NEWARK EMA
HIV HEALTH SERVICES PLANNING COUNCIL

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

FY 2011

October 2011

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I. INTRODUCTION

A. PURPOSE

The purpose of Newark EMA Assessment of the Part A Administrative Mechanism for FY 2011 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 2008 and two annual updates in 2009 and 2010. This 2011 report is a full assessment.

B. METHODOLOGY

The assessment was completed by the Planning Council through its Research and Evaluation Committee (REC). The committee reviewed and updated the assessment tool used in 2010 for the Grantee to reflect current agency responsibilities. The committee also reviewed and updated the Provider Survey tool from 2008 (last full survey of providers) and abbreviated survey tool used in 2010 to assess the Grantee responses to the FY 2010 Administrative Assessment implemented for FY 2011, reflect new features of CHAMP client level data system, and include the name of the agency submitting the survey to assist the Council in follow up. (In 2010 the Council recommended that, for subsequent administrative assessments, agency names be required for provider surveys instead of anonymous submission. This would help address the problem of low response rates of only 50% (due to anonymous submittal of surveys). (Without agency names,

[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

Council staff had no means of follow up for non-responding agencies.) The Committee prepared final survey instruments. The Grantee Survey was computer fillable in Microsoft Word. The Provider Survey form was entered into Survey Monkey for ease of online completion.

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

> "Completed surveys will be collected and analyzed by Planning Council Staff. All reports and findings will be based on aggregated data. The findings will be presented not only to the Planning Council, but also the City of Newark and HRSA (Health Resources Services Administration, the branch of the federal government that allocates and monitors Ryan White Part A funds across the United States). More importantly, your responses will be used to improve the administration of Ryan White Part A funds locally."
>
> "As noted in the email, it may be easier for you to prepare your answers in advance, as SurveyMonkey.com does not allow you to stop and save the survey to finish later. Once you start, you must complete the survey in order to submit it."
>
> "Thank you for taking the time to complete this questionnaire. Your assistance and honesty are greatly appreciated."

On August 19, 2011 The Council e-mailed the FY 2010 Provider Survey to 44 Part A providers with a completion date of September 1, 2011. On August 31, 2011 the Council e-mailed the 2011 Grantee Survey to the City of Newark AIDS Director (RWU Manager) and the Union County subgrantee, with a completion date of September 9, 2011.

During September 2011 Council staff contacted all providers to improve completion rate. By October 17, 2011, results were received from a total of 32 providers for a return rate of 73% of contracted Part A provider agencies.

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

C. GENERAL FINDINGS

In general, responses from providers were more positive than in the FY 2008 survey. More were pleased with the RFP Technical Assistance session and overall administration of the Ryan White program. Reimbursement was received faster, but there are still problems with timeliness. New providers may need more handholding in the administrative aspects of the Ryan White system.

The grantee section evidenced continued implementation of new processes related to the RFP, contracting and reimbursement in response to the FY 2008 survey. Both RWU and Union County subgrantee noted that some timeframes for contracting/reimbursement were longer in 2010 than in prior years due to the impact of agency staffing cuts, fewer staff to process payments.

Delay in receipt of the full FY 2011 by HRSA HAB until September 2011 negatively impacted contracting and hence reimbursement. These hardships, though not reported extensively in this Assessment, were the focus of a special work group of the Newark EMA Planning Council from July – October 2011. Negative impact on PLWHA included delay in provision of

emergency services (housing, food assistance, financial assistance) which are based on dollar-for-dollar funding and first-time establishment of waiting lists for these services, which are needed by our low-income PLWHA who are significantly impacted by the current recessionary economy. Results were reported to HRSA in the FY 2012 Part A grant application and will be reported to the Newark CEO and other external bodies.

The response rate from providers was higher than in FY 2010 – 32 answered in 2011 versus 26 in 2010. This is due to a change in the survey format from anonymous to confidential, so that non-responding providers could be identified for follow up. Future surveys should continue this format and continue to improve response rate.

II. PROVIDER SURVEY

A. WITH WHICH AGENCY IS YOUR CONTRACT?

1. Provide contact information for follow up. Received from 32 providers.

2. With which agency (or agencies) is your Ryan White Part-A contract?

Of the 32 respondents, 24 had contracts with the City of Newark (75%) and eight with Union County (25%). No agency had contracts with both Newark and Union County. The response rate was 73% of 44 agencies. Response rate was the same by county/region - 73% of the 33 agencies contracting with Newark and 73% of the 11 agencies contracting with Union County.

B. RFP PROCESS AND SELECTION OF PROVIDERS

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

Over 1/3 of providers (12 or 38%) received notice of the FY 2011 RFP by Ryan White administration – program monitor, grant monitor, etc. One quarter (seven) learned by legal notice published in the *Star Ledger* newspaper. Another five (16%) were notified by e-mail or by checking the City of Newark website. Three (9%) are long-time Ryan White providers and know when to start looking for the RFP, another three (9%) learned from the Planning Council, and two (6%) learned from other providers.

Clarity of application document.

4. Did the RFP clearly describe application requirements? 100% (32) said yes.

5. Did the RFP clearly describe eligibility requirements? 100% (32) said yes.

6. Did the RFP describe the purpose and objectives of the entire Part-A program? 100% (32) said yes.

7. Did the RFP describe the criteria and procedures for reviewing proposals? 100% (32) said yes.

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

Seventeen agencies (53%) provided comments. The remaining 15 (47%) either did not answer the question (10 or 31%) or answered "none" (5 or 16%).

Comments from nine (28%) providers were positive, as shown below.

"Enough detail and clear guidance."

"Instructions and process was clear and easy to follow."

"it appears as though the process is becoming clearer and more comprehensive."

"It was comparable and familiar…and adequate."

"It was fine."

"It is clearly descriptive."

"Somewhat better organized."

"The proposal was redundant for the most part which is a plus because expectations are clearly defined."

"The Ryan White RFP is far superior to others we are required to submit."

Three comments (9%) were directed toward Early Intervention Services (EIS)/Early Identification of Individuals with HIV/AIDS (EIIHA) section.

"RFP stressed EIIHA strategy yet that has seemed to have quieted down since grant year began."

"The EIS portion was difficult to understand. However, this was for the most part cleared up during the technical assistance meeting."

"We all had to dive into the EIIHA service category, even if the clients we serve at our facility are required to prove HIV+ status as a condition of admission. It was an interesting challenge to examine our staff's many EIIHA activities in spite of our not being able to offer EIIHA services to clients."

One respondent (3%) pointed out that that, "The documents are geared toward medical care. Since we are a dental care provider, how to respond to some of the items is unclear."

Two respondents (6%) commented on the contracting documents on the FutureBridge website.

"The contract documents supplied on the CHAMP FutureBridge website should be presented at the next technical assistance session. It is not easily available per instructions."

"Should be more clearly defined regarding documents for submission and documents post award."

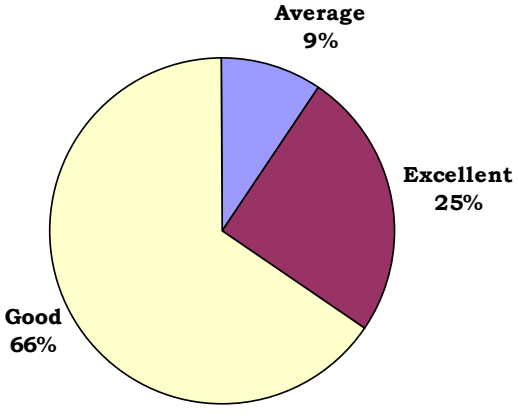
One agency commented on the scoring: "It would be helpful to know how we scored in the various categories so we could incorporate feedback into future applications."

And finally, one agency commented on funding: "The lack of funding being a barrier."

9. How would you rate the Technical Assistance meeting (December 9, 2010) in clarifying proposal requirements and any other questions you had about the RFP or your proposal?

Most providers (91%) rated the TA session excellent (25%) or good (66%). Only 9% rated it as average. No one rated it fair or poor. The overall ranking was "good".

Figure A: Rating of 2010 RFP Technical Assistance Meeting



Comments on the RFP Technical Assistance session. The only comment was "Glad it started on time!"

10. Last year the RFP was available starting on November 30, 2010 and the proposals were due on January 6, 2010. Was the amount of time allotted in this year's RFP enough time to prepare and submit your proposal?

The majority (23 or 72%) said yes and the remaining nine (28%) said that it was not sufficient time.

Suggestions/comments on the length of time to complete RFP. Seventeen providers (53%) gave comments on the length of time to complete the RFP.

Five agencies (16%) recommended additional time.

> "A week longer would have been better."
>
> "At least one month should be allotted to respond to the RFP."
>
> "Six weeks."
>
> "Although we did not encounter a problem, I think the second or third week in January would accommodate more agencies and is more practical. The awards or denials don't come out until late March most of the time. December is usually a very tedious and demanding month for most businesses, i.e., year end closings, contractual obligations, and fiscal preparation for budgets and staffing. Grant preparation just adds to the work."
>
> "Because end of year demands, November 15 start date would be very accommodating."

One agency (3%) cited unavailability of agency staff: "Start earlier in November. It is difficult to reach agency reps during holiday season."

Eight (25%) agencies citied issues during the holidays.

> "I think early October will be better,. Why? Because of the holidays. People like to take vacations by the end of November to early January."
>
> "I think having the RFP due surrounding the holidays makes it especially difficult to find the necessary time."
>
> "It is very unfortunate that the RFP and submission falls during the holiday period, especially as a lot of people involved take vacation time during that period. I ended up working on the grant during Christmas and New Year."
>
> "Sure would be nice to be able to avoid the holiday period though!"
>
> "The holidays made it very difficult. Please release it earlier and it should be due before the Christmas holidays."
>
> "The RFP was released on the heels of the Thanksgiving holiday and was due shortly after Christmas and New Year's. These are major holidays for many people and I'm sure it took away from the calendar days needed to prepare the document."
>
> "There are two holidays within that preparation period which means potential grantee have to work with those constraints, through holidays, vacations and the like."
>
> "Would prefer application due before Christmas."

One agency commented on **availability of the RFP electronically**. "Would like to see the RFP come into the Technology world and maybe place the RFP on the NEMA website or City of Newark. Then if agencies want a hardcopy they can pick up from Ryan White directly."

11. Were the RFP page limitations appropriate?

Most providers (30 or 94%) said that the RFP page limitations were appropriate. Two providers (6%) said they were not.

Comments on RFP page limitations. The two providers (6%) gave specific comments.

> "For programs applying for multiple service lines, it can be difficult to adequately respond."
>
> "In the evaluation section, a few more pages would be useful."

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

Most providers (26 or 81%) said they did receive feedback on the reasons for selection/non-selection and or the amount of funding awarded, and the remaining six (19%) said they said they did not receive feedback.

Comments on feedback regarding selection and grant award. Four (13%) providers offered comments about receipt of feedback.

> "It would be helpful to receive how each category of the application was rated to assist with strengthening the application the next time it was submitted."
>
> "When we are notified we questioned why parts of the proposal were not accepted."
>
> "Still awaiting notice of full grant award."
>
> "We are grateful for the stable funding provided by the Ryan White program. We were especially pleased to receive both an initial MAI award for needed MICA services and an unexpected and substantial supplementary award for Substance Abuse services we had already provided over and above our contracted goal."

C. PLACEMENT OF CONTRACTS

13. For the current fiscal year, (which started on March 1, 2011) when were you notified that you would be receiving Ryan White Part A funding?

Thirty one agencies (97%) responded – 19 (59%) provided the dates that they were notified, six (19%) estimated the date, and six (19%) provided other answers. See the table below.

Table 1: Notification Date for Ryan White Part A Funding

# Providers	Percent	Date/Response
4	13%	2/28/2011
3	9%	3/1/2011
1	3%	3/4/2011
1	3%	3/10/2011
1	3%	3/11/2011
1	3%	3/20/2011
1	3%	3/29/2011
1	3%	6/1/2011
1	3%	9/1/2011
3	9%	Late February 2011
7	22%	Early March or after start of the grant period (Three noted that this was a partial award)
1	3%	We received a letter around middle of March however it didn't' arrive via US mail until end of march. Again maybe this can be supplied online with request of receipt via email system.
5	16%	Yes
1	3%	Cannot recall the exact date.
1	3%	No answer
32	**100%**	**Total**

14. How were you notified?

Most providers (29 or 91%) were notified by Award Letter, including letter only (14 or 44%), e-mail and award letter (9 or 28%) and phone call from Monitor/Grant Administrator (6 or 19%). Three providers (9%) reported notification by e-mail.

15. Comments on notification of award.

Three providers (9%) offered comments on the notification.

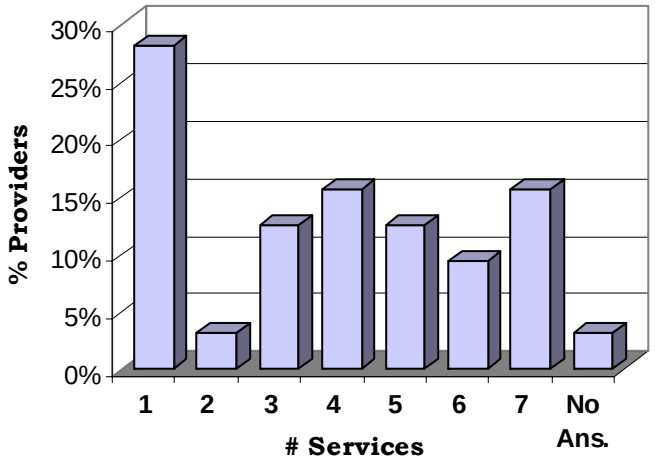
> "Complicated application and submission process and particularly around reduced amount of grant and calculation of funds."
>
> "It would improve service to clients and decrease burden on providers to receive full awards prior to 3/1 and to begin receiving payments in a timely fashion."
>
> "We understand that the Newark Ryan White office can only move as fast as the federal HRSA office. We are patient."

16. How many service categories were you funded for in FY 2011?

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

Table 2: Number of Service Categories funded by Number of Providers in FY 2011

# Svcs	# Provs
1	9
2	1
3	4
4	5
5	4
6	3
7	5
Blank	1
Total	**32**



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

Two thirds of respondents (21 or 66 %) reported receiving a fully executed contract. The dates and cumulative percentages are shown below. Two (6%) did not know, three providers (9%) have not yet received fully executed contracts and six (19%) had no answer.

Table 3: Dates Fully Executed FY 2011 Contracts Were Received

# Providers	Percent	Cumul. %	Date Received/Comments
2	6%	6%	3/1/2011
1	3%	9%	4/1/2011
1	3%	13%	6/10/2011
1	3%	16%	6/22/2011
1	3%	19%	6/23/2011
3	9%	28%	7/1/2011
1	3%	31%	7/6/2011
2	6%	38%	8/1/2011
1	3%	41%	8/9/2011
1	3%	44%	8/23/2011
2	6%	50%	9/1/2011
3	9%	59%	Sometime in March-April. April?
1	3%	63%	June 2011 for partial award
1	3%	66%	August
2	6%	72%	Cannot recall exact date. Do not know.
3	9%	81%	Pending. Still waiting. Have not received contract & it is 7 months into grant period.
6	19%	100%	No answer.
32	**100%**	**100%**	**Total**

Eight (25%) agencies provided comments in addition to the dates.

"Due to the HRSA correction in funded award we have just resubmitted for our FINAL award contract so still in negotiations."

"Fully executed contract still pending."

"I know the federal government drives the notification of budgets but from a providers point of view it is horrible to not receive reimbursement for services rendered for seven months. A smaller CBO would not be able to sustain themselves for this long without remuneration and the larger organizations are carrying a large debt that impacts negatively on their entire company."

"Not Applicable."

"Received contract before final award."

"Received notification of 12 month award 9/3/2011. Now have to submit revised contract documents by September 14, 2011."

"Still don't have fully executed contract."

"The initial award was a partial award. The complete award was not announced until 09/02/11. I have not yet received an executed contract."

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

Eight providers (25%) had comments on the contracting process.

"Allowing payment for patients with Medicaid or Managed Care Medicaid."

"Case management is now being removed from community based organizations and moving to hospital settings. This move is detrimental and totally against the original Ryan White Act. The need for consumers to express their issues in a friendly environment has been totally ignored."

"Every year there are issues between the legal departments of UMDNJ and the City of Newark regarding the documentation needed. It would be helpful if these issues (since they arise every year) were addressed and resolved."

"I have always found the process reasonable and supportive."

"The legal department gets caught up in having Certificate of Insurance (COI) language perfect to the detriment of the organization and the patients they serve. A way to have contracts pass through legal review quicker is absolutely necessary."

"We were asked to redo our contract documentation three times which increased our administrative time and cost."

"We have not yet had contract negations for the contract received 8/23/11."

"Yes, I think funding should be allocated to agencies based on prior achievement of meeting or exceeding contractual obligations and LOS and of course prioritized by service category of the Planning Council to better serve the consumer."

19. Last year (FY 2010) was your contract augmented/amended during the year?

Eighteen (56%) of providers reported that their contracts were augmented/amended during FY 2010. Another 13 (41%) did not have contractual changes, and one (3%) did not respond.

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

Twelve (66%) of the 18 providers with amended contracts responded. Eleven gave answers, mostly positive, and one answer was incomplete.

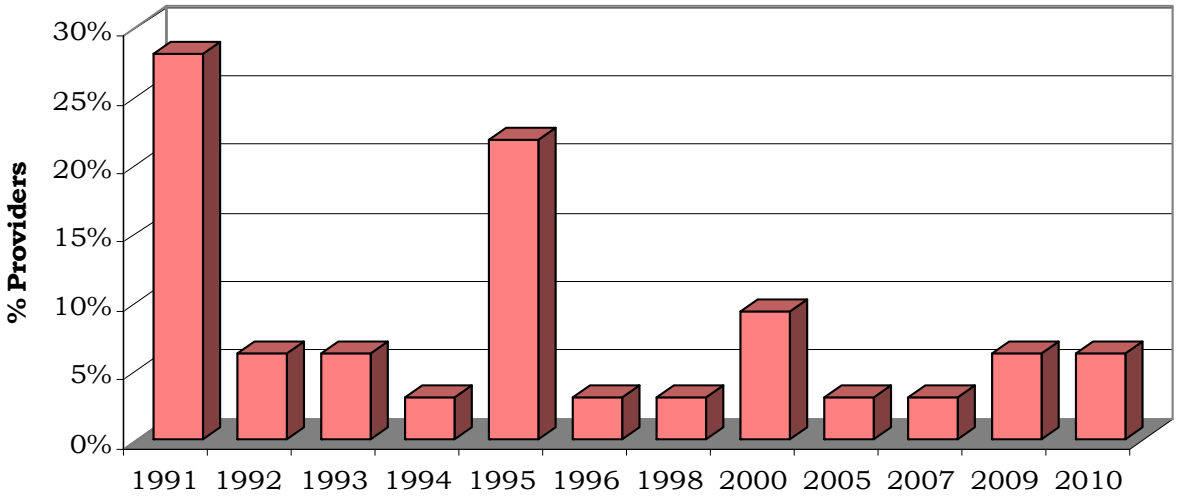
> "FY 2010 MAI award for MICA Substance Abuse services required additional contract documents to be submitted. No problem. FY 2010 Supplementary Substance Abuse award was unexpected, and required no action or submissions from us, as the units of service had already been delivered and documented within the grant cycle. No problem."
>
> "A written request was made to the City's Ryan White office for an adjustment in a given category. The city responded with a revision of the award and requested updated contract support documents. It was handled well."
>
> "Based on our ability to provide additional services."
>
> "Excellent."
>
> "It was done okay."
>
> "It was fine, as expected."
>
> "It was handled very professionally."
>
> "Just a budget modification based on our request."
>
> "Long delays in approving."
>
> "Our monitor and the Ryan White Program Director were very receptive in reviewing/ revising targets that we were asked to change in our original proposal."
>
> "Was handled professionally and expeditiously."
>
> "We exceeded our level of service (LOS) and received unexpended dollars that were not used by grantee/providers (uncertain) that did not meet their contractual obligations. (I believe that was the case)."
>
> "We received sweeps dollars."
>
> "We were notified via mail."

D. SERVICE PROVIDER REIMBURSEMENT

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

All 32 providers answered this question. Half are long-term Ryan White providers for over 15 years. Over one quarter (9 or 28%) have received Ryan White funding since the beginning of the program in 1991, and another 22% (7) since 1995. The program is still attracting new providers – 6 (19%) began delivering services within the past 5 years.

Figure B: Distribution of Agencies by Year They Became Part A Providers (n=32)



21. Over the past year, what was the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of reimbursement check?

Nearly all providers (31 or 97%) answered this question. One quarter (9) said reimbursement took one month or less and another quarter (8) said it took one to two months. One third of providers (11) said it took three or more months and one had not received any reimbursement. Two providers had other reasons.

Table 4: Approximate Time between Invoice and Reimbursement Check

#	%	Response
9	28%	**One month or less** One week. 15 days. 2 weeks (2). About 2-3 weeks (2). Approximately four weeks. +/- 30 days. Within one month.
8	25%	**1-2 Months** Over a month. 5 weeks. Within 45 days. 1-1/2 months. 60 days. 2 months (3).
11	34%	**3 or more Months** 2-3 months (3). 90 days. Several months. Varied from about 3 months to 7 months, and not always in order of submission. From time of invoice submission, it took 5 months to receive our first payment. 6 months (2). Seven months. Many, many months.
1	3%	**No reimbursement yet.** We still have not received payments.
1	3%	**Other.** Difficult to know exactly as checks are supposed to go to New Brunswick. I have received payments directly which is not agency protocol.
1	3%	Unknown.
1	3%	No answer.
32	**100%**	**Total**

22. Have your reimbursement checks been accurate?

Once the checks were received all were accurate, as reported by 31 providers (97%). One (3%) left the question blank.

Comments on the problems and resolution. One provider gave comments.

> "For the most part, I believe the process of budget modification should be streamlined to maintain cash-flow to accommodate staffing and operating expense to prevent any disruption of service. It requires too much of a process to move money from one services to another the available cash balances should not stop payment process, but modification should be a simple report that amends the service category for available funds."

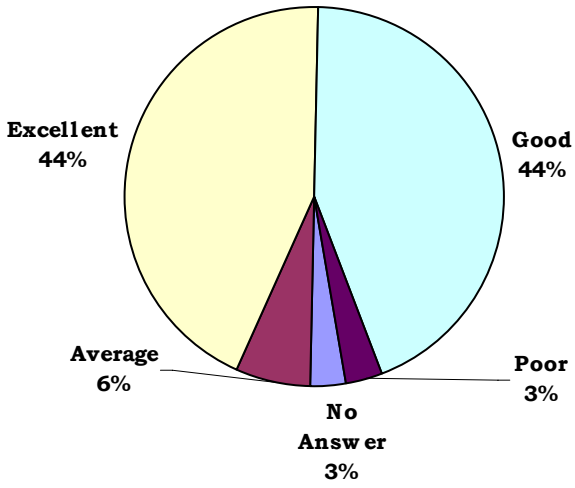
E. SITE VISIT AND TECHNICAL ASSISTANCE (TA)

23. How would you rate the City of Newark Ryan White Unit (or Union County) in responding to questions and requests for information over the past year?

Nearly all providers (31 or 97%) answered this question. 88% (28) providers rated the TA as either excellent or good. Two rated it as average, one as poor, and one did not answer.

Comment. The only comment stated that they were "Not responsive."

Figure C: Rating of Grantee in Response to Information Requests



24. Please rate the timeliness of their responses.

Nearly half (47% or 15) of providers rated timeliness as "good", and 38% (12) rated it as "excellent." Three (9%) rated timeliness as "average", one (3%) rated it poor, and one (3%) did not respond.

The one **comment** was that they "did not return our calls."

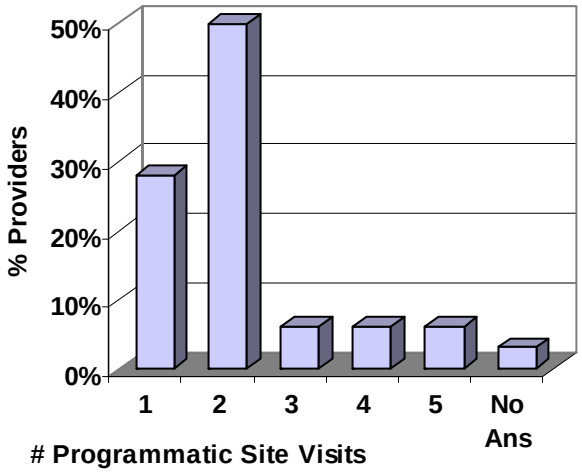
25. In your experience over the past twelve months, how would you rate the communication between your agency and the Ryan White Unit (or Union County).

Over half of respondents (17 or 53%) said that communication was "excellent" and another 28% (9) rated it as "good." One third rated communication as "average" (3 or 9%), "fair" (1 or 3%) or "poor" (1 or 3%). One agency did not respond.

The one comment praised one specific RWU Monitor: "[She] is our program monitor and has done an excellent job of keeping us abreast of the programs needs and answering any questions we have."

26. How many site visits from the Ryan White Unit (or Union County) for the purposes of monitoring Part A funds, did your agency have in the past 12 months?

Figure D: Programmatic Site Visits



Programmatic. Half of providers reported receiving two programmatic monitoring site visits within the past 12 months. Nine (28%) reported receiving only one site visit. Two providers (6%) had 3 visits, two had 4 visits and two had five visits. One provider did not respond.

Fiscal. Nearly half (14 or 44%) received no fiscal monitoring site visits. Five (16%) received one fiscal site visits, eight (25%) received two fiscal site visits, and one (3%) reported receiving four fiscal site visits. One said "not applicable" and three (9%) did not know.

27. How would you rate the recommendations proposed by the Ryan White Unit (or Union County) monitor(s)?

Over half (18) providers rated the recommendations of the Ryan White monitors as "good," one third (10) rated them as "excellent" and three (9%) rated them as "average." No agency rated them as fair or poor. One provider did not respond.

Two comments were provided:

> "I have the most supportive Project Officer. She is knowledgeable."
>
> "Our only issue with requests that come to us from the Ryan White office is that our staff is stretched thin, so short response deadlines and requests to go back in time to the beginning of the grant cycle to amend data really puts a strain on us, even to the point of reducing service to clients. Changes requested "from this point onwards" are more doable than requesting that changes be made back to 3/1/2011."

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

Nearly three-quarters (22) of respondents gave no comments or had no improvements to recommend. Two (6%) said the monitoring process is "good" or we think it is "fine." Nearly one quarter (7) provided the following recommendations.

Responsiveness

> "A site visit should be a collaborative process and an opportunity for the monitor to gain greater familiarity with the operations (and struggles) of the provider."
>
> "Be more responsive and the CHAMP system personnel also need to be improved."
>
> "If the monitors could spend a little more time at the agency and understand the process and the services being rendered they would have the ability to assist the agency even more."
>
> "Somewhat in communication."

More frequent monitoring

"More frequent monitoring might tease out the programs that are not well equipped to be Ryan White Providers."

"More frequent site visits."

Other

"One referenced the agency comment to #27 regarding limited staffing to respond and request to make changes "from this point forward."

29. How would you rate the Ryan White Unit (or Union County) in providing your agency with programmatic and/or fiscal technical assistance (TA) or training over the past 12 months?

Nearly half (14 or 44%) of providers rated Ryan White TA as "good" and seven (22%) rated it as "excellent." Five providers rated it as average (9%) or fair (6%). Five (16%) noted that the agency had not required TA in the past 12 months, and one agency did not respond.

Comments. Three agencies provided comments. One said that they needed "Fiscal TA because it is very difficult to understand this program." Another said "It is hard to get CHAMP assistance on the phone." And a third referred to comment in Question #27 – that TA recommendations should be prospective rather than going back to 3/1/2011.

30. Did you attend or participate in any NEMA-wide provider's meetings?

Nearly all providers (30 or 94%) had participated in NEMA-wide provider meetings. One did not and the other did not respond.

Comments. Two agencies commented. One said, "Excellent meetings providing vital information. I believe they are too large at times and smaller group meetings could be more helpful to the individual agencies." Another reported that their agency had participation at these meetings, but that the person answering the survey was not the attendee.

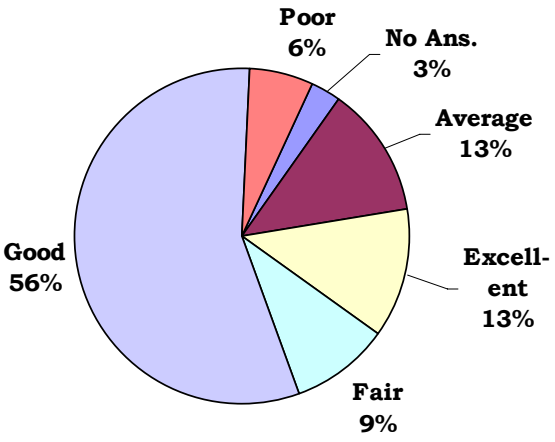
31. Did you attend or participate in any NEMA-wide teleconferences?

Nearly two-thirds (20) of providers said they did not participate in any NEMA-wide teleconferences, and one third (11) said they had. One agency did not respond.

Comments. Four agencies (13%) commented that they did not think any NEMA-wide teleconferences had been held this year.

F. CHAMP (COMPREHENSIVE HIV/AIDS MANAGEMENT PROGRAM)

Figure E: Rating of CHAMP System



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

Over half of providers (18) rated the CHAMP system as "good" and four rated it as "excellent" for a total of 69%. Another four rated it "average" and five rated it fair (3) or poor (2). One provider did not answer.

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

There were many comments regarding CHAMP. One third said the system was excellent or good, six (19%) had suggestions, three (9%) discussed reporting issues, and six (19%) had general comments. Six (19%) had no comments. See the table below.

Table 5: Comments on CHAMP System Recording Client Level Data

#	%	Response
11	34%	**Excellent or Good** Excellent. Excellent tool, but we must ensure that all reviewing the services received by clients at other agencies. Very good tool for all to access (4). Okay (2) We LOVE that CHAMP has the ability to see what OTHER Ryan White providers each client has visited. This is a downfall to not entering the Medicaid patients, now we cannot track them as easily. I think CHAMP is great but there definitely needs to be more personnel available to assist agencies. More ad hoc reporting capabilities are required. These ad hoc reports could be instrumental in helping the QA process! I think the tool is good because it allows you to monitor client info.
6	19%	**Suggestions** I would like to see more training on the **Ad Hoc** reporting, not necessarily just CHAMP system usage. Need more options in drop down boxes It would be great if CHAMP could be an on-line system that could accessed anywhere. The system remains slow and difficult for staff to enter the information in a timely manner. Honestly, the CHAMP client-level information principally benefits the grantee and is of less value to the provider. As a support services provider, I do not have the date a client was diagnosed. I have to make up a date for me to enter the time records. I don't like having to make anything up. I do not input data personally. However, there are some issues that are reported to me, as the grant contact: 1. We must wait every month for certain units to be made "billable" by Jason. He is busy; we wait. Not the best situation. 2. Changes are made to the system which the RW Unit seems unaware of, like our

#	%	Response
		no longer having access to the screens that document the last CD4 count or Viral Load data, or most recent PMC visit. As a facility, we can only follow the CHAMP system as presented to us; monitors should be aware of changes Jason makes to the CHAMP system, since they presumably initiate these changes. 3. When a system upgrade is initiated, our facility experienced a lack of access because our administrative status wasn't right. Perhaps Jason will take this into account next time he upgrades. Jason is great, but appears overworked.
3	9%	**Reporting** Can not police your own errors. Process of referring and responding to referrals. The Ad Hoc reports are difficult to use and are not user friendly. Documentation is limited on CHAMP.
6	19%	**General** Streamline the whole process. There needs to be a way to be able to identify a patient other than the existing coding. Very cumbersome & slow. We also use CAREWare. Wish we could just use one database. CHAMP should not be used like a medical record. It is not comprehensive, not user friendly. It is slow in general and particularly when it comes towards the end of the month. It does not have the ability to produce certain demographic reports or drill down to client detail from the reports provided. Filtering often provides inaccurate information. Cumbersome and time consuming. CHAMP is outdated and not very sophisticated. Issues take to long to get resolved. CAREWare is better for tracking client interactions.
6	19%	No Comment.
32	**100%**	**Total**

34. What comments do you have on CHAMP as a tool to develop fiscal/service reports?

Nearly half of providers (15) reported that the system was excellent to good, two (6%) cited issues related to contracting, three (9%) had comments regarding reporting and four (13%) had general comments. One quarter did not have any comments at this time.

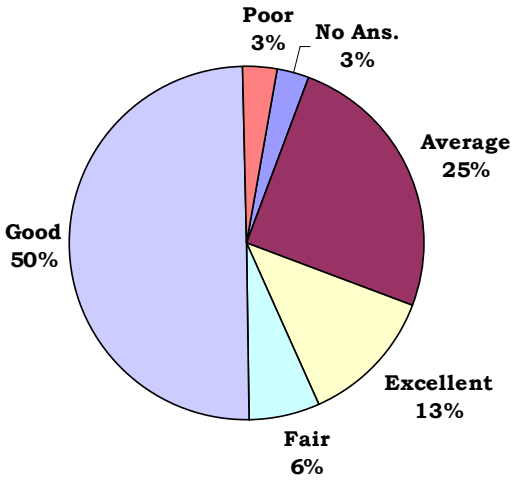
Table 6: Comments on CHAMP System for Fiscal Reporting

#	%	Response
15	47%	**Excellent or Good** Excellent tool, good system, very helpful (6). Okay, adequate (4). I have no problems. Generates comprehensive reports. CHAMP fiscal reports are adequate (2). The services data base and monthly reimbursement and expenditure reports are convenient and easy to use. The Ryan White preferred method for entering services, however, does not conform well to our organization.
2	6%	**Contract Issues** Contract numbers are not updated past the 4 month allocation; therefore, we cannot submit July and August reports. It would be helpful if I did not have to put in the name of the contract for each time entry.
3	9%	**Reporting** Need faster uploading of contract data so reports can be printed. Running reports is difficult I would like to see a comparison report from your previous funded year to present.
4	13%	**General** Streamline the whole process. Too much data entry required. Very difficult, especially when it wrongly calculates cost and is rigid about its entries. Cumbersome and often confusing - especially for custom reports.
8	25%	No Comment.
32	**100%**	**Total**

Figure F: Rating of Ongoing CHAMP Support

35. How would you rate the on-going support that you/your staff received (over the past 12 months) in using CHAMP? (Please consider responses to any questions including assistance through the CHAMP "Helpdesk".)

Nearly two thirds of providers rated CHAMP support as good (16) or excellent (4). Another 25% rated support as average (8). Only three providers were not satisfied with CHAMP support. One agency did not answer the question. Another commented that they did not always receive a return phone call from CHAMP staff.



36. Please rate the timeliness of their responses.

75% of providers were pleased with the timeliness of CHAMP response. Three providers (9%) rated the response as excellent, one third (11) rated it as "good," another third rated response as "average" (10). Five providers (16%) said response was fair and two (6%) said it was poor. One agency did not respond.

The only comment was that "E-mail response is great, phone response is horrible."

37. How many of your staff received CHAMP training in the past 12 months?

For over one quarter of agencies (9 or 28%) no staff had received training in CHAMP in the past 12 months. Another 19% of providers (6) had one person trained, and one quarter (8) had two staff trained. In the remaining seven agencies (22%) a range of 3 to 9 staff members received CHAMP training in the past 12 months. **A possible reason for agency issues with CHAMP is that staff are not up-to-date in CHAMP training despite its availability every week and more often at agency request.**

Table 7: Staff Receiving CHAMP Training in Past 12 Months

# Staff Trained on CHAMP in past 12 Mos.	# Agencies	% Agencies
No (0) staff	**9**	**28%**
1 staff person	6	19%
2 staff	8	25%
2-3 staff per year	1	3%
3 staff	1	3%
4 staff	2	6%
6 staff	2	6%
7 staff	1	3%
9 staff	1	3%
No answer	1	3%
Total	**32**	**100%**

Comments. Two agencies commented. One said, "I would like to have additional staff trained." The other said, "We all attended an update previous year."

38. What other suggestions do you have on CHAMP? If you have any ideas for improving CHAMP, please feel free to include them here.

Most providers had no additional comments (22 or 69%).

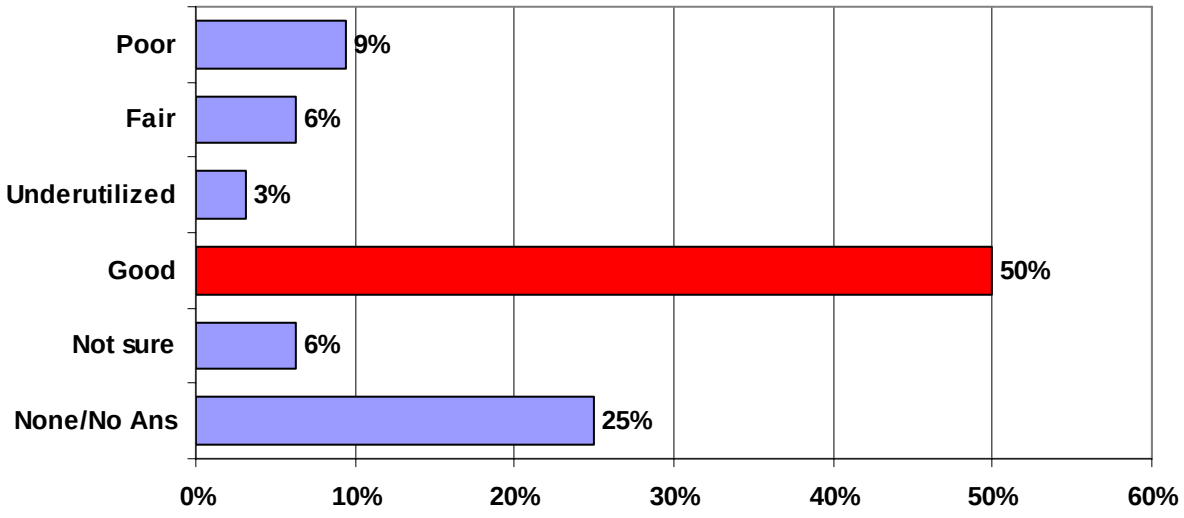
Four agencies (13%) commented on **CHAMP reporting**. Three asked to increase CHAMP Ad Hoc reporting capabilities, to have better ability to customize reports, to streamline report writing, and to have more training on Ad Hoc reporting.

Six agencies (19%) had general comments. One said that the **referral system** is underutilized. Another said that some of the medical questions are not clear. Another said, "I would like to have less things to have to re-input each time I enter time." One had a general comment that "Need to make it a more user friendly system with good technical and training support that is timely." (This is a relatively new Ryan White agency.) Another agency preferred CARE ware (which is an option for providers who contract directly with HRSA HAB).

39A. Please comment on CHAMP's newer functions - AUTOMATED REFERRALS

75% of agencies provided comments on this feature and 50% of all agencies found that this was a good feature. Two more said it was fair/adequate and one said it was underutilized.

Figure G: Comments on CHAMP Automated Referrals



Of those who commented "poor" one said it lacked sufficient detail for moving people quickly through the system and the other preferred CARE ware.

39B. Please comment on CHAMP's newer functions - AUTOMATED FEED

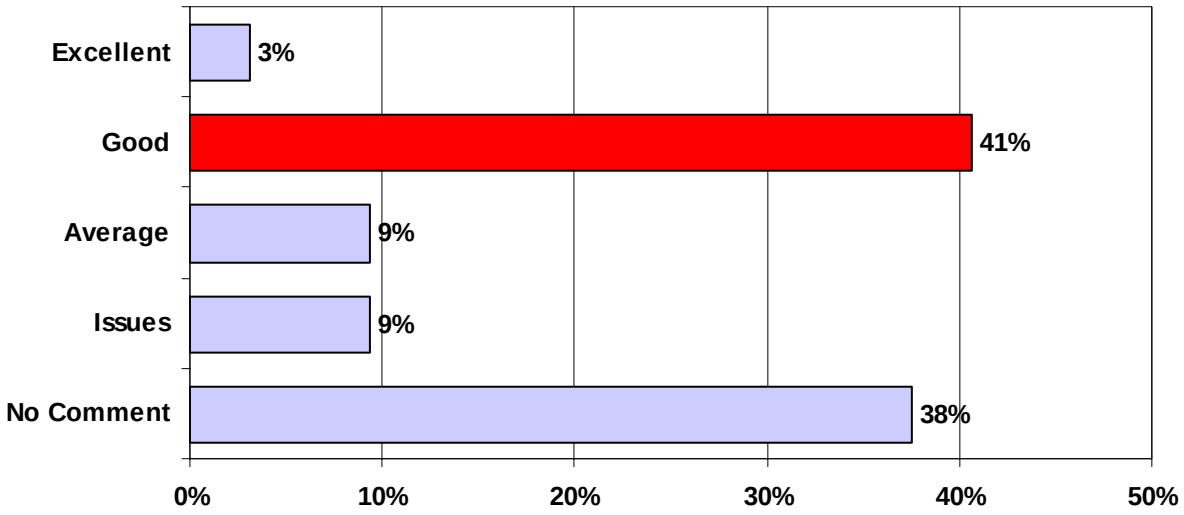
Nineteen (59%) agencies gave no comment/unknown and the remaining 13 said it was good (12 or 38%) or adequate (one or 3%).

39C. Please comment on CHAMP's newer functions – REQUIRED FIELDS

Of the 32 providers, 12 or 38% did not comment. However, 50% said that the feature was t good (13 or 41%) or average (3 or 9%). Three identified issues with the field which are discussed below.

Comments on the required fields included: (1) need more options in some of the drop down boxes, (2) too many, and (3) The feature has been useful. One agency said, "I don't know the dates of diagnosis - we are lawyers not doctors."

Figure H: Comments on CHAMP Required Fields



39D. Please comment on CHAMP's newer functions – OUTCOME REPORTS

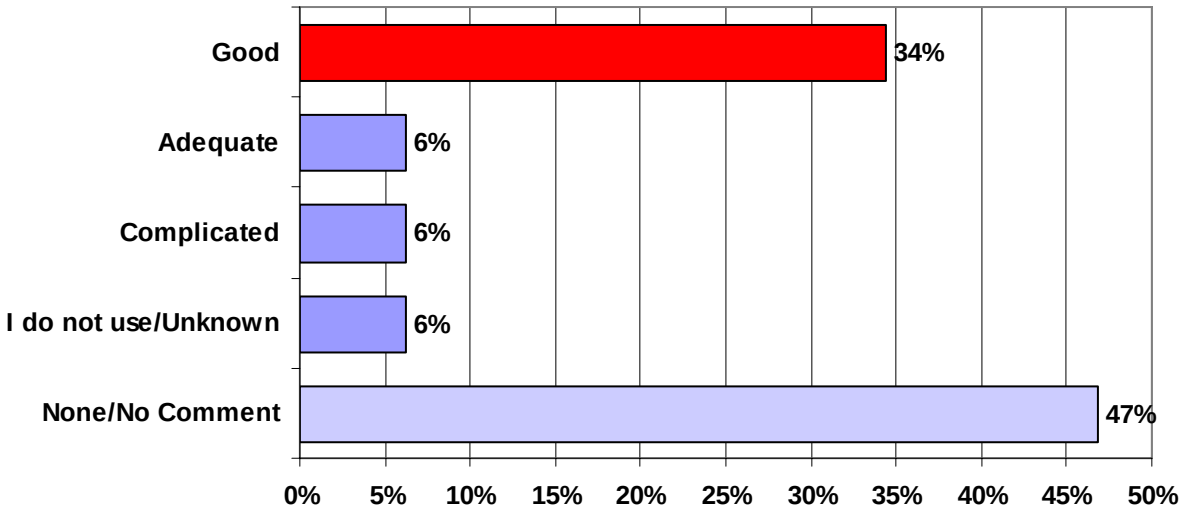
Half of the agencies (16) said the outcome reports were good and another agency said adequate. Two said the reports were limited. Thirteen agencies (41%) did not answer the question or gave no comment.

One comment was positive, "The feature has been very helpful," and the other was not, "Not comprehensive enough."

39E. Please comment on CHAMP's newer functions – EIIHA

Only half of providers answered this question and most (35%) found the Early Intervention Service/EIIHA feature useful. Positive comments included "It is set up well" and "The automated function that provides a checkmark for new EIS patients is useful." Another comment was that it "needs more direction."

Figure I: Comments on CHAMP EIIHA



39F. Please comment on CHAMP's newer functions – OTHER

Three agencies commented. Two said that the other features were fine or good, and the other suggested "Also allow us a calendar choice capability of any grant period and or funding stream."

40. If your agency participates on the CHAMP Subcommittee, please comment.

Most agencies (30 or 94%) did not participate in the CHAMP Subcommittee. Of the two agencies who attend, one commented that Staff attend CHAMP meetings to give input, however they report that the meetings could be run better.

G. PLANNING COUNCIL

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

The majority of respondents (20 or 63%) were very familiar with the Council's work and one third (11) were somewhat familiar. One agency did not respond.

One provider commented that staff attends these meetings.

42. In general, how would you rate the work of the Planning Council over the past 12 months?

Ten providers (31%) rated the work of the Council as "excellent', 19 (59%) said good, one rated it as average and another as fair. One provider did not respond.

Only one comment was provided, that the Council "Needs a change in leadership, i.e., Chair / Vice chair."

43. Have you or your staff attended any Planning Council or Committee meetings over the past 12 months? If so, which ones?

Planning Council. Eighteen (56%) providers reported that either they or their staff have attended a Planning Council meeting in the past 12 months.

Continuum of Care (COC). Twelve (38%) providers reported that either they or their staff have attended a Continuum of Care (COC) Committee meeting in the past 12 months.

Community Service Advisory Committee (CSAC). Only one (3%) provider reported that either they or their staff have attended a CSAC Committee meeting in the past 12 months.

Comprehensive Planning Committee (CPC). Nine (28%) providers reported that either they or their staff have attended a CPC Committee meeting in the past 12 months.

Research and Evaluation Committee (REC). Three (9%) providers reported that either they or their staff have attended a REC Committee meeting in the past 12 months.

No committees. Four (13%) providers reported that neither they nor their staff have attended any Planning Council or Committees meetings in the past 12 months.

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

Thirty providers (94%) reported that they had seen or read copies of the Council's Needs Assessments or Comprehensive Health Plans, and one did not. One did not respond.

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

Thirteen (41%) providers reported that the documents are "Very high quality, the information is accurate and recommendations are 'on target'." Another 12 (38%) said "Somewhat high quality" and five (16%) said the quality was average. Two providers did not respond. No additional comments were provided.

46. In the past year, how often did you use the Planning Council's Needs Assessments or Comprehensive Health Plans?

Responses ranged from never/No answer (16%) to frequent use (28%).

Comments by frequent users included:

"For the [annual Ryan White] grant application." (most one-time users)

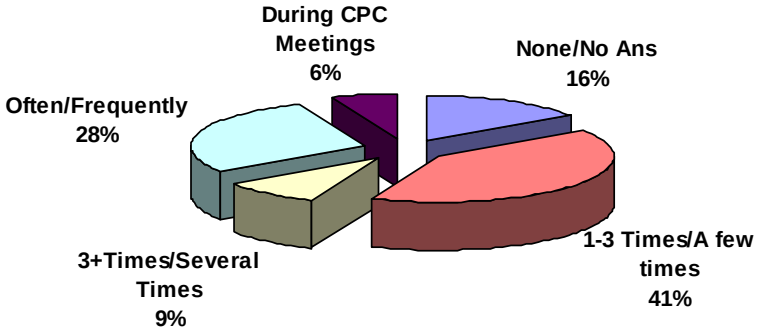
"Frequently, as I write and administer our facility's grants."

"More than a dozen times."

"Periodically especially when targeting prevention needs for CDC grant periods."

"Primarily during CPC meetings - 4-6 times."

Figure J: Use of Council Needs Assessments/Plans



47. In the past year, have you reviewed the Priority Setting and Resource Allocation Report?

The majority of providers HAD reviewed the report in the past year (27 or 84%). Four (13%) had not and one did not respond.

Comments. Three agencies commented as follows:

> "I have sat on the CPC (Priority Setting) committee for the past 8 years. It is a good process and has gotten better as it has required more documentation of decision foundations."
>
> "We have one staff person that reviews this report."

"I feel that there is excessive weighting of oral health care. Mental health care should be a MUCH higher funding priority since it so often represents such an important obstacle to obtaining/maintaining primary medical care."

48. How would you rate (in terms of its helpfulness in program development and proposal writing) the Planning Council's "FY 2011 Priority Setting and Resource Allocation Report" (a copy was included in the City of Newark's RFP supplement entitled "FY 2011 Required Forms and Reference Materials"), which sets forth the percentage of the Part A award allocated to each of the 18 service categories?

Over half (18 or 56%) reported that the document was "good" in terms of usefulness, seven (22%) said "excellent", and five (16%) said "average". One was not familiar enough with the document and another did not answer.

There were no suggestions for improving the document in the future.

49. Have you visited the Planning Council website? (www.newarkema.org)

The majority of respondents (27 or 84%) had visited the Planning Council website and four (13%) had not. One agency did not respond.

One agency commented that "the new website looks great."

50. How would you rate Planning Council staff in responding to questions and requests for information in the past 12 months?

Nearly half of providers (15 or 47%) reported that Council staff response was excellent, and another 12 (38%) said the response was good. One agency said the response was average and three (9%) had not contacted the Council within the past year. One agency did not respond.

One agency commented that "Kaleef Washington is an excellent resource and very pleasant to work with."

51. Please rate the timeliness of their responses.

Twelve agencies (38%) rated the timeliness of Council staff response as excellent, 13 (41%) said timeliness was good, two (6%) said average, and four (13%) said not applicable as they had not called the Council offices with a question or request in the past 12 months. One agency did not respond.

No agencies provided additional comments.

52. What other comments do you have on the Planning Council's work? (Please feel free to comment on the Council's outcomes and standards documents, opportunity for consumer/public input at meetings and in Needs Assessments/Comprehensive Health Plans, timing/location of meetings, or anything else relevant to the Planning Council's work.)

Twenty agencies (63%) had no additional comments at this time. The remaining 12 agencies (37%) gave the following comments.

"We are fortunate to have a competent and committed council that advocates for the needs of PLWHA and Ryan White service providers."

"The Planning Council is extremely organized with accomplishing its mission to better serve those impacting by HIV/AIDS."

"Good information useful for program planning"

"I believe they do great work and need more provider and consumer support!!!!!!!!!!!!!!"

"It's fine."

"Keep up the good work!"

"Relevant and helpful."

"Very comprehensive."

"I serve on the PC."

"Dwight and Kaleef have been exceptionally responsive to any needs."

"Love the staff -- truly helpful and knowledgeable."

"I find the survey monkey to be challenging with regards to outcomes. I have participated in the Retention Surveys and the information was lost."

H. OTHER COMMENTS

53. What other comments do you have regarding the City of Newark Ryan White Unit's (or Union County's) administration of the Ryan White Part A program?

Twenty agencies (63%) had no comments at this time. The remaining 12 agencies (37%) gave the following comments.

"They are extremely competent and pleasure to work with."

"Very helpful and professional staff."

"Staff is extremely helpful, competent and ready to assist. Ketlen Alsbrook does a fantastic job!"

"Continue the good work."

"Excellent!"

"It's fine."

"Great oversight and assistance when needed."

"Good if you work with them it goes both ways."

"I think the administration has improved significantly over the years. There is good communication between our agency and the department as to what is required, how to better serve our clients. The negative remains the timeliness of contract execution and final award notification which seems largely due to HRSA."

"Ryan White Unit very good. City of Newark poor."

"Clarification as to how to allocate funding and obtaining reimbursement in a timely manner."

"Consider cutting funding to programs that are not meeting targets."

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

Sixteen agencies (50%) had no additional comments or suggestions. Five (16%) said the survey was too long. Six respondents (19%) said the survey was good and the remaining five (16%) had suggestions/recommendations.

"Great!!"

"Survey worked well, no issues."

"Very targeted and very necessary. The true measure of its value will be the changes implemented based on real users feedback."

"Pretty good."

"The survey is excellent, however was received late to make comments that we should."

"This is my second submission. The first one got lost somewhere. Otherwise, good."

"Clarify to whom it should go (provider vs. administrator)."

"It would be helpful to have the questions available prior to beginning the online survey."

"Premature as we have not received an executed contract yet and here we are September 2011!"

"Should be updated to the appropriate year."

"The first line of the email accompanying this survey seems a bit threatening. We, as providers, are always willing to share information."

III. 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), NJ Herald (Sussex), Easton Express (Warren) and the Brazilian Press (a Brazil/Portuguese speaking paper in the City of Newark).

Social media and email marketing through the City of Newark website and ComeUnity Wire, was also used to advertise the RFP. ComeUnity Wire is a product of Femworks, Inc., which targets the LGBT community.

Union County. The Union County continuum of care has a long standing history of working closely together. In an effort to foster this bond and to provide technical assistance and to promote information sharing on a continuing basis, the Union County Program Coordinator facilitates a monthly providers' meeting. On the first Tuesday of each month a meeting open to the public is held in the conference room at Catholic Charities of the Archdiocese of Newark at 505 South Avenue in Cranford New Jersey. Any gaps in service, barriers, and or obstacles to services that are identified are addressed at these meetings and participants are encouraged to reach out to their network of provider partners to make them aware of Ryan White funding.

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 51 applications were submitted this grant year. One application was disqualified because it was not submitted within the established deadline. A total of 50 proposals were accepted and received RW funding for FY 2011.

Union County. 13 proposals were received for FY 2011 and 11 were awarded contracts. The total proposals received reflects a decrease from last FY due to one agency not continuing their Ryan White program and another agency combined two programs into one proposal.

3. Please describe the process used to review proposals requesting FY 2011 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. The 18 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 direst relationship/affiliation with current and potential Ryan White providers. All peer reviewers required to submit a Conflict of Interest/Disclosure Form. Members of the 2011 pool (total of 22) were from New York and New Jersey (14 women, 4 men, 94% black, 6% other, and 22% LGBT).

Each proposal is assigned to two peer reviewers who must complete an evaluation packet for each of their assigned proposals and also outline areas of strength and weakness. The evaluation packet allows for scoring each section of the proposal and an overall performance score. A two-three day conference is then held at the Grantee's office, which all reviewers must attend and present their findings in a panel-like setting. 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 County of Union receives all Union County proposals from the City of Newark Ryan White Unit. The Union County Ryan White Program Coordinator reads all Union County proposals and rates them by using the RFP assessment tool provided by the Ryan White Unit.

Union County participates in the City of Newark peer review process. The peer review panel is selected by the City of Newark and Union County is invited to recommend eligible candidates to be considered for peer review selection. The peer review panel rates the applications using the same RFP assessment tool as the Grantee and assigns each application a score and a recommendation for full, partial, or no funding. The peer review recommendations for funding are strongly considered.

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

City of Newark. A new provider was funded in Essex County to provide transitional housing and medical transportation services to PLWHA.

Union County. No new providers were identified in Union County.

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, FY10 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 numerous treatment modalities and bi-lingual agencies. Mental Health is provided by licensed, masters prepared therapists at all edges of the County. Union County has individual counseling, group counseling, and non-traditional offsite counseling for the hard to reach population. Union County provides methadone substance abuse treatment, substance abuse counseling and one program has a very aggressive non-traditional offsite program that keeps clients linked with substance abuse counseling and medical care.

B. PLACEMENT OF CONTRACTS

6. On what date did the Newark EMA receive its award from the federal government for FY 2011 funding?

The EMA received a FY 2011 partial award notice on February 25, 2011. The partial award reflected 50% of the EMA's FY 2010 Part A formula and MAI funding, but only 38% of the EMAs FY 2010 award. A final NGA (notification of grant award) was received on July 11, 2011 but was later retracted by HRSA HAB due to a miscalculation in the formula portion of the award. This error was made with 6 other EMA/TGA's and resulted in HRSA HAB rescinding all Part A final award notifications. The corrected and complete award notification to our EMA was not received until August 29, 2011.

Union County received its award letter from the City of Newark on March 4, 2011.

7. On what date were award letters sent to funded agencies for FY 2011?

Partial award notices were distributed on February 28, 2011. Final award notices were sent to funded agencies on September 2, 2011.

Union County sent out award letters to its agencies on March 10, 2011.

8. Total number of contracts placed in FY 2011:

		Newark	Union
8.1	Number of contracts in place on/before March 1, 2011:	0	0
8.2	Number of contracts in place on/before April 1, 2011:	0	0
8.3	Number of contracts in place on/before May 1, 2011:	0	0
8.4	Number of contracts in place on/before June 1, 2011:	1	4
8.5	Number of contracts in place on/before July 1, 2011:	14	11
8.6	Number of contracts in place on/before August 1, 2011:	25	11
8.7	Number of contracts in place on/before September 1, 2011:	31	11
	Total Contracts	**31**	**11**

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

City of Newark. To date, 33 of 38 contracts have been executed.

Union County. June 28, 2011.

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 3 of the 5 contracts not yet adopted by the Municipal Council. The remaining two contracts were delayed as a result of the EMAs late award notification from HRSA.

Union County. Due to a minor delay in getting the award from the City of Newark the first Freeholder meeting in March was missed. There were also some staffing issues that created delays in the contracting process (non-RW funded staff).

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 official HRSA Ryan White National Monitoring Standards (NMS) were released after the start of the grant year. FY 2012 contract language will be modified to ensure that the provisions outlined in the NMS are communicated to all sub-recipients.

Effective FY2011, funding for Medical Case Management (MCM) was restricted to providers of Primary Medical Care (PMC) regardless of funding source. This provision was implemented to ensure that PMC and MCM services are co-located and delivered in coordination with each other. This change will also reduce the duplication of effort that occurs when clients are receiving MCM from multiple sites.

Lastly, in response to Early Identification of Individuals with HIV/AIDS (EIIHA), all PMC/MCM providers are required to apply for Early Intervention Services or demonstrate how EIS and prevention services have been integrated into their Part A programs.

Union County. Quality management guidelines were updated and EIS services were added to EIS provider's contracts.

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 month following service delivery and reviewed by the assigned Program Monitor within a week. Upon notification, the Fiscal Officer completes a final review of the monthly reports and prepares a payment package for reimbursement to the provider normally within 3-5 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. Two weeks. The County of Union reserves the right to pay all vouchers within 30 days from the receipt of a completed request for reimbursement.

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

City of Newark. Due to downsizing, attrition, etc., the City's Finance Department is understaffed. This does not 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.

Delayed reimbursements are most often the result of incorrect reporting/billing for services rendered during the reporting period.

Union County. The only delay in reimbursement would be an incomplete or incorrect request for reimbursement.

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. Minimum site visits were two per provider. The target is three and some received four depending on performance.

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. The Ryan White program coordinator performs a fiscal desk review for each

provider monthly. The monitor performs a fiscal and programmatic site visit on the same schedule as described in Question 13.

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.

- Pre-notification of Site Visit to the program
- Internal Desk Audit of year to date reports and CHAMP
- Meet with the Administrators of the program
- Tour of the program site with the Program Director (or his/her designee)
- Interview Consumers (2 - 3)
- Interview Staff (front line staff and program coordinators)
- Chart Review (approximately 20 - 50 client charts)
- Close and wrap-up with Administrators
- Site Visit Report (shared with the provider)

Union County. The monitor selects a random sample of 10 clients. The monitor does a desk review which includes a CHAMP report, matching the units to the client ID, and printing a CHAMP look up report for each selected client. The monitor uses a spreadsheet for the site visit where notes have been made to check units and notes in the client charts. The monitor reviews each agency based on the appropriate NEMA Planning Council Standards of Care.

A summary report is drafted after the site visit and submitted to the monitor's supervisor for review and is then sent to the Ryan White program coordinator. The program coordinator addresses any issues with the program director.

See **Attachment #1** for Site Visit Protocols.

16. How else are service providers monitored?

City of Newark. Service providers are also monitored by CHAMP, non-scheduled technical assistance meetings, waiting room observations, etc. Core service providers of Primary Medical Care and Medical Case Management also receive a quality management visit including clinical chart reviews and evaluation of service. A quality assessment report is then generated to the provider and Grantee outlining strengths, weaknesses, and recommendation for improvement.

Beginning in FY2011 program monitoring was expanded to include Monthly Conference Calls with assigned programs to ensure consistent communication and sharing of updates. The most recent Clinical Quality Management Report is also incorporated into monthly discussions with providers of medical care and medical case management to ensure issues and concerns are addressed timely.

Effective FY2011, program monitoring will be provided in accordance with HRSA/HAB's NMS released earlier this year.

Union County. Service providers are closely monitored through CHAMP and regular contact and monthly provider meetings. CHAMP reports are monitored closely for each provider.

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 reports will request that the agency submit a Corrective Action Plan to address a deficiency or issues identified by the monitor. Corrective action plans are assigned a due date, at which time an internal assessment of the plan is made and a follow-up meeting is scheduled to discuss future plans or modifications to the program.

Union County. Once an issue has bee identified during a monitoring visit the issues is noted in the monitor's report. The agency is given a corrective action plan and it can be followed up on in several ways. The easiest way is to monitor the agency through CHAMP. Due to Union County's relationship with its providers, most issues can be addressed before they happen at the monthly provider meeting. If further review or action is necessary recommendations for funding reduction can be made for poor performance or inappropriate billing.

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

City of Newark. Open communication between the RW monitor and service provider is strongly encouraged. To emphasize this, the program monitoring team must conduct monthly conference calls with each of their providers 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 to conduct CHAMP audits, in order to gather as much information as possible and to ensure all areas of concern are addressed.

Union County. Union County has a mandatory monthly provider meeting on the first Tuesday of each month where any and all issues can be discussed.

E. CHAMP

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

The primary objective this year for our EMA's CHAMP system is the implementation of the EIS category, specifically the ability to track the referral, linkage and engagement of the newly diagnosed population into the RW Continuum of Care.

Other objectives included the development of Exception Reports for the purpose of improving CQM performance results and also as a tool to ensure that the RW Payer of Last Resort policy is adhered to by all by providers.

20. What is the status of these objectives as of July 31, 2011?

CHAMP is now able to provide Exception Reports for all HAB indicators. EIS reporting/ tracking has been implemented. Reporting features are still in development and have been delayed as a result of staff turnover at FutureBridge.

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 12% of FY 2010's award was used for Grantee support, Planning Council, CHAMP and Medical Case Management (MCM) Training.

Category	Cost	Percent
Grantee Administrative Costs	$555,041	4%
Planning Council	$407,471	3%
Quality Management	$770,431	5%
Total	**$1,732,943**	**12.0%**

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: $9,477,245 (100% spent)

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

Almost all supplemental funds were utilized during the grant year. The balance of $1,565.67 is less than 1% of the supplemental award ($3,470,223) and about 0.01% of the EMAs total grant award. Supplemental: $3,738,657.33 (99.9999% spent)

22(b) What were the reasons?

The balance of $1,565.67 was the result of unobligated dollars for staff travel (FY10 winter weather and the City's furloughs contributed to less "in the field" work by staff). Also one agency encountered contractual issues with the vendor supplying their food vouchers.

23. Please provide the final Spending Report for FY 2010.

See Attachment #2 for FY 2010 Final Spending Report.

24. Please provide Allocation Report for FY 2011.

See Attachment #3 for FY 2011 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 #4 for All Part A Funded Service Providers in the Newark EMA.

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 expand or create new service options for Blacks and Hispanics, in response to the disproportionate impact of the disease and according to the distribution plan provided below.

The Newark Eligible Metropolitan Area was awarded $1,195,077 dollars in FY2010 to improve the quality of care and health outcomes in our minority communities. The final MAI expenditures differ slightly from those reported at the July 8, 2011 presentation due to final budget modifications and reallocations of unobligated administrative dollars.

Table 8: FY2010 Minority AIDS Initiative Funding

Services	Allocated	Spent	Target Population
Primary Medical Care Services	$629,898	$660,689	Blacks & Hispanics
Outpatient Substance Abuse	$103,929	$157,412	Blacks & Hispanics
Mental Health	$82,000	$63,522	Blacks & Hispanics
Dental	$125,000	$137,010	Blacks & Hispanics
Housing & Related Services	$75,000	$85,000	Blacks & Hispanics
Quality Management	$59,750	$59,750	
Administrative Costs	$119,500	$31,694	
TOTAL	**$1,195,077**	**$1,195,077**	

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

The following organizations received MAI funding in FY 2010.

1. Broadway House
2. Isaiah House
3. La Villa Agency
4. Newark Homeless Health Care
5. Smith Center
6. St. Michael's Medical Center
7. UMDNJ (Dental)
8. UMDNJ (HIV Clinic)
9. Team Management

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 9: Grantee Report on Conditions of Award

DATE OF GRANTEE REPORT	CONTENT OF REPORT
March 15, 2011	FY 2010 Ryan White Data Report (RDR) to HRSA or HRSA contractor. **Submitted.**
	Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY 2011 funding level. **The Program Terms Report is not due until December 5, 2011.**
	FY 2011 Annual Progress Report. **This report is not due until July 28, 2012.**
July 8, 2011	• FY 2010 final Financial Status Report(FSR) **The FY10 FFR (Federal Financial Report or SF425) was submitted on July 29, 2011.** • FY 2010 Expenditure Rate(as documented in the final FY 2010 FSR) **The FY10 Expenditure Report was submitted on September 29, 2011.** • Budgeted allocation of FY 2011 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2011 Implementation Plan **The Program Terms Report is not due until December 5, 2011.**
July 8, 2011	• Report on Minority AIDS Initiative for FY 2011 **This report is due on October 17, 2011.** • Categorical budget for each grant-funded contract, Contract Review Certifications and attachment E, other sources of funds for FY 2011 **The Program Terms Report is not due until December 5, 2011.**

Additional Comments:

Effective April 1, 2010 Grantees are now required to submit the Federal Financial Report (FFR) instead of the Financial Service Report (FSR).

ATTACHMENT 1: SITE VISIT PROTOCOLS

The Grantee Site Visit Protocol consists of a 36-page document entitled the Ryan White Unit Total Quality Assessment Site Visit Evaluation Monitoring Manual. It is located at the end of this report.

The Manual is being revised to incorporate HRSA HAB Monitoring Standards developed in 2010 and presented at the 2010 Ryan White All-Grantee Meeting. The new National Monitoring Standards are being implemented in FY 2011. The new Site Visit Protocols will be implemented fully starting FY 2012.

ATTACHMENT 2: FY 2010 FINAL SPENDING REPORT

FY 2010 Spending Breakdown:

Formula + Supplemental	$13,215,902
MAI	$1,195,077
Total Award	**$14,410,979**

Distribution of Funding

Grantee Administration	$1,126,380	7.82%
Quality Management	$698,006	4.84%
Care & Treatment	$12,586,593	87.34%
Total Part (A/F)	**$14,410,979**	**100%**

Essex County Funding (FY10)
$ 7,881,035.00

	Allocations Per Priorities Report	Allocations $$$$$$	Max. Allowed	Min. Allowed	Final Expenditures DHHS(2010-2011)	Final %	Status	Amount Over/Under
Housing & Related Services	11.59%	$ 913,411.96	$ 1,141,764.95	$ 685,058.97	$ 703,815.27	8.93%		
Medical Case Management	15.00%	$ 1,182,155.25	$ 1,477,694.06	$ 886,616.44	$ 2,224,041.28	28.22%	OVER ALLOCATED	746,347.22
Primary Medical Care	34.00%	$ 2,679,551.90	$ 3,349,439.88	$ 2,009,663.93	$ 1,999,235.40	25.37%	UNDER ALLOCATED	10,428.53
Outpatient Substance Abuse	9.00%	$ 709,293.15	$ 886,616.44	$ 531,969.86	$ 581,659.65	7.38%		
Direct Emergency Assistance	0.87%	$ 68,565.00	$ 85,706.26	$ 51,423.75	$ 79,120.07	1.00%		
Inpatient Substance Abuse	2.27%	$ 178,899.49	$ 223,624.37	$ 134,174.62	$ 133,000.00	1.69%	UNDER ALLOCATED	1,174.62
Medical Nutritional Therapy	2.27%	$ 178,899.49	$ 223,624.37	$ 134,174.62	$ 156,627.00	1.99%		
Mental Health	12.00%	$ 945,724.20	$ 1,182,155.25	$ 709,293.15	$ 787,566.11	9.99%		
Transportation	1.50%	$ 118,215.53	$ 147,769.41	$ 88,661.64	$ 176,591.50	2.24%	OVER ALLOCATED	28,822.09
Nutritional Services	2.00%	$ 157,620.70	$ 197,025.88	$ 118,215.53	$ 363,032.39	4.61%	OVER ALLOCATED	166,006.52
Case Management	2.00%	$ 157,620.70	$ 197,025.88	$ 118,215.53	$ 230,367.00	2.92%	OVER ALLOCATED	33,341.13
Advocacy & Legal	2.50%	$ 197,025.88	$ 246,282.34	$ 147,769.41	$ 273,360.40	3.47%	OVER ALLOCATED	27,078.06
Dental	5.00%	$ 394,051.75	$ 492,564.69	$ 295,538.81	$ 325,510.00	4.13%		
	100.00%	$ 7,881,035.00			$ 8,033,926.07	101.94%		

Union County Funding (FY 10)

$ 2,235,735.00 Total Award

$ 2,123,948.00 Available For Funding

	Allocations Per Priorities Report	Allocations $$$$$	Max. Allowed	Min. Allowed	Final Expenditures DHHS(2010-2011)	Final %	Status	Amount over/under
Housing & Related Services	5.50%	$ 116,817.14	$ 146,021.43	$ 87,612.86	$ 123,135.42	5.80%		
Medical Case Management	15.00%	$ 318,592.20	$ 398,240.25	$ 238,944.15	$ 279,069.05	13.14%		
Primary Medical Care	25.50%	$ 541,606.74	$ 677,008.43	$ 406,205.06	$ 676,931.83	31.87%		
Outpatient Substance Abuse	22.00%	$ 467,268.56	$ 584,085.70	$ 350,451.42	$ 459,941.82	21.66%		
Direct Emergency Assistance	0.70%	$ 14,867.64	$ 18,584.55	$ 11,150.73	$ 11,002.15	0.52%	UNDER ALLOCATED	148.58
Nutritional Services	7.00%	$ 148,676.36	$ 185,845.45	$ 111,507.27	$ 92,167.42	4.34%	UNDER ALLOCATED	19,339.85
Medical Nutrition Therapy	0.30%	$ 6,371.84	$ 7,964.81	$ 4,778.88	$ 14,083.06	0.66%	OVER ALLOCATED	6,118.26
Mental Health	7.50%	$ 159,296.10	$ 199,120.13	$ 119,472.08	$ 195,796.52	9.22%		
Transportation	3.00%	$ 63,718.44	$ 79,648.05	$ 47,788.83	$ 53,063.61	2.50%		
Advocacy & Legal	2.00%	$ 42,478.96	$ 53,098.70	$ 31,859.22	$ 55,220.41	2.60%	OVER ALLOCATED	2,121.71
Dental	5.00%	$ 106,197.40	$ 132,746.75	$ 79,648.05	$ 112,401.01	5.29%		
Case Management	6.50%	$ 138,056.62	$ 172,570.78	$ 103,542.47	$ 162,126.32	7.63%		
	100.00%	$ 2,123,948.00			$ 2,234,938.62	105.23%		

Morris, Sussex & Warren County Funding (FY10)
$ 1,118,078.00

	Allocations Per Priorities Report	Allocations $$$$$$	Max. Allowed	Min. Allowed	Final Expenditures DHHS(2010-2011)	Final %	Status	Amount Over/Under
Housing & Related Services	6.00%	$ 67,084.68	$ 83,855.85	$ 50,313.51	$ 64,253.14	5.75%		
Medical Case Management	27.00%	$ 301,881.06	$ 377,351.33	$ 226,410.80	$ 349,680.48	31.28%		
Primary Medical Care	24.00%	$ 268,338.72	$ 335,423.40	$ 201,254.04	$ 290,870.20	26.02%		
Outpatient Substance Abuse	5.75%	$ 64,289.49	$ 80,361.86	$ 48,217.11	$ 60,399.52	5.40%		
Medications	0.00%	$ -	$ -	$ -	$ -	0.00%		
Medical Nutritional Therapy	0.25%	$ 2,795.20	$ 3,493.99	$ 2,096.40	$ 266.64	0.02%	UNDER ALLOCATED	1,829.76
Mental Health	13.00%	$ 145,350.14	$ 181,687.68	$ 109,012.61	$ 151,551.22	13.55%		
Transportation	19.00%	$ 212,434.82	$ 265,543.53	$ 159,326.12	$ 226,500.00	20.26%		
Dental	5.00%	$ 55,903.90	$ 69,879.88	$ 41,927.93	$ 70,573.80	6.31%	OVER ALLOCATED	693.93
	100.00%	$ 1,118,078.00			$ 1,214,095.00			

ATTACHMENT 3: FY 2011 ALLOCATION REPORT

FY 2011 Award Breakdown:

Formula	$9,477,245
Supplemental	$3,740,223
MAI	$1,195,077
Total Award	**$14,412,545**

Distribution of Funding

Grantee (Incl. Planning Council & Program Support)	$1,405,401	10%
Quality Management	$636,531	5%
Care & Treatment	$12,012,079	85%
Total Part (A/F)	**$14,054,011**	**100%**

Care & Treatment Regional Allocations

Essex	$8,715,501	72.7% of Part A, F. Overall funding is 89% Part A and 11% Part F.
Union	$2,153,383	19.9% of Part A Care & Treatment. Region did not request MAI funding.
Morris, Sussex, Warren	$1,143195	7.4% of Part A Care & Treatment dollars. An additional $286,699.26 was allocated to the Tri-County Region (+1.7%) in lieu of the MAI funding to Essex County.
Total	**$12,012,079**	**85%**

Essex County Funding (FY11)
$ 7,877,703.94

	Allocations Per Priorities Report	Allocations $$$$$$	Max. Allowed	Min. Allowed	Allocations Per DHHS(2011-2012)	Final %	Status	Amount Over/Under
Housing & Related Services	10.00%	$ 787,770.39	$ 984,712.99	$ 590,827.80	$ 862,960.00	10.95%		
Medical Case Management	14.93%	$ 1,176,141.20	$ 1,470,176.50	$ 882,105.90	$ 1,291,677.00	16.40%		
Primary Medical Care	33.00%	$ 2,599,642.30	$ 3,249,552.88	$ 1,949,731.73	$ 2,361,439.00	29.98%		
Outpatient Substance Abuse	9.00%	$ 708,993.35	$ 886,241.69	$ 531,745.02	$ 638,803.00	8.11%		
Direct Emergency Assistance	0.87%	$ 68,536.02	$ 85,670.03	$ 51,402.02	$ 51,402.00	0.65%	UNDER ALLOCATED	0.02
Residential Substance Abuse	2.00%	$ 157,554.08	$ 196,942.60	$ 118,165.56	$ 155,210.00	1.97%		
Medical Nutritional Therapy	2.00%	$ 157,554.08	$ 196,942.60	$ 118,165.56	$ 170,946.00	2.17%		
Mental Health	12.00%	$ 945,324.47	$ 1,181,655.59	$ 708,993.35	$ 939,042.00	11.92%		
Transportation	1.50%	$ 118,165.56	$ 147,706.95	$ 88,624.17	$ 146,236.00	1.86%		
Nutritional Services	2.00%	$ 157,554.08	$ 196,942.60	$ 118,165.56	$ 190,705.00	2.42%		
Case Management	2.00%	$ 157,554.08	$ 196,942.60	$ 118,165.56	$ 139,625.00	1.77%		
Advocacy & Legal	2.50%	$ 196,942.60	$ 246,178.25	$ 147,706.95	$ 241,394.00	3.06%		
Dental	5.00%	$ 393,885.20	$ 492,356.50	$ 295,413.90	$ 455,406.00	5.78%		
Early Intervention Services	3.20%	$ 252,086.53	$ 315,108.16	$ 189,064.89	$ 232,865.00	2.96%		
	100.00%	$ 7,877,703.94			$ 7,877,710.00			

Morris, Sussex & Warren County Funding (FY11)
$ 789,934.60

	Allocations Per Priorities Report	Allocations $$$$$$	Max. Allowed	Min. Allowed	Allocations Per DHHS(2011-2012)	Final %	Status	Amount Over/Under
Housing & Related Services	6.00%	$ 47,396.08	$ 59,245.10	$ 35,547.06	$ 46,893.00	5.94%		
Medical Case Management	18.00%	$ 142,188.23	$ 177,735.29	$ 106,641.17	$ 117,100.00	14.82%		
Primary Medical Care	23.50%	$ 185,634.63	$ 232,043.29	$ 139,225.97	$ 179,497.00	22.72%		
Outpatient Substance Abuse	5.75%	$ 45,421.24	$ 56,776.55	$ 34,065.93	$ 56,462.00	7.15%		
Case Management	8.50%	$ 67,144.44	$ 83,930.55	$ 50,358.33	$ 59,334.00	7.51%		
Early Intervention Services	1.00%	$ 7,899.35	$ 9,874.18	$ 5,924.51	$ 9,753.00	1.23%		
Medical Nutritional Therapy	0.25%	$ 1,974.84	$ 2,468.55	$ 1,481.13	$ 2,465.00	0.31%		
Mental Health	13.00%	$ 102,691.50	$ 128,364.37	$ 77,018.62	$ 118,104.00	14.95%		
Transportation	19.00%	$ 150,087.57	$ 187,609.47	$ 112,565.68	$ 151,027.00	19.12%		
Dental	5.00%	$ 39,496.73	$ 49,370.91	$ 29,622.55	$ 49,299.00	6.24%		
	100.00%	$ 789,934.60			$ 789,934.00			

Union County Funding (FY 11)

$ 2,153,383.00 Total Award

$ 2,045,700.00 Available For Funding

	Allocations Per Priorities Report	Allocations $$$$$$	Max. Allowed	Min. Allowed	Allocations Per DHHS(2011-2012)	Final %	Status	Amount over/under
Housing & Related Services	5.40%	$ 110,467.80	$ 138,084.75	$ 82,850.85	$ 107,600.00	5.26%		
Medical Case Management	14.50%	$ 296,626.50	$ 370,783.13	$ 222,469.88	$ 276,440.00	13.51%		
Primary Medical Care	26.00%	$ 531,882.00	$ 664,852.50	$ 398,911.50	$ 596,460.00	29.16%		
Early Intervention Services	3.00%	$ 61,371.00	$ 76,713.75	$ 46,028.25	$ 46,160.00	#DIV/0!		
Outpatient Substance Abuse	21.00%	$ 429,597.00	$ 536,996.25	$ 322,197.75	$ 449,660.00	21.98%		
Direct Emergency Assistance	0.70%	$ 14,319.90	$ 17,899.88	$ 10,739.93	$ 11,805.00	0.58%		
Nutritional Services	3.90%	$ 79,782.30	$ 99,727.88	$ 59,836.73	$ 43,640.00	2.13%	UNDER ALLOCATED	16,196.73
Medical Nutrition Therapy	1.00%	$ 20,457.00	$ 25,571.25	$ 15,342.75	$ 20,020.00	0.98%		
Mental Health	7.50%	$ 153,427.50	$ 191,784.38	$ 115,070.63	$ 165,350.00	8.08%		
Transportation	3.00%	$ 61,371.00	$ 76,713.75	$ 46,028.25	$ 2,500.00	0.12%	UNDER ALLOCATED	43,528.25
Advocacy & Legal	2.50%	$ 51,142.50	$ 63,928.13	$ 38,356.88	$ 60,060.00	2.94%		
Dental	5.00%	$ 102,285.00	$ 127,856.25	$ 76,713.75	$ 112,250.00	5.49%		
Case Management	6.50%	$ 132,970.50	$ 166,213.13	$ 99,727.88	$ 153,755.00	7.52%		
	100.00%	$ 2,045,700.00			$ 2,045,700.00			

ATTACHMENT 4: PART A FUNDED SERVICE PROVIDERS

	AGENCY	Address	Executive Director	Program Contact/ Telephone #	FY 2011 Service(s)	# for Clients
	ESSEX COUNTY					
1	**AIDS Resource Foundation for Children**	77 Academy Street Newark, NJ 07102	Terrance Zealand Executive Director (973) 643-0400 tzealnd@aidsresource.org	Vashonna Hassett, Dir of SS (973) 643-0400 ext 737 vhassett@aidsresource.org	Outpatient Sub Abuse Emergency Fin Asst Mental Health Housing Case Mgmt (Non-Medical) Transportation	(973) 643 -0400
2	**Apostle House**	24 Grant Street Newark, NJ 07104	Sandra Accomando Executive Director (973) 482-0625 sandraapostlehouse@aol.com	Nelson Vargas (973) 482-0625 nelsonv@apostlehouse.org	Nutritional Services	(973) 482-0625
3	**Broadway House**	298 Broadway Newark, NJ 07104	Jeanine Reilly Executive Director (973) 268-9797 reillyje@umdnj.edu	Caroline Jacobus (973) 268-9797 jacobca@umdnj.edu	Mental Health Outpatient Sub Abuse Medical Case Mgmt Med Nutritional Therapy	(973) 268-9797
4	**CURA, INC**	35 Lincoln Park Newark, NJ 07102	Gloria Plaza Executive Director (973) 622 -3570 gplaza@curainc.org	Providencia Rodriguez, Dir of AIDS Service (973) 645-4218 prodriguez@curainc.org	Outpatient Sub Abuse Emergency Fin Asst Case Mgmt (Non-Medical) Residential Sub Abuse Transportation	(973) 645-4218
5	**Catholic Charities of the Archdiocese of Newark**	590 7th Street Newark, NJ 07107	Ernest McCullough Program Manager (973) 799-0484 ernestmccullough@cssnewark.org	Ernest McCullough Program Manager (973) 799-0484 ernestmccullough@cssnewark.org	Housing Case Mgmt (Non-Medical) Transportation	(973) 799-0484
6	**Community Health Law Project**	185 Valley Street South Orange, NJ 07079	Harold Garwin Executive Director (973) 275-1175 hgarwin@chlp.org	Alma Yee/Bryn Whittle (973) 680-5599 ayee@chlp.org bwhittle@chlp.org	Legal Services	(973) 680-5599
7	**Department of Veterans Affairs**	385 Tremont Avenue East Orange, NJ 07018	Robert Eng Executive Director (973) 676-1000 ext. 1680 robert.eng@va.gov	Sandra Paez (908) 358-4021 ext. 1994 sandra.paez@va.gov	Early Intervention Serv Medical Case Mgmt Housing Emergency Fin Asst Transportation Nutritional	Margaret Sigurdson (908) 358-4021 ext. 1994

	AGENCY	Address	Executive Director	Program Contact/ Telephone #	FY 2011 Service(s)	# for Clients
8	**East Orange General Hospital**	300 Central Avenue East Orange, NJ 07019	Kevin Slavin, Exec Director (973) 672-8400 slavink@evh.org	Kevin Slavin, Exec Director (973) 672-8400 slavink@evh.org	Outpatient Sub Abuse	(973) 395-4164
9	**Hyacinth AIDS Foundation**	317 George St, Suite #203 New Brunswick, NJ 08901	Cathy Ahearn-Obrien Executive Director (732) 246-0204 cobrien@hyacinth.org	Jodi Riccardi (732) 246-0204 jriccardi@hyacinth.org	Mental Health Outpatient Sub Abuse Medical Case Mgmt Transportation Legal Services	(732) 246-0204
10	**Isaiah House**	238 North Munn Avenue East Orange, NJ 07017	Glenda Kirkland Executive Director (973) 678-5882 ext. 3003 gkirkland@isaishhouse.org	Glenda Kirkland Executive Director (973) 678-5882 ext. 3003 gkirkland@isaishhouse.org	Housing	(973) 678-5882
11	**La Casa De Don Pedro**	76 Clinton Avenue Newark, NJ 07114	Raymond Ocasio Director (973) 482-8312 Rocasio@lacasanwk.org	Jacqueline Martinez Program Assistant (973) 624-4222 x 7229 Jmartinez@lacasanwk.org	Early Intervention Serv Mental Health Med Nutritional Therapy Housing Case Mgmt (Non-Medical) Emergency Fin Asst Nutritional	(973) 624-4222
12	**La Villa Agency, Inc.**	972 Broad Street, #801 Newark, NJ 07102	Jenny Rivera Executive Director (201) 450-7718 jrivera1@lavillaagency.org	Evelyn Vazquez (973) 732- 5170 evazquez@lavillaagency.org	Mental Health Housing Case Mgmt (Non-Medical) Emergency Fin Asst	(973) 732-5170
13	**Newark Beth Israel Medical Center**	201 Lyons Avenue Newark, NJ 07112	Ken Pulley Executive Director (973) 926-5212 kpulley@sbhcs.com	Sylvia Shelly (973) 926-3960 sshelly@sbhcs.com	Primary Medical Care Mental Health Medical Case Mgmt	(973) 926-2479
14	**Newark Community Health Center**	741 Broadway Newark, NJ 07104	Pamela Clarke Acting President/CEO (973) 483-1300 pclarke@nchcfqhc.org	Claire Roudette, Dir of HIV Program (973) 565-0355 ext 1230 croudette@nchcfqhc.org	Primary Medical Care Early Intervention Serv Mental Health Oral Health Medical Case Mgmt Med Nutritional Therapy	(973) 565-0355 ext 1230
15	**Newark Emergency Services for Families**	982 Broad Street Newark, NJ 07102	Damyn Kelly Executive Director (973) 639 – 7620 dkelly@nesfnj.org	Deneen Jackson, Deputy Exec Dir (973) 639-7637	Housing Case Mgmt (Non-Medical) Emergency Fin Asst	(973) 639-2100

	AGENCY	Address	Executive Director	Program Contact/ Telephone #	FY 2011 Service(s)	# for Clients
16	**Newark Homeless Health Care**	110 William Street Newark, NJ 07102	Marsha Mc Gowan Health Officer (973) 733-7592 mcgowan@ci.newark.nj.us	Ava Rose (973) 733-5300 rosea@ci.newark.nj.us	Primary Medical Care Oral Health Medical Case Mgmt Transportation Nutritional	(973) 733-5300
17	**North Jersey AIDS Alliance/NJCRI**	393 Central Avenue Newark, NJ 07107	Brian McGovern Executive Director (973) 849-0084 b.mcgovern@njcri.org	Corey DeStefano, Dir of Clin Serv (973) 483-8008 c.destefano@njcri.org	Primary Medical Care Mental Health Medical Case Mgmt Transportation	(973) 483-3444
18	**Positive Health Care, Inc**	333 Washington Street Newark, NJ 07102	David Ajuluchukwu Executive Director (973) 596-9667 positivehealthcare@yahoo.com	Joan Rodney-Moe (973) 596-9667 positivehealthcare@yahoo.com	Outpatient Sub Abuse Case Mgmt (Non-Medical) Transportation Emergency Fin Asst	(973) 596-9667
19	**Restoration Center**	272-300 South 12th Street Newark, NJ 07103	Gwen Parks Director (973) 622-4934 gparks.trc@verizon.net	Gwen Parks Director (973) 622-4934 gparks.trc@verizon.net	Housing Transportation	(973) 622-4934
20	**Smith Center for Infectious Diseases and Urban Health**	310 Central Ave-#307 East Orange, NJ 07018	Stephen Smith Executive Director (973) 809-5566 ssmith1824@aol.com	Donna Ryan (973) 809-4450 donnariker@hotmail.com	Primary Medical Care Early Intervention Serv Mental Health Medical Case Mgmt Transportation	(973) 809-4450
21	**St Michael's Medical Center Behavioral Health**	111 Central Avenue Newark, NJ 07102	Arit Ukonne (973) 877-2827 aritu@smmcnj.org		Outpatient Sub Abuse	(973) 877–2827
22	**St Michael's Medical Center Peter HO Clinic**	268 MLK Blvd Newark, NJ 07102	Danielle Boyd Program Coordinator (973) 877-2827 DanielleB@smmcnj.org lgreene@smmcnj.org		Primary Medical Care Early Intervention Serv Mental Health Oral Health Medical Case Mgmt Transportation	(973) 877–2827
24	**UMDNJ-NJ Dental School Special Services Dental Clinic**	110 Bergen Street, Room D881 Newark, NJ 07102	Melissa Beards Program Administrator 973-972-0651 mbeards@umdnj.edu	Melissa Beards Program Administrator 973-972-0651 mbeards@umdnj.edu	Oral Health	(973) 972-0651

	AGENCY	Address	Executive Director	Program Contact/ Telephone #	FY 2011 Service(s)	# for Clients
25	**UMDNJ/FXB Clinic**	65 Bergen Street-# 824 Newark, NJ 07101	Peter Oates Executive Director (973) 972-4150 oatespi@umdnj.edu	Peter Oates Executive Director (973) 972-4150 oatespi@umdnj.edu	Primary Medical Care Medical Case Mgmt Transportation	(973) 972-4150
26	**UMDNJ/HIV Clinic**	185 South Orange Ave-MSBI 689 Newark, NJ 07103	Sally Hodder Executive Director (973) 972-3846 hodder@umdnj.edu	Rondalya DeShields (973) 972-3729 deshierd@umdnj.edu	Primary Medical Care Early Intervention Serv Mental Health Outpatient Sub Abuse Oral Health Medical Case Mgmt Med Nutrition Therapy Transportation Case Mgmt (Non-Medical)	(973) 972-3729
27	**UMDNJ/ IMPACT**	183 South Orange Ave-E -1514 Newark, NJ 07101	Chris Kosseff Executive Director (732) 235-5900 kosseff@umdnj.edu	Johns Swanson, Program Supervisor (973) 972 -5430 swanson@umdnj.edu	Mental Health	(973) 972 -5430
28	**UMDNJ/ START**	65 Bergen Street-GA-177 Newark, NJ 07101	Robert Johnson, MD, FAAP Executive Director (973) 972-5469 rjohnson@umdnj.edu	Bernita Waller/Adriane Cooper-Dula (973) 972-6198 ext. 0758 bwaller@umdnj.edu cooperar@umdnj.edu	Prim Medical Care Early Intervention Serv Mental Health Med Case Mgmt Transportation Emergency Fin Asst Nutritional Services	(973) 972-1347
29	**Urban Renewal Corporation**	224 Sussex Avenue Newark, NJ 07103	Lane Harlan Jacobs Executive Director (973) 483-2882 lane@urbanrenewal.org	Stephanie McCluney (973) 483-2882 ext. 111 stephanie@urbanrenewal.org	Outpatient Sub Abuse Housing	(973) 483-2882
	UNION COUNTY					
30	**Catholic Charities of the Archdiocese of Newark**	505 South Avenue Cranford, NJ 07016	Kelley Rooney Program Manager (908) 497-3953 Krooney@ccannj.org	Kelley Rooney Program Manager (908) 497-3953 Krooney@ccannj.org	Case Mgt (Non-Medical)/ UC Jail Discharge Planning	(908) 497-3953
31	**Central Jersey Legal Services Corp.**	60 Prince Street Elizabeth, NJ 07207	Janice Chapin (908) 354-4340 jchapin@lsnj.org	Janice Chapin (908) 354-4340 jchapin@lsnj.org	Legal Services	(908) 354-4340

	AGENCY	Address	Executive Director	Program Contact/ Telephone #	FY 2011 Service(s)	# for Clients
32	**The Lennard Clinic Treatment Center-Eliz Clinic**	461 Frelinghuysen Avenue Newark, NJ 07105	Fatima Olivera Director of AIDS Services (973) 596 -2850 fatima@tlclinics.org	Eddy Jennings Site Director (908) 352-0850 eddy@tlclinics.org	Outpatient Sub Abuse (Methadone)	(908) 352-0850
33	**Homefirst Inc. Interfaith Housing and Family Services**	905 Watchung Avenue Plainfield, NJ 07061-0569	Melinda Allen-Grote, Director, Supportive Housing (908) 769-6510 melinda@homefirstinc.org	Jenny Crespo (908) 755-2054 Jennie@homefirstinc.org	Housing Case Mgmt (Non-Medical) Emergency Fin Asst Nutritional	(908) 755-2054
34	**Hyacinth AIDS Foundation**	25 Craig Place North Plainfield, NJ 07060	Nicole Lawrence, Director 732-246-0204 nlawrence@hyacinth.org	Nicole Lawrence, Director 732-246-0204 nlawrence@hyacinth.org	Mental Health	(732) 246 -0204
35	**Meals on Wheels, Inc**	1025 Pennsylvania Avenue Linden, NJ 07036	Gavin LaRose, Program Coordinator (908) 486-5100 gel.mowuc@verizon.net	Gavin LaRose, Program Coordinator (908) 486-5100 gel.mowuc@verizon.net	Nutritional Services	(908) 486-5100
36	**Neighborhood Health Svcs. Corp.**	1700 Myrtle Avenue Plainfield, NJ 07060	Larisa Hernandez, Director of Ancillary Services (908) 753-6401 lhernandez@phcmednet.org	Larisa Hernandez, Director of Ancillary Services (908) 753-6401 lhernandez@phcmednet.org	Primary Medical Care Mental Health Outpatient Sub Abuse Oral Health Medical Case Mgmt Med Nutritional Therapy	(908) 753-6401
37	**P.R.O.C.E.E.D., Inc.**	1126 Dickinson Street Elizabeth, NJ 07201	Joseph Diaz Director of Operations (908) 351-7727 jdiaz@proceedinc.com	Claudia Ortiz Program Coordinator (908) 351-7727 cortiz@proceedinc.com	Mental Health Outpatient Sub Abuse Housing Case Mgmt (Non-Medical) Emergency Fin Asst Nutritional	(908) 351-7727
38	**Trinitas Regional Medical Center Behavioral Health Dept.**	655 East Jersey Street Elizabeth, NJ 07206	Linda Chapman, Program Director (908) 994-7438 lchapman@trinitas.org	Marie Jordan Program Coordinator (908) 994-7316 mjordan@trinitas.org	Outpatient Sub Abuse	(908) 994-7316