house and reprinted ☐	

CHAMP CLIENT LEVEL DATA

Number of clients in CHAMP with an expired recertification status? (Client Recertification Report)	
The results of this report were discussed with agency? Y ☐ N ☐ n/a ☐	#
Action Plan: Click here to enter text.	
Number of clients in CHAMP with expired statuses? (9mo POP UP or Client Status Follow-Up Button)	
The results of this report were discussed with agency? Y ☐ N ☐ n/a ☐	#
Action Plan: Click here to enter text.	
Number of unaddressed referrals (status of 'New' for 10+ days) in CHAMP Referral Tracking System? (Referral List Button)	

Number of declined referrals (denied services to client) in CHAMP Referral Tracking System? (Referral List Button)	#
The results of this report were discussed with agency? Y ☐ N ☐ n/a ☐	
Action Plan: Click here to enter text.	

STAFFING	
Are there any staffing changes that affect the programs level of service or budget? If yes, what positions are affected? Click here to enter text. What is the program doing to address the changes? Click here to enter text.	Y ☐ N ☐

REVISIONS
Monitor is recommending a Budget Revision effective Click here to enter a date., for the following funded service(s) - Click here to enter text. Include details- n/a☐
Monitor is recommending a Unit Cost Revision effective Click here to enter a date., for the following funded service(s) - Click here to enter text. Include details- n/a☐

AREAS FOR FOLLOW UP	**AREAS FOR CORRECTIVE ACTION**
Click here to enter text.	Click here to enter text.

FY19 MONTHLY MONITORING REPORT

REPORT STATUS / APPROVAL	DATE
This report is on hold pending Click here to enter text..	
This report is being returned/ rejected, as a result of Click here to enter text..	
Corrections were made to this report by Program ☐ or Monitor ☐. Y ☐ / N ☐	
This report is approved for payment. Y ☐ / N ☐ Run Date: **Click here to enter text.** Reimbursement Report Total: **Click here to enter text.**	
Grant Accountant, Fiscal Monitor, Program Coordinator and Administrative Assistant have been notified of approval via email, a copy of the Monitoring Report was attached. Y ☐ / N ☐	

	# USEFUL MONITORING TOOLS
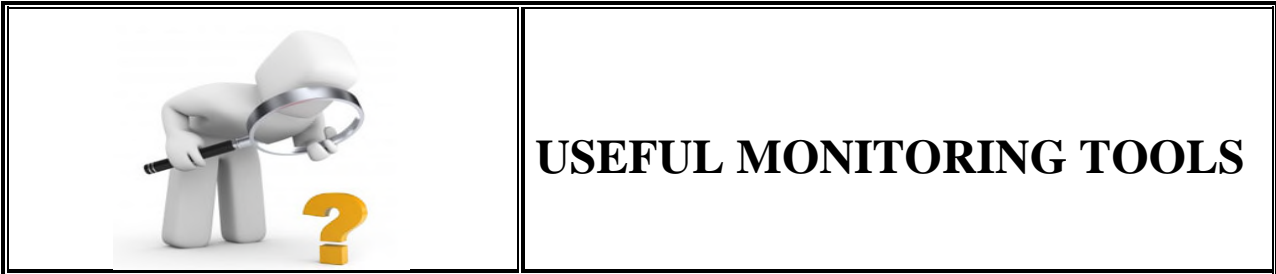
Supporting Documents for Housing and Related Services may include -
Back Rent – eviction notice, notarized delinquency notice or letter of intent to evict from property owner, and invoice or cancelled check
Security Deposits – copy of the lease, and invoice or cancelled check

Supporting Documents for Emergency Financial Assistance may include-
Back Rent – eviction notice, notarized delinquency notice or letter of intent to evict from property owner, invoice or cancelled check
Security Deposits – copy of the lease and invoice or cancelled check
Utilities Assistance – copy of bill and invoice or cancelled check
Medication Assistance – copy of bill and invoice or cancelled check
Food Assistance – Proof of groceries or voucher issued

Provider Landscape
Ad HOC Reporting – customizable reporting
Client Profile Report – complete summary of providers client base, demographics and services delivered

Level of Service
Contract Monitor – units of service/ YTD activity / estimated projections
Provider Services Detail – services and client encounters by staff
Provider Services Summary – services performed by staff

Client Data
Client Lookup – services by client for a custom period
Client Recertification – clients who require a recertification (6 month or annual)
Client Referral List – snapshot of program's referral activity
Client Status Follow-Up *(9mo Pop-Up)* – clients who need an updated status
EIS Linkage Report – clients identified as EIS, and status of linkage
Required Fields Expiration – client who have missing fields/resulting in unbillable units
Direct Services Delivered – monthly report of client, encounter type, program staff, service date and date entered into CHAMP

Allowable uses for Ryan White funds-
HRSA Policy Clarification Notice 16-02

National Monitoring Standards/ Universal Monitoring Standards-
https://careacttarget.org/category/topics/program-monitoring

ATTACHMENT B:

FISCAL REVIEW QUESTIONNAIRE TEMPLATE

Ryan White Newark, New Jersey EMA
FY19 Fiscal Review Questionnaire and Submission List

Agency: Click here to enter text.	**Date:** Click here to enter a date.

A. <u>Audit History and Resolution</u>

When was the last independent annual audit of your agency completed? Click here to enter a date.

Who represented the audit firm regarding the audit of your agency?

Name: Click here to enter text.	Telephone Number: Click here to enter text.

Was the audit firm independently commissioned?

Did the most recently completed audit result in any deficiencies or recommendations for changes in accounting methods or procedures?   Yes ☐ No ☐

If there were deficiencies or recommendations for changes in accounting methods or procedures that may apply to federal grants, what were they?

Were these deficiencies resolved? Yes ☐   No ☐

How and at what level of management were these deficiencies resolved?

What plans are being made to implement any of the audit recommendations?

Did the agency provide a management letter? Yes ☐   No ☐

What are the plans to implement the recommendations?

B. Budget Preparation

Do the budget/reports have sufficient detail to account for Part A funds by service category, admin costs, core medical & support services, and to delineate between multiple funding sources and show program income? Yes ☐   No ☐

Has a "significant" budget revision been approved by the Part A program? Yes ☐   No ☐

Are the service budget categories over-or-under expended? Yes ☐   No ☐
If so, has the organization requested a budget revision? Yes ☐   No ☐
As well as, a change in scope? Yes ☐   No ☐

C. Accounting Policies & Procedures

Does your agency have an operating manual and/or binder of policy statements that includes the methodology for the allocation of federal costs, the disposition of federal assets, effort reporting and authorization and procedures by which expenditures are made and recorded?

Does your agency operate its own accounting system, or does it operate as a division or department within a centralized system?

What type of accounting application does the **Ryan White** program use?

For **Ryan White** accounting records maintained locally, who has custody of the records?

Were the original **Ryan White** source documents available for review? Yes ☐   No ☐

Are the **Ryan White** accounting records up to date?   Yes ☐   No ☐

Does your agency use a uniform and flexible chart of accounts that describes the classification of expenditures by revenue, expenses, funding sources, or other categories?   Yes ☐ No ☐

Describe the basis for allocation of joint or shared costs between **Ryan White** and other funding sources for the following:

Payroll:
Fringe Benefits:
Facility Costs:
Supplies:
Administration:
Occupancy:

Ex: Agency A's Ryan White Program occupies 100sq.ft. of the 1,000sq.ft. facility
100 * $25.00/sq. ft. = $2,500.00 <u>This would be considered the square footage basis.</u>

How does your accounting system specifically identify **Ryan White** grant expenditures?

D. <u>Cash Management and Reimbursement</u>

Is the **Ryan White** account reconciled at regular intervals? Yes ☐   No ☐
If yes, what are the regular intervals of reconciliation? Click here to enter text.

Who performs reconciliations?

Name:	Title:

Who reviews reconciliations?

Name:	Title:

Who are the individuals responsible for the formulation and review of the **Ryan White actual** expenditure reports submitted to the Ryan White Office?

Name and Title:	Role in the Expenditure Report Process:

How does your agency verify that payments to vendors or employees (including payroll) for goods or services are properly authorized in advance?

Does the agency pay its **Ryan White** invoices within 30-45 days of receipt of service of merchandise? Yes ☐ No ☐

Do the unaudited financial statements reflect that the agency is maximizing its cash flows so as to pay for its current liabilities and operating expenses? Yes ☐ No ☐

E. Personnel/Payroll

Explain the payroll process.

Who are the individuals and or entities responsible for computing payroll for the **Ryan White** staff?

Name and Title:	Role in Computing Payroll:

Request the payroll journal for all **Ryan White** positions and verify:

Rate per hour	
Annual salary and salary limitation	
Allocation of salary	
Request activity reporting for the sample	
The use of a contractor	

Are the fringe benefits allocated by the percentage of salary cost?

How and when are adjustments made for over-or-under applied charges to the **Ryan White** expenditures reports?

Do activity reports document the percentage of budget FTE?
Yes ☐ No ☐

If not, is the percentage of FTE adjusted in a timely manner? Is it adjusted within 30 days?

Who reviews the activity reports? Who is responsible for alerting payroll or the **Ryan White** program of any changes?

F. Unallowable Costs

1.	**Did the Recipient provide to all Part A Sub-recipients definitions of allowable costs?**
2.	**NO use of Part A funds to purchase or improve land or buildings**
3.	**NO cash payments to service sub-recipients**
4.	**NO use of funds to develop materials designed to promote/encourage intravenous drug use or sexual activity**
5.	**NO purchase of vehicles without written GMO approval**
6.	**NO use of funds for:** **(a) non-targeted marketing** **(b) broad-scope awareness activities about HIV services that target the general public**
7.	**NO use of funds for outreach activities that have HIV prevention education as their exclusive purpose**
8.	**NO use of funds for influencing or attempting to influence members of Congress and other Federal personnel**
9.	**NO use of funds for foreign travel**
10.	**NO use of funds to pay any costs associated with the creation, capitalization or administration of a liability risk pool**

G. Tangible Assets

Describe the acquisition process for **Ryan White** equipment? Detail the process (i.e. obtaining quotes, ordering items, completing purchase orders, receiving items, verifying receipts, etc.), including the individuals (name and title and/or department or entity) responsible for each step or phase of the acquisition.

Is Part A equipment over $5,000 capitalized?

H. Sub-recipient Contracts

Does your agency have a written policy governing the need, selection and monitoring of contracted services? Yes ☐   No ☐

How do you monitor the performance of **Ryan White** contracted services to determine if they have met the conditions of the contract?

Do you evaluate the **Ryan White** contracted services prior to payment?
Yes ☐   No ☐

I. Program Income

Does the agency provide billable services? Yes ☐ No ☐
If no, skip to Section J.

Take a sample from reported visits and trace through the billing system any payments and adjustments charges for the visit, and insurance classification including discount on charges.

Encounter forms that include all billable services
Frequency of the accounts receivable aging reports
Reconciliation procedures or assurances that all encounters are billed appropriately
System of diagnostic codes or some other nomenclature to facilitate the analysis of the HIV/AIDS billing?
System of provider codes or some other nomenclature to determine P.I. generated by providers whose salaries are supported in whole or in part by the RWHAP grant
System of payer codes to identify the client's insurance coverage
Procedures to post payments
Procedures to handle contractual
Procedures to follow-up denied claims
Procedures to handle slow-pay or delinquent accounts
Does the Recipient and Sub-recipients have provider numbers for Medicaid, Medicare and negotiated insurance contracts or managed care contracts (third party payers)? (*Legislative*)
Does the Recipient have a methodology to track the use of P.I.? (For example, one area that P.I. could be used for is to cover administrative costs not funded by the RWHAP grant). (*Programmatic*)

Is P.I.:
    (a) Added to resources committed to further and expand eligible Ryan White program services
    (b) Used to cover program costs

Are clients routinely screened for eligibility for Medicaid, Medicare, and or other third party coverages? (payor of last resort (*Legislative*) PCN 13-01 13-02

Describe how your agency tracks and reports **Ryan White program income.**

Describe how program income generated from Ryan White funded services is used to cover **Ryan White program cost.**

J. Imposition & Assessment of Client Charges

Is there a system in place to track discounted client payment charges by developing and utilizing a sliding fee schedule based on the client's income or household size and income?
Is the Sub-recipient tracking the client's income to determine what type of discount the client can receive?
Does the Sub-recipient update the sliding fee schedule based on the most recent Federal Poverty Guideline?
Does the Sub-recipient have a schedule of customary chares?
Does the Sub-recipient comply with the requirement that individuals with an annual individual income at or below 100% of the Federal Poverty Level (FPL) must be charged with a discount or nominal fee applied to the charge?
Does the Sub-recipient have a policy to implement the annual cap imposed on first party charges, including: **Individual income: 101-200% FPL - charges imposed no more than 5% of annual income** **Individual income: 201-300% FPL - charges imposed no more than 7% of annual income**
Individual income: Over 300% FPL – charges imposed no more than 10 % of annual income
Does the Sub-recipient conduct an evaluation of charges imposed, not payments made?
Does the Sub-recipient apply a cap on annual charges to both insured and uninsured clients?
Does the Sub-recipient consider charges for HIV care, insurance premiums, co-payments and co-insurance for clients when calculating annual charges?
Do Sub-recipients have a procedure or system in place for updated the calculation of the cap on charges annually?
Do Sub-recipients have a procedure or system in place for stopping the charges for Part A funded services once the annual cap has been met?

Agency Name: Click here to enter text.

Completed by: Click here to enter text.
<div align="center">Print Name</div>

I certify that the information I have provided above is accurate, to the best of my knowledge.

Signature:

Date: Click here to enter a date.

Agency Name:Click here to enter text.   Date: Click here to enter a date.

Please have available for review the following original source documents that reflect the period of: <u>August 1, 2015</u> through <u>August 31, 2015.</u> and <u>October 1, 2015</u> through <u>October 31, 2015</u>.
Required Documents:

a) Copies of official accounting records relevant to the **Ryan White** grant

b) Copies of all source documents that were used for the above referenced time period.

The source/supporting documents include, but are not limited to:
- ☐ Time and attendance records of **Ryan White** paid staff
- ☐ Copies of all time analysis for all **Ryan White** paid staff utilized to post **actuals** expenditures during the review period
- ☐ Supporting and supplemental worksheets/spreadsheets that are used by the accounting office to determine the posted actual expenditures.
- ☐ Payroll sheets that include staff paid fully or partially by **Ryan White**
- ☐ Fringe benefit costs for staff paid fully or partially by **Ryan White**, including justification
- ☐ Contracts for service delivery
- ☐ Sub-contracts
- ☐ Maintenance agreements (i.e. cars, copiers, etc.)
- ☐ Invoices and payment vouchers
- ☐ Purchase receipts
- ☐ Purchase approval forms
- ☐ Approved indirect cost rate and computations for referenced time period
- ☐ Employee travel reimbursement forms or vouchers
- ☐ Employee travel logs (that list mileage and purpose of trip)
- ☐ Agency owned vehicle travel logs only if **Ryan White** uses the vehicle and its usage is charged to the **Ryan White** grant
- ☐ Agency's accounting policies and procedures
- ☐ Agency's purchasing/procurement procedures
- ☐ Sliding Fee scale (schedule of charges)
- ☐ Policy & Procedures for selecting audit firm

c) Updated inventory sheets that include all recent equipment purchases.

ATTACHMENT C:

FY 2018 FINAL SPENDING REPORT

FY18 RWHAP Part A & MAI Expenditures Report

Section A: Identifying Information

City of Newark, New Jersey
Dorian Cooper
973-733-5449
cooperd@ci.newark.nj.us

Section B: Award Information

	Current FY	Carryover	Total
1. Part A Formula Award Amount	$7,307,299		$7,307,299
2. MAI Award Amount	$1,248,768		$1,248,768
3. Part A Supplemental Award Amount	$3,988,141		$3,988,141
4. Total Part A Funds	$12,544,208	$0	$12,544,208

Section C: Expenditure Categories

	PART A[1] AWARD						MAI AWARD						PART A[1] + MAI TOTAL EXPENDITURES (includes carryover)	
	CURRENT FY		PRIOR FY CARRYOVER		PART A TOTAL		CURRENT FY		PRIOR FY CARRYOVER		MAI TOTAL			
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
1. Core Medical Services Subtotal **(See Legislative Requirements)**	$7,144,157	72.75%	$0	0.00%	$7,144,157	72.75%	$1,100,000	100.00%	$0	0.00%	$1,100,000	100.00%	$8,244,157	75.50%
a. AIDS Drug Assistance Program (ADAP) Treatments		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
b. AIDS Pharmaceutical Assistance (LPAP)		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
c. Early Intervention Services	$35,547	0.36%		- -	$35,547	0.36%		0.00%		- -	$0	0.00%	$35,547	0.33%
d. Health Insurance Premium & Cost Sharing Assistance	$40,959	0.42%		- -	$40,959	0.42%		0.00%		- -	$0	0.00%	$40,959	0.38%
e. Home and Community-based Health Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
f. Home Health Care		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
g. Hospice		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
h. Medical Case Management (incl. Treatment Adherence Services)	$3,120,245	31.78%		- -	$3,120,245	31.78%	$865,240	78.66%		- -	$865,240	78.66%	$3,985,485	36.50%
i. Medical Nutrition Therapy	$153,365	1.56%		- -	$153,365	1.56%		0.00%		- -	$0	0.00%	$153,365	1.40%
j. Mental Health Services	$859,674	8.75%		- -	$859,674	8.75%		0.00%		- -	$0	0.00%	$859,674	7.87%
k. Oral Health Care	$778,078	7.92%		- -	$778,078	7.92%		0.00%		- -	$0	0.00%	$778,078	7.13%
l. Outpatient /Ambulatory Health Services	$1,398,793	14.24%		- -	$1,398,793	14.24%	$234,760	21.34%		- -	$234,760	21.34%	$1,633,553	14.96%
m. Substance Abuse Outpatient Care	$757,497	7.71%		- -	$757,497	7.71%		0.00%		- -	$0	0.00%	$757,497	6.94%
2. Support Services Subtotal	$2,675,627	27.25%	$0	0.00%	$2,675,627	27.25%	$0	0.00%	$0	0.00%	$0	0.00%	$2,675,627	24.50%
a. Child Care Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
b. Emergency Financial Assistance	$151,767	1.55%		- -	$151,767	1.55%		0.00%		- -	$0	0.00%	$151,767	1.39%
c. Food Bank/Home-Delivered Meals	$97,539	0.99%		- -	$97,539	0.99%		0.00%		- -	$0	0.00%	$97,539	0.89%
d. Health Education/Risk Reduction		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
e. Housing	$914,178	9.31%		- -	$914,178	9.31%		0.00%		- -	$0	0.00%	$914,178	8.37%
f. Linguistics Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
g. Medical Transportation	$212,705	2.17%		- -	$212,705	2.17%		0.00%		- -	$0	0.00%	$212,705	1.95%
h. Non-Medical Case Management Services	$740,018	7.54%		- -	$740,018	7.54%		0.00%		- -	$0	0.00%	$740,018	6.78%
i. Other Professional Services	$354,254	3.61%		- -	$354,254	3.61%		0.00%		- -	$0	0.00%	$354,254	3.24%
j. Outreach Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
k. Psychosocial Support Services	$24,122	0.25%		- -	$24,122	0.25%		0.00%		- -	$0	0.00%	$24,122	0.22%
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	$181,043	1.84%		- -	$181,043	1.84%		0.00%		- -	$0	0.00%	$181,043	1.66%
3. Total Service Expenditures	$9,819,784	100.00%	$0	- -	$9,819,784	100.00%	$1,100,000	100.00%	$0	- -	$1,100,000	100.00%	$10,919,784	100.00%
4. Non-services Subtotal	$1,472,067	13.04%	$0	- -	$1,472,067	13.04%	$127,982	10.42%	$0	- -	$127,982	10.42%	$1,600,049	12.78%
a. Clinical Quality Management[2] **(See Legislative Requirements)**	$383,976	3.40%		- -	$383,976	3.40%	$62,393	5.08%		- -	$62,393	5.08%	$446,369	3.57%
b. Recipient Administration[3] **(See Legislative Requirements)**	$1,088,091	9.64%		- -	$1,088,091	9.64%	$65,589	5.34%		- -	$65,589	5.34%	$1,153,681	9.21%
5. Total Expenditures[4]	$11,291,851	100.00%	$0	- -	$11,291,851	100.00%	$1,227,982	100.00%	$0	- -	$1,227,982	100.00%	$12,519,833	100.00%

Section D: Award & Expenditure Summary

	Award	Expenditure	Balance
1. Part A	$11,295,440	$11,291,851	$3,589
2. Part A MAI	$1,248,768	$1,227,982	$20,786
3. Total	$12,544,208	$12,519,833	$24,375

☐ Recipient received waiver for 75% core medical services requirement.

ATTACHMENT D:

PART A FUNDED SERVICE PROVIDERS

Essex County Providers	Address	Housing & Related Services	Medical Case Mgmt	Primary Medical Care	Outpatient Substance Abuse	Emergency Financial Assistance	Residential Substance Abuse	Psychosocial Support	Nutritional Therapy	Mental Health	Trans.	Nutritional Services	Case Management	Other Prof Services	Dental	Health Insurance Premium	Early Intervention Services
AIDS Resource Foundation	77 Academy Street Newark, New Jersey 07102 (973) 643 – 0400				X	X		X		X	X		X				
Apostle House	24 Grant Street Newark, New Jersey 07104 (973) 482-0625					X						X	X				
Broadway House	298 Broadway Newark, New Jersey 07104 (973) 268 – 9797		X		X			X	X	X	X						
C.U.R.A.	35 Lincoln Park Newark, New Jersey 07101 (973) 645 – 4218				X		X	X			X		X				
Comm. Hlth. Law Project	650 Bloomfield Avenue, Suite 210 Bloomfield, New Jersey 07108 (973) 680 – 5599													X			
Smith Center	310 Central Avenue, Suite 307 East Orange, New Jersey 07018 (862) 772 – 7822		X	X						X	X						
Hyacinth	194 Clinton Avenue Newark, New Jersey 07108 (862) 240 – 1461		X	X	X			X		X			X		X		X
Isaiah House	238 North Munn Avenue East Orange, New Jersey 07017 (973) 678 – 5882 ext. 3019, 3027	X											X				
Catholic Charities of Newark	404 University Avenue Newark, New Jersey 07102 (973) 799-0484	X			X					X	X		X				
Newark Beth Israel	166 Lyons Avenue Newark, New Jersey 07112 (973) 926 – 5212		X	X		X				X					X	X	
Newark Community Health Center	101 Ludlow Street Newark, New Jersey 07114 973-483-1300 x 1250		X	X				X	X	X					X	X	X
DHCW Special Care Clinic	394 University Avenue Newark, New Jersey 07102 (973) 877 – 6150		X	X		X		X								X	X
New Jersey Comm. Research Initiative (NJCRI)	393 Central Avenue Newark, New Jersey 07107 (973) 483 – 3444		X	X	X	X		X		X		X			X	X	X
Positive Health Care, Inc.	333 Washington Street Newark, New Jersey 07102 (973) 596 – 9667				X	X							X				
Urban Renewal	521 Washington Street Newark, New Jersey 07103 (973) 220 – 6337	X											X				
La Casa de Don Pedro	76 Clinton Avenue Newark, New Jersey 07114 (973) 624 – 4222					X			X	X		X	X				X
St. James Social Services	588 Martin Luther King Blvd Newark, New Jersey 07102 (973) 624 - 4007					X						X	X				

Provider	Address																	
St. Michael's- Peter Ho Clinic	268 Martin Luther King Blvd Newark, New Jersey 07102 (973) 877 – 5649		X	X	X			X			X						X	X	X
Team Management	972 Broad Street, 3rd Floor Newark, New Jersey 07102 (973) 273 - 0425				X	X		X			X	X		X					
Rutgers (Dental)	110 Bergen Street, Rm# D880 Newark, New Jersey 07103 (973) 972 – 6613																	X	
Rutgers (FXB)	150 Bergen Street, Rm# G102 Newark, New Jersey 07101 (973) 972 – 0380		X	X															
Rutgers (HIV Clinic)	185 South Orange Avenue, MSBI-689 Newark, New Jersey 07103 (973) 972 – 6214		X	X	X	X		X	X	X	X							X	
Rutgers (START)	65 Bergen Street, GA -177 Newark, New Jersey 07101 (973) 972 – 1347 / 1348		X	X		X		X			X								X
Union County Providers																			
Catholic Charities (Jail Program)	505 South Avenue Cranford, New Jersey 07016 (908) 497 – 3900		X			X													
Central Jersey Legal	60 Prince Street Elizabeth, New Jersey 07208 (908) 354 – 4340														X				
Meals on Wheels	1025 Pennsylvania Avenue Linden, New Jersey 07036 (908) 486 -5100											X							
Neighborhood Health	1700 Myrtle Avenue Plainfield, New Jersey 07060 (908) 753 – 6401 ext. 1405		X	X	X				X	X									
PROCEED	1126 Dickinson Street Elizabeth, New Jersey 07201 (908) 469 - 3244	X				X		X			X			X					X
Trinitas Regional Medical Center EIP	655 Livingston Street 2nd Floor Elizabeth, New Jersey 07206 (908) 994 – 7060		X	X				X			X							X	
Tri-County Providers																			
NJ AIDS Services	44 South Street Morristown, New Jersey 07960 (973) 285 - 0006		X	X	X	X		X			X	X		X				X	X
Morristown Memorial Hospital	200 South Street Morristown, New Jersey 07960 (973) 889 – 6812		X	X		X					X	X					X	X	X
CFCS Hope House	19 – 21 Belmont Avenue Dover, New Jersey 07801 (973) 361 – 5555		X					X			X	X	X						
Zufall Health Center	18 West Blackwell Street Dover, New Jersey 07801 (973) 328 – 3344		X	X					X	X	X						X	X	X

ATTACHMENT E:

2019 QUESTIONNAIRE

Recipient Questionnaire

RECIPIENT SURVEY (2019)

The Newark EMA HIV Health Services Planning Council is required by federal law 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.."** This survey is designed for this assessment.

Instructions: Please complete all sections. Once completed, please return by email to Tania Guaman at Tania.Guaman@uwguc.org. Make sure to keep a copy for your records. If you have any questions, please contact the Planning Council Support at United Way of Greater Union County (UWGUC) at **908-353-7171 ext 109.**

RFP Process and Selection of Providers

1. **In the last fiscal year (FY 2018), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White HIV/AIDS Program (RWHAP) Part A funds?**

2. **In Summer of 2018 the Recipient reported to the Planning Council implementation of changes in the procurement process as a result of a Fiscal Site visit conducted by HRSA/HAB in July 2018. Please describe those changes in terms of:**
    (a) notification of federal award amount for the upcoming fiscal year which is required for procurement,
    (b) timeframe for procurement including steps in the process – publication of Request For Proposals, where notice of availability of funds was published (newspaper, city website, etc.),
    (c) date of required Technical Assistance session,
    (d) due date for Letter of Intent, and
    (e) due date for FY 2019 proposal to the City of Newark.

    Please answer all five questions (a)-(e).

3. **How many proposals were received for the current fiscal year (FY 2019)? Of these proposals how many were awarded contracts for Ryan White Part A funds?**

4. **Please describe the process used to review proposals requesting FY 2019 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.

5.   Did the selection process for this year (FY 2019) identify new providers? *If so, please identify the County/Region and services of the new provider.*

6.   Did the selection process for this year (FY 2019) address the needs of underserved/un-served communities (please respond in reference to each of the following groups as well as any other communities considered hard-to-reach: Mentally ill, substance users, gay/bisexual and other MSM, lesbian, transgender people, youth, older adults, undocumented, limited English proficient and Latinos)? If so, How?

PLACEMENT OF CONTRACTS

In the past, the procurement process has been dependent upon receipt of a Notification of Award (NOA) confirming the amount of the federal RWHAP award. This NOA has been received before March 1. We understand that there were changes in 2018 for FY 2019 and notice was received much earlier.

7.   On what date did the City of Newark receive notification from the Federal government (HRSA/HAB) on the amount of the federal award, which enabled the City of Newark to start the procurement process?

8.   Please describe this notice and how it started the procurement process.

9.   Were there any Partial Notifications of Award (NOAs) issued by HRSA/HAB for FY 2019?

10.   If Yes, how did this/these partial NOAs affect the procurement process?

11.   On what date did the Newark EMA receive its final Notification of Award (NOA) from the federal government (HRSA) for FY 2019 funding?

12.   **On what date were award letters sent to funded agencies for FY 2019?**

13.   **On what date were the FY 2019 funds from HRSA accepted by the Municipal Council (City of Newark)?**

14.   **In the chart below, please indicate the number of contracts adopted and executed for FY 2019:**

FY 2019 CONTRACT STATUS		
DATE:	**# of contracts ADOPTED**	**# of contracts EXECUTED**
By March 31, 2019		
By April 30, 2019		
By May 31, 2019		
By June 30, 2019		
By July 31, 2019		
By August 31 2019		
By September 30, 2019		

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

16.   **What was the due date in 2019 for agencies to submit contract documents for processing by the City of Newark?**

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

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

19.   **Please comment on the content of the contracts this year (FY 2019) in comparison to last year (FY 2018), for example were any new HRSA policies/guidelines or Planning Council directives/specifications/standards etc. included? List/describe any recipient obstacles contributing to the delay in executing provider contracts not discussed above.**

SERVICE PROVIDER REIMBURSEMENT

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

21.   **When (month/date) were providers first able to submit invoices for reimbursement in FY 2019?**

22.   **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?**

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

24.   **What steps are being taken to speed up the reimbursement process?**

RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE

25.   **What is the policy of the City of Newark Ryan White Unit regarding programmatic and fiscal monitoring site visits to service providers? That is, how many site visits are required for a service provider and what is the scope of those visits?**

26.   **In the last fiscal year (FY 2018), how many Programmatic site visits did each service provider receive? (please give range and average)**

27.   **In the last fiscal year (FY 2018), how many fiscal site visits did each service provider receive? (please give range and average)**

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

29.   What changes have been made to monitor service providers in response to the (a) HRSA National Monitoring Standards and/or (b) Policy Clarification Notices (PCNs) and (c) any other federal policy changes? Please list and describe the changes.

30.   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.)?

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

CHAMP

32.   What objectives (including program improvements) do you have for CHAMP for the current fiscal year (FY 2019)?

33.   What is the status of these objectives as of July 31, 2019?

PROCUREMENT/ALLOCATION REPORT (in comparison to PC percentages for FY 2018)

34. **What percent of the overall award (for FY 2018) was used for Recipient Support, Planning Council support, CHAMP, and Quality Management? Please indicate the percentages for each category.**

Item	Amount	Percentage
Administration	$	%
Recipient Support	$	%
CHAMP	$	%
Planning Council Support	$	%
Quality Management	$	%
Total	**$**	**%**

35. **What percent of formula funds were unexpended, and why, at the end of FY 2018?**

36. **What percent of supplemental funds were unexpended, and why, at the end of FY 2018?**

37. **What percent of MAI funds were unexpended, and why, at the end of FY 2018?**

38. **What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2018?**

39. **Please provide the final Spending Report for FY 2018.**

40. **Please provide the Allocation Report for FY 2019 using the table on the following page.**

FY 2019 ALLOCATION REPORT

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

LISTING OF SERVICE PROVIDERS

41.   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 for FY 2019.

MINORITY AIDS INITIATIVE

42.   For FY 2019, 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.

FY 2018 Providers	Primary Medical Care	Medical Case Management	Transitional Housing	Total
Essex County				
Union County				
Tri-County				
Total Direct Service Dollars				
		Quality Management		
		Administration		
		FY 2019 Total MAI Funding		

43.   Please provide a list of the organizations in receipt of MAI funds in FY 2019.

CORE MEDICAL SERVICES WAIVER

On July 24, 2019 the Newark EMA was awarded a waiver of the requirement to provide 75% of RWHAP-funded Part A services for Core Medical Services.

44. **Please outline how the Recipient will implement the FY 2019 service allocations proposed in this waiver which change the 75%/25% FY 2019 Planning Council allocation above. Actions can include a work group with the Council, identifying service utilization to-date in FY 2019, identifying [geographic] areas of need, identifying programs needing additional funds, reallocating funds to support services, etc.**

CONDITIONS OF AWARD

45. **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
x/x/19	FY 2018 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
x/x/19	Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY 2019 funding level.
x/x/19	FY 2018 Annual Progress Report.
x/x/19	FY 2018 final Financial Status Report (FSR)
x/x/19	FY 2018 Expenditure Rate (as documented in the final FY 2018 FSR)
x/x/19	Budgeted allocation of FY 2019 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2019 Implementation Plan.
x/x/19	Report on Minority AIDS Initiative for FY 2019.
x/x/19	Categorical budget for each grant-funded contract, Contract Review Certifications and attachment E, other sources of funds for FY 2018.

ADDITIONAL COMMENTS

Please provide any additional comments below:

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

Please return your completed document by email to Tania Guaman at Tania.Guaman@uwguc.org by Friday, September 6, 2019.