NEWARK EMA
HIV HEALTH SERVICES PLANNING COUNCIL

ASSESSMENT OF THE
ADMINISTRATIVE MECHANISM

NEWARK EMA RYAN WHITE
HIV/AIDS PROGRAM - PART A

FY 2020

September 2020

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List of Abbreviations/Acronyms

COVID-19	Coronavirus (2019)
DHCW	Department of Health and Community Wellness (in the City of Newark)
EFT	Electronic Funds Transfer
EMA	Eligible Metropolitan Area
FY	Fiscal Year
HAB	HIV/AIDS Bureau (of HRSA)
HRSA	Health Resources and Services Administration
NMS	National Monitoring Standards
PC	Planning Council
PO	Purchase Order
REC	Research and Evaluation Committee (REC) of the Newark EMA PC
RFP	Request For Proposals
RWHAP	Ryan White HIV/AIDS Program
RWU	Ryan White Unit (in the Newark DHCW)
TA	Technical Assistance

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

FY 2020

September 2020

I. INTRODUCTION

A. PURPOSE

The purpose of Newark Eligible Metropolitan Area (EMA) Assessment of the Administrative Mechanism for FY 2020 for the Ryan White HIV/AIDS Program (RWHAP) Part A is to fulfill the federal mandate of the RWHAP. This mandate was initially set forth in the Ryan White CARE Act, as amended, and has been incorporated into the Ryan White HIV/AIDS Treatment Modernization Act (RWTMA) of 2006 and the Ryan White HIV/AIDS Treatment Extension Act (RWTEA) of 2009. This requirement was summarized in the HRSA/HAB Ryan White CARE Act Part A Manual and reiterated in the FY 2021 Notice of Funding Opportunity (NOFO):

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

Planning councils are required to complete the assessment annually. It has been the practice of the Newark EMA HIV Health Services Planning Council to complete one "full" assessment followed by two annual updates. The full assessment includes surveys of both the Recipient and all RWHAP-funded service providers/agencies. The two annual updates survey only the Recipient. The Council completed a full assessment in 2018. This 2020 report is an update assessment.

B. METHODOLOGY

The assessment was completed by the Planning Council through its Research and Evaluation Committee (REC). The committee reviewed and updated the assessment tool used in 2019 for the Recipient (formerly "Grantee") to reflect current agency responsibilities, changes that were made for FY 2019 and 2020 procurement following a site visit by HRSA/HAB to the Recipient in July 2018, and to reflect the impact of the coronavirus (COVID-19) pandemic and restrictions on gatherings and mandates for work at home during spring 2020.

On July 13, 2020 the Council e-mailed the FY 2020 Recipient Survey to the City of Newark AIDS Director (RWU Manager) with a completion date of July 31, 2020. This would allow for review and approval of results at the Planning Council meeting on August 19, 2020 to ensure

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

timely inclusion in the FY 2021 grant application. Response was received on August 27, 2020.

C.   GENERAL FINDINGS

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

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

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

The Recipient evidenced continued implementation of new processes related to the RFP, contracting and reimbursement in response to the survey and feedback by agencies in FY 2018. Contracting is directly affected by receipt of partial awards from HRSA/HAB, especially in past years with two to three partial awards. Past delays in receipt of the full Fiscal Year award had negatively impacted contracting and hence reimbursement. The RWU has worked diligently with City of Newark Departments of Law and Finance to overcome these funding delays and to expedite the contracting and reimbursement process as much as possible. These contracting strategies have been reported by the Recipient in previous Administrative Assessments.

D.   IMPROVEMENTS PROPOSED BY RECIPIENT FOR FY 2019 AND BEYOND

The federal Ryan White HIV/AIDS Program (RWHAP) funder – Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) conducted a Fiscal Technical Assistance Site Visit at the offices of the City of Newark Department of Health and Community Wellness (DHCW) from July 25-27, 2018. The visit resulted in a series of recommendations to the City of Newark which could improve the efficiency of the RWHAP procurement, contracting and reimbursement processes and expedite the contracting process for Newark EMA RWHAP services. The strategies and details were discussed with the City of Newark Law, Finance, City Clerk and Municipal Council departments especially with respect to New Jersey public contracting law which governs procurement by the City. The City of Newark agreed on implementation of the HRSA/HAB recommendations which are discussed further in this document.

These recommendations were implemented for Fiscal Year (FY) 2019. As a result, the RFP for services was issued earlier in 2018, contracts adopted earlier, so that services and reimbursement could begin at the start of FY 2019. This process was followed in 2019 for FY 2020.

E.   RECIPIENT'S PROPOSED FY 2020 IMPROVEMENTS IN RESPONSE TO FY 2019 AAM - IMPACT OF CORONAVIRUS (COVID-19)

Annually, the Recipient addresses issues raised in the annual Assessment of the Administrative Mechanism (AAM) and seeks to improve performance in rapidly allocating RWHAP funds to areas of greatest need for the upcoming RWHAP fiscal/program year. In

response to the FY 2019 AAM and findings, the Recipient proposed to continue improvements in procurement and contracting for FY 2020. These improvements continued with the release of the FY 2020 Request For Proposals (RFP) in September 2019 with a due date of November 8, 2019 so that awards could be made and contracts in process for the start of FY 2020 on March 1, 2020 for the start of RWHAP service delivery.

The major change for FY 2019 and also for FY 2020 was a change in the procurement and contracting timeline to start earlier than in past years. This change was due to issuance by HRSA HAB of an "Award Estimate Letter" of upcoming FY formula funding, recommended by HRSA HAB in a Technical Assistance site visit and agreed to by the City of Newark with TA advice.

Background from FY 2019 AAM. The federal Ryan White HIV/AIDS Program (RWHAP) funder – Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) conducted a Fiscal Technical Assistance Site Visit at the offices of the City of Newark Department of Health and Community Wellness (DHCW) from July 25-27, 2018. The visit resulted in a series of recommendations to the City of Newark which could improve and expedite the contracting process for Newark EMA RWHAP services. The City of Newark agreed on implementation of the HRSA/HAB recommendations.

The most important recommendation was that HRSA/HAB would issue an "Award Estimate Letter" in September-October 2018 containing the FY 2019 formula funding amount. RWHAP formula funding is approximately two thirds (2/3) of the total grant award per federal law. This Award Estimate Letter from HRSA HAB allows the Newark Municipal Council to accept RWHAP funding for the coming year (FY 2019) which in turn allows Newark to adopt and execute RWHAP contracts. It would preclude the need to wait for the Notice Of Award (NOA) - often issued on/near February 28 or just before the start of the RWHAP Part A Fiscal Year, which delayed contract adoption and execution until well into the current RWHAP Fiscal Year.

The Award Estimate Letter allowed the Ryan White Unit (RWU) to prepare and issue the RWHAP Request For Proposals (RFP) for the coming fiscal year – FY 2019 - on September 12-14, 2018 compared to October/November of previous years with a due date of October 19, 2018. **This FY 2019 timeline was 2 months earlier than prior years.** As a result, key procurement processes were completed earlier: peer review process, internal review, service allocations, issuance of Letters of Intent to service providers and vendors, and submittal of preliminary and final contract documents. **FY 2019 contracts were adopted and executed much earlier than in prior years, so that services and reimbursement could begin at the start of FY 2019.** See the table below.

FY 2020 Procurement - Impact of COVID-19. For FY 2020, Newark RWHAP procurement followed the FY 2019 process and general timeline. The FY 2020 RFP was issued in September 2019, responses were due and received November 8, 2019, and award letters issued February 4, 2020. The contracting was proceeding according the process. In March 2020, the impact of the coronavirus (COVID-19) pandemic brought this system to a near halt.

In March 2020 federal, state and local policies and procedures were implemented to contain COVID-19 and prohibit spread of this airborne disease by limiting person-to-person contact. Specific policies for Newark and impacts are listed below.

> ### *Policies related to COVID-19 in 2020*
> - Remote working or working at home for all Newark departments. Lack of access to hard copy proposals and contract documents.
> - Different "work at home" schedules for Newark DHCW and for City Hall and Municipal

Council. Limited access to personal review and signatures required for contract processing.

- "Be Still Mondays", where the entire City was shut down every Monday from April 13, 2020 through June 1, 2020.
- From Mid-March 2020 through May 29, 2020, Ryan White Unit staff spent 40% of their time in the office. In office schedules for RWU staff were: Monitoring staff - Tuesdays and Thursdays, Fiscal staff - Mondays and Wednesdays. As of June 1, 2020, all RWU staff have resumed their full in-office schedule and June 15, 2020 for the DHCW as a whole. Remote schedules may be allowed for staff experiencing barriers with childcare.

Impact of COVID-19 on FY 2020 Procurement
- Reduction in the amount of time the City was in operation and/or on-site, and contracts that were going through LEGISTAR, which were further delayed as a result.
- City of Newark Finance Department policies - the need for original signatures was a significant barrier while working remotely. Sub-recipients who were also working remotely had to mail the required legal documentation for contracting, monthly reporting and purchase orders.
- RWU internal processes were disrupted by the reduced in-office schedules of RWU staff, sub-recipients and staff of the DHCW mailroom. This significantly increased the length of time required to complete contract assembly, finalize report approvals and get purchase orders signed.

The table below compares the RWU contracting in FY 2018 before the Estimated Award, the improvements made in FY 2019, and the impact of COVID-19 on contracting for FY 2020.

Table 1:   Comparison of Timeline of Contracts Adopted and Executed for FY 2018, FY 2019 Using HRSA Improvements and FY 2020 during COVID-19

Month/Date	FY 2018 # Contracts		FY 2019 # Contracts		FY 2020 # Contracts	
	Adopted	**Executed**	**Adopted**	**Executed**	**Adopted**	**Executed**
March 31	0	0	18	0	0	0
April 30	0	0	37	37	0	0
May 31	20	0			0	0
June 30	0	20			24	0
July 31	31	31			25	0
August 31	33	33			37	25
September 30	37	37 **(projection)**			**38** (one to be adopted 9/2/20)	38
Total	**37***	**37***	**37**	**37**	**38**	**38**
Percent Dist'n						
March 31	0%	0%	49%	0%	0%	0%
April 30	0%	0%	100%	100%	0%	0%
May 31	54%	0%			0%	0%
June 30	54%	54%			63%	0%
July 31	84%	84%			66%	0%
August 31	89%	89%			97%	66%
September 30	100%	100%			100%	100%
Total	**100%**	**100**	**100%**	**100%**	**100%**	**100%**

* One contract within DHCW is executed by interdepartmental agreement.

Impact on Recipient Requirement of "Rapidly Allocating Funds to Areas of Greatest Need within the Eligible Area". As a result of the Award Estimate Letter, the procurement and contracting process was expedited by two months, which had allowed agencies that submitted contract documents timely and completely to begin billing RWU immediately - starting in April 2019, the month after the services were delivered. The process was on the same schedule in 2019-2020 for FY 2020. The process was interrupted due to COVID-19, but most contracts were adopted and have been executed in time to allow for FY 2020 billing starting July 1, 2020.

- The Newark EMA received an Award Estimate Letter of projected formula letter dated October 7, 2019. A partial award for FY 2020 in the amount of $2,507,581 was issued by HRSA/HAB on January 29, 2020. The full Notice of Award in the amount of $12,556,513 was received on April 8, 2020.

- FY 2020 Award letters were sent to RWHAP funded agencies on February 4, 2020 (versus FY 2019 December 31, 2018), with a funding period of March 1, 2020 through August 31, 2020. The final Award Letters were sent on May 19, 2020 (versus FY 2019 April 10, 2019) covering full FY 2020 through February 28, 2021.

- The City of Newark Municipal Council accepted the FY 2020 HRSA funds on February 5, 2020 (compared to December 5, 2018 for FY 2019.)

- Contract documents were due on February 18, 2020 for the period of March 1, 2020 through August 31, 2020 and June 1, 2020 for the entire 2020 fiscal year (versus FY 2019 January 11, 2019 and March 15, 2019, respectively).

- As of August 31, 2020, 97% of contracts were adopted and 66% were fully executed.

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

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

The process has proceeded as effectively as possible while facing challenges related to COVID-19, including unavailability or delayed availability of key personnel throughout the City of Newark government due to "work at home", "Be Still Mondays", and similar lock down policies. The City of Newark requirement for original signatures on purchase orders has been a barrier but not insurmountable, and sub-recipients have received payment. Timely issuance of purchase orders by Newark Department of Finance – to initiate payment and reimbursement - remains a problem, which is outside of the control of the RWU.

II.   RECIPIENT SURVEY

A.   RFP PROCESS AND SELECTION OF PROVIDERS

1.   In the last fiscal year (FY 2019), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White HIV/AIDS Program (RWHAP) Part A funds?

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

In addition to advertising in the counties of Morris, Sussex and Warren, advertisement for Essex County includes the City of Newark's website, Star Ledger and www.nj.com, which reaches a broader region.

Additional activities to bring on new providers will not be undertaken by the Recipient. As noted by our HRSA Project Officer, the Newark EMA has a significant number of sub-recipients (23 in Essex County, 6 in Union County and 4 in the counties of Morris, Sussex and Warren) compared to other EMA's of similar size and HIV prevalence.

With funding steadily decreasing, and administrative dollars becoming more and more strained, the Recipient wants to ensure that its administrative burden is kept to a manageable level.

2.   In Summer of 2018 the Recipient reported that the procurement process could be expedited due to HRSA/HAB recommendations for issuance of award notices. This was accomplished for FY 2019. Please provide an update of changes in the procurement process in 2019 for FY 2020. Please describe those changes in terms of:

(a) Date of notification of federal award amount for the upcoming fiscal year which is required for procurement
The Health Resources and Services Administration (HRSA) provided the Recipient with a Newark, NJ Award Estimate Letter for the FY 2020 grant year on October 7, 2019. This document was used to initiate the procurement process in Legistar (City of Newark's contracting system). The Recipient's office then received a partial Notice of Award in the amount of $2,507,581.00 dated January 29, 2020 and a final Notice of Award in the amount of $12,556,513.00 dated April 8, 2020. The full FY 2020 Notice of Award (NOA) was received on April 8, 2020. Receiving the Newark, NJ Award Estimate Letter allows the Recipient the ability to initiate and complete the budget insertion, and apply/accept the grant funds, which is required for contracting with sub-recipients prior to receiving the final award.

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

    (b) timeframe for procurement including steps in the process – publication of Request for Proposals, where notice of availability of funds was published (newspaper, city website, etc.)
The City of Newark's procurement process takes approximately 2½ months from contract entry into Legistar to contract execution. During this time the contracts undergo a 13-point review and approval process. The Request for Proposals are advertised in the Star Ledger and www.nj.com (which encompasses the entire EMA). Advertisements are also placed in the Courier News (Union), Daily Record (Morris), NJ Herald (Sussex), Express Times (Warren) and the City of Newark's website.

    (c) date of the Technical Assistance session
Technical Assistance Meeting was held on Wednesday, October 9, 2019.

    (d) due date for Letter of Intent
The Letter of Intent was due Friday, October 18, 2019.

    (e) due date for FY 2020 proposal to the City of Newark.
Applications for FY 2020 funding were due Friday, November 8, 2019.

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

3. How many proposals were received for the current fiscal year (FY 2020)? Of these proposals how many were awarded contracts for Ryan White Part-A funds?

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

Proposals awarded. 39 of the 40 received a grant award for FY 2020. One application was disqualified because it did not meet the minimum scoring criteria of 65 points, therefore not eligible to receive an award.

4. Please describe the process used to review proposals requesting FY 2020 Ryan White Part-A funds; including the external review panel (including a demographic description of peer reviewers, number of peer reviewers, where they are from geographically, professional background and HIV status), criteria used to assess proposals and how peer reviewers' comments are considered in the final determinations.

External Review Process
Applications are subjected to an External Peer Review process in order to eliminate conflict of interest and assure a fair and objective evaluation. Peer reviewers are chosen from a large pool of medical and public health providers, administrators and professionals serving the state of New Jersey, but with no direct relationship/affiliation with current and potential Ryan White providers. All peer reviewers are required to submit a Conflict of Interest/Disclosure Form. Members of the 2020 panel (total of 25) 3 were from New York and 22 from New Jersey (19 women, 6 men, 71% black, 16% white, 9% Hispanic, and 4% MSM).

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

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

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

5.   **Did the selection process this year (FY 2020) identify new providers?** *If so, please identify the County/Region and services of the new provider.*

There were two new sub-recipients for FY 2020. The Recipient contracted with the Lennard Clinic, a returning sub-recipient, last funded in FY 2018. The Lennard Clinic is located in Elizabeth NJ and provides Substance Abuse and Methadone services. IRIS House, A Center for Women with HIV, is a new sub-recipient for FY 2020 who is funded to provide support groups under psychosocial services, transportation, nutritional services and case management. Iris House is located in Plainfield, NJ.

6.   **Did the selection process this year (FY 2020) address the needs of underserved/ un-served communities (please respond in reference to each of the following groups as well as any other communities considered hard-to-reach: Mentally ill, substance users, gay/bisexual and other MSM, lesbian, transgender people, youth, older adults and Latinos)? If so, How?**

The Newark EMA has made access to health care a top priority since implementation of the Core Services Model 15 years ago. In accordance with the federal requirements, core medical services continue to receive 75% or more of direct service dollars. Despite the challenges and complexities of the Newark EMA epidemic, FY19 client level data on utilization of Part A medical care by race/ethnicity, gender, age, exposure category, and geography indicates that no populations are underrepresented in our continuum of care. As part of the application process, providers must be able to describe their experience and success in working with hard to reach populations, bringing them into care, keeping them in care and achieving viral load suppression.

Mentally ill. The EMA currently funds 18 mental health programs, including 12 in Essex County, 3 in Union County and 3 Tri-County. 24% or 189 of clients receiving mental health services also received psychiatric care at a Part A funded site.

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

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

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

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

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

B.   PLACEMENT OF CONTRACTS

The Newark RW procurement process is dependent upon receipt of a Notification of Award (NOA) confirming the amount of the federal RWHAP award. This NOA has been received before March 1. We understand that due to changes in 2018 for FY 2019 and 2019 for FY 2020 the notice was received much earlier.

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

Please refer to page 1, question #2. The Health Resources and Services Administration (HRSA) provided the Recipient the Newark, NJ Award Estimate Letter for the FY20 grant year on October 7, 2019. This document was used to initiate the procurement process in Legistar (City of Newark's contracting system).

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

The Newark, NJ Award Estimate Letter is a projection of the EMA's formula award for FY 2020. This document provided the Recipient the ability to issue partial awards for a period of six (6) months from March 1, 2020 through August 31, 2020. This document was entered into LEGISTAR on January 3, 2020, and adopted by the by the City Council on February 5, 2020, which began the procurement process. The letter allows the Recipient to expedite the procurement process, which requires authorization from the Municipal Council to Accept and Insert the funds in the City's budget. The estimate letter also allows the Recipient to issue partial notices of award.

9.   Were there any Partial Notifications of Award (NOAs) issued by HRSA/HAB for FY 2020?

The partial award for FY2020 in the amount of $2,507,581.00 was issued by HRSA/HAB on January 29, 2020.

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

The procurement process was initiated with the Estimate of Award Letter. Therefore, the issuance of the partial award did not impact the ability to start the process.

11.   On what date did the Newark EMA receive its final Notification of Award (NOA) from the federal government (HRSA) for FY 2020 funding?

The full Notice of Award in the amount of $12,556,513.00 was received on April 8, 2020.

12.   On what date were award letters sent to funded agencies for FY 2020?

FY20 Award letters were sent to RW funded agencies on February 4, 2020 with a funding period of March 1, 2020 through August 31, 2020. The final Award Letter was sent on May 19, 2020 with a funding period of March 1, 2020 through February 28, 2021.

13.   On what date were the FY 2020 funds from HRSA accepted by the Municipal Council (City of Newark)?

The Municipal Council accepted the HRSA funds on February 5, 2020.

14.   In the chart below, please indicate the number of contracts adopted and executed for FY 2020:

FY 2020 CONTRACT STATUS		
DATE:	**# of contracts ADOPTED**	**# of contracts EXECUTED**
By March 31, 2020	0	0
By April 30, 2020	0	0
By May 31, 2020	0	0
By June 30, 2020	24	0
By July 31, 2020	25	0
By August 31 2020	37	25
By September 30, 2020	38 (includes one to be adopted 9/2/20)	38

(In addition to the contract status above, one in-house contract does not undergo the adoption and execution process, bringing the total to 39 contracts)

Once the pandemic hit, the priority of all departments was the prevention, planning and response to the COVID-19 cases and deaths. The COVID-19 pandemic had a significant impact on the contracting process and caused delays in the receipt of contract documents and legal forms requested of sub-recipients. Contract documents require original signatures, causing further delays due to remote working and the inaccessibility of key signatures.

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

The last sub-recipient contract is scheduled for adoption on September 2, 2020, with final execution by September 30, 2020.

16.   What was the due date in 2020 for agencies to submit contract documents for processing by the City of Newark?

Contract documents were due on February 18, 2020 for the period of March 1, 2020 through August 31, 2020 and June 1, 2020 for the entire 2020 fiscal year.

17.   List/describe any Recipient obstacles contributing to the delay in executing provider contracts, EXCLUDING any COVID-19 related delays.

There were no obstacles outside of COVID-19 related delays.

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

Many sub-recipients find it difficult to complete the Line Item Budget table and associated fiscal documents, although the Recipient's office provides a pre-formatted excel workbook with guidance. The process of Monitors working with sub-recipients to revise contract documents delays contract entry into LEGISTAR and, pushes back the adoption/execution dates to the next available Municipal Council Meeting.

19.   Please comment on the content of the contracts this year (FY 2020) in comparison to last year (FY 2019), for example were any new HRSA policies/guidelines or Planning Council directives/specifications/standards etc. included? List/describe any recipient obstacles contributing to the delay in executing provider contracts not discussed above.

There were no HRSA policies/guidelines or Planning Council directives/specifications/ standards etc. included in the FY2020 contract. There are no additional recipient obstacles contributing to the delay in executing provider contracts to report.

20.   There are two new HRSA/HAB funding sources available to Newark RWU and agencies for FY 2020 – Ending the HIV Epidemic (EHE) and CARES (Coronavirus Aid, Relief and Economic Security) Act. Will procurement of these funds and contracting have any impact on RWHAP contracting or reimbursement? (i.e., delay the process). If yes, please describe how.

In absence of additional staff for these funding sources and the inability to hire new staff, deliverables became the responsibility of the current RWU's administration. Though the RWHAP is prioritized, deliverables of all funding sources occurred simultaneously; therefore, time allocated to EHE and COVID-19 inadvertently delayed the contracting and reimbursement process of the RWHAP. The RWU was able hire an EHE Coordinator effective June 29, 2020. The EHE Coordinator was familiar with our CHAMP system, which reduced the time of in-house training. With support, the Coordinator was able to begin finalizing the EHE contracts. At present, we are unable to hire additional support for COVID-19, due to a hiring freeze. As a result, the RWU's Program Coordinator has temporarily filled in this void. The City is returning to normalcy and we anticipate identifying additional staff once permitted.

C.   IMPACT OF COVID-19 ON FY 2020 PROCUREMENT AND CONTRACTING

Starting in March 2020, the coronavirus pandemic (COVID-19) resulted in many agencies in New Jersey including the City of Newark mandating "work at home" policies for employees and use of teleconferencing or video-conferencing in place of in-person meetings. It is understood that such policies restricted access to documents, systems and personnel needed to perform critical functions including contracting. (Procurement was completed by February 2020.)

21.   Please describe the Newark RWU "work at home" policies including the days per week spent in office versus at home, and any other COVID-19 policies impacting FY 2020 contracting.

From Mid- March 2020 through May 29, 2020, Ryan White Unit staff spent 40% of their time in the office. In office, days for the monitoring staff were Tuesdays and Thursdays, while fiscal staff worked Mondays and Wednesdays. As of June 1, 2020, all RWU have resumed their full in-office schedule and June 15, 2020 for the Department of Health as a whole. The Ryan White Unit is exploring the possibilities for a remote schedule for staff who are experiencing barriers with childcare. COVID-19 policies that affected contracting were "Be Still Mondays", where the entire City was shut down every Monday from April 13, 2020 through June 1, 2020. In addition to the remote working schedules of the Department of Health, City Hall had their own remote schedule in place.   These policies reduced the amount of time the City was in operation and/or on-site, and contracts that were going through LEGISTAR were further delayed as a result.

22.   How did these COVID-19 policies impact (delay, expedite, etc.) the contracting process for FY 2020? What steps took longer or were completed faster?

The need for original signatures was a significant barrier while remotely working, as sub-recipients who were working remotely had to mail the required legal documentation for contracting, monthly reporting and purchase orders. Our internal processes were disrupted by the reduced in-office schedules of RWU staff, sub-recipients and staff of the Dept. of Health's mailroom. This significantly increased the length of time to complete contract assembly, finalize report approvals and get purchase orders signed.

23.   We expect these will be one-time impacts for FY 2020 only. Do you have any other comments on the impact of the COVID-19 policies on future contracting, either positive or negative?

We do not anticipate the impact of COVID-19 to extend into FY 2021.

D.   SERVICE PROVIDER REIMBURSEMENT

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

- Monitors receive billing, review/approve within 5 days.
- Approvals are sent to Fiscal with the completed Monthly Monitoring Report used to approve billing **(Attachment A).**
- Fiscal prepares supporting documents used to request a Purchase Order (PO).
- PO is received/ sub-recipient signs PO/signed PO is sent to Finance.

- Payments are issued in the upcoming check run.

25.   When (month/date) were providers first able to submit invoices for reimbursement in FY 2020?

Sub-recipients were able to first submit reimbursements on July 1, 2020.

26.   Over the past year, agencies have raised concerns about the increasing length of time between submittal of an invoice to RWU and receipt of Purchase Order (PO) from the City of Newark. This is important because the PO is required to generate payment/reimbursement. Please investigate and describe the steps and timeline from submittal of an approved invoice from RWU/DHCW to issuance of a PO by Newark Dept. of Finance. How long does it take for Newark to generate a PO?

It takes 5 to 7 days to receive a PO from finance after requested. Once received, sub-recipients will be called to sign the document and the PO will be submitted for processing. Typically, it takes 5 days for a PO to process for payment after submitted.

27.   Over the past year, what has been the average amount of time between submission of an accurate invoice/end-of-month report from service providers and the Recipient's issuance of a reimbursement check?

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

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

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

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

Monitors are required to review/approve billing within 5 days. RWU Fiscal requests a PO upon report receiving approval of billing. Sub-recipients who are delayed in the submission of their billing receive delinquency notices and calls as needed to provide TA and encourage receipt of billing.

30.   Please respond to the following comment raised by an agency in the 2020 Needs Assessment Update regarding the impact of reimbursement and ability to provide needed housing services.

"Reimbursement is cumbersome, time consuming and sometimes is not forthcoming in a timely manner and often delays placement and providing services. Regarding reimbursement, I wish that the City of Newark would move to an electronic signature for invoices. We are expected to go to the RW unit to sign these forms as the City insists on original signatures. This is difficult at the moment given the COVID-19 circumstances. I was told that mailing the invoices for signature is not a very good option, so it makes our job harder to get the reimbursement in a timely manner."

What are the options for moving to an e-signature process for PO's or other solutions for expediting reimbursement that do not require a visit to DHCW?

An e-signature process must be implemented by the Administration, before the Department of Health can utilize this method for contracting and monthly reporting. Discussions between the Mayor, Business Administrator and Department heads have commenced, but have been postponed due to COVID.

E.   RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE

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

The Ryan White unit is required to conduct a Programmatic and Fiscal Site visit to all RW funded agencies annually. The scope of the visits is to certify that RW funded agencies are programmatically and fiscally compliant when measured in comparison to the National Monitoring Standards and NEMA Service Standards. The RWU programmatic and fiscal site visit tools were approved by HRSA to ensure our documents provide a comprehensive review of our sub-recipient programs.

32.   In the last fiscal year (FY 2019), how many Programmatic site visits did each service provider receive? (please give range and average)

Thirty-Seven (100%) of our sub-recipients received a programmatic site visit for FY 2019.

33.   In the last fiscal year (FY 2019), how many fiscal site visits did each service provider receive? (please give range and average)

Due to staff turnover and inability to identify a qualified new hire, the Grant Accountant was unable to complete a comprehensive fiscal monitoring visit for each sub-recipient. Fiscal Site Visits were scheduled to occur upon closing out of the FY19 contracts, which would address any fiscal questions identified with the sub-recipient programs.

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

Programmatic and Fiscal Monitoring tools – Attachment B

Programmatic site visits
- Internal desk audit of year to date reports and CHAMP
- Pre-notification letter of Site Visit to the program
- Meet with the Administrators of the program
- Tour of the program site with Program Director (or his/her designee)
- Interview Consumers (2-3)
- Interview Staff (front line staff and program coordinators)
- Chart Reviews (sampling size is based on client population, per HRSA's NMS)
- Closing and wrap-up with Administrators
- Site Visits Report (shared with the provider)
- Request a Corrective Action Plan, if needed.

Fiscal site visits
- Internal desk audit of year to date reports and CHAMP
- Pre-notification letter of Site Visit to the program

- Meet with the Administrators of the program
- Review Fiscal Questionnaire
- Review of Accounting records
- Closing and wrap-up with Administrators
- Site Visits Report (shared with the provider)
- Request a Corrective Action Plan, if needed.

Quality Management site visits (including "chart review" visits)
- Schedule the QM meeting with the sub-recipient's administration
- Pre-notification letter of Site Visit to the program
- Meet with the Administrators of the program
- Conduct chart review
- Closing and wrap-up with Administrators
- Site Visits Report (shared with the provider)
- Schedule preliminary conference call to discuss report
- Development of PDSA
- Review of PDSA
- Implementation of the PDSA

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

The Recipient received HRSA-sponsored TA to improve and approve its site visit and monitoring tools. TA placed an emphasis on compliance-testing per the service standards developed by the EMA, and the allowable use of funds as prescribed by HRSA. Site visit and monitoring tools were modified to test compliance. The Recipient has plans to re-design the current tools once the NMS, under revision, are released by HRSA.

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

Programmatic site visits
Fiscal site visits
Quality Management site visits (including chart review visits)

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

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

Further technical assistance is provided to our sub-recipients through Annual Provider Meetings, face-to-face meetings, conference calls, webinars. In addition, sub-recipients receive continuous contact throughout the grant year, typically for billing and programmatic guidance from the Program Monitors.

F.   CHAMP

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

- The RW Program Coordinator has continued administrative training with CHAMP to satisfy HRSA's request to have an in-house CHAMP "super user". The Ending the HIV Epidemic Coordinator will be included in Trainings for FY2020, beginning October 2020. Trainings will focus on all administrative components of the management system and the process for generating data from the flat files.

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

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

- CHAMP will require update in system for Cohort3. To identify clients within our EMA who aren't virally suppressed. System will track interventions and Cohort3 progress throughout EMA.

- CHAMP will require a set-up with budget and services for the Ending the HIV Epidemic (EHE) and COVID-19 grants, which are new to our EMA.

39.   What is the status of these objectives as of July 31, 2020?

- CHAMP Administrative Training through the Super User portal began in FY2019, and as a result, the trainings, administration is able to set up provider maintenance, contract maintenance and assigning privileges. Trainings on the CHAMP Cube/OLAP Data and back office features are scheduled for bi-monthly virtual sessions starting October 2020.

- Restful Application for EMA Level Feeds – A framework has been developed for direct services. This project requires provider participation and further funding to make successful.

- The preliminary Cohort3 data was set–up July 2020. The final set-up was completed in August 2020.

- Ending the HIV Epidemic (EHE) and COVID-19. EHE budgets and services are reflected in CHAMP. Sub-recipients can use the platform to enter services and submit monthly reporting.

- COVID-19, budgets and services are available in CHAMP. Updates are being made to correspond to the monthly questions asked of sub-recipients in the HRSA COVID-19 data collection report. Sub-recipients will be able to use the platform to track COVID-19 data. This update will be completed by 8/31/2020.

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

40.   What percent of the overall award (for FY 2019) was used for Recipient Support, Planning Council Support, CHAMP, and Quality Management? Please indicate the percentages for each category.

Table 2: FY 2019 Allocations for Administration and Quality Management

Item	Amount	Percentage
Administration	**$1,154,263.81**	**9.19%**
Recipient Support *(Less CHAMP and PC)*	$647,462.48	5.15%
CHAMP	$256,713.00	2.04%
Planning Council Support	$250,088.33	2.00%
Quality Management (Includes $86,429 for CHAMP)	**$433,548.49**	**3.45%**
Total	**$1,587,812.30**	**12.64%**

41.   What percent of formula funds were unexpended, and why, at the end of FY 2019?

There were no unexpended formula funds in FY 2019.

42.   What percent of supplemental funds were unexpended, and why, at the end of FY 2019?

0.02% ($3,497.00) of supplemental funds were unexpended at the end of FY 2019 due to vacancies in quality management and the return of service dollars by several sub-recipients.

43.   What percent of MAI funds were unexpended, and why, at the end of FY 2019?

There were no unexpended MAI funds in FY 2019.

44.   What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2019?

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

45.   Please provide the final Spending Report for FY 2019.

   See Attachment C.

46.   **Please provide the Allocation Report for FY 2020 using the table on the following page.**

Table 3:   FY 2020 ALLOCATION REPORT

SERVICE CATEGORY	PLANNING COUNCIL			RECIPIENT		
(BY PRIORITY)	PERCENT AND DOLLAR		+/-25%	PERCENT AND DOLLAR		VARIANCE FROM COUNCIL
CORE SERVICES (9)						
OUTPATIENT AMBULATORY HEALTH SERVICES	13%	1,381,739.00	1,727,173.99	1,036,304.39	15.64%	1,692,995.00	Within Range
EARLY INTERVENTION SERVICES	0.25%	26,572.00	33,214.88	19,928.93	0.25%	27,064.00	Within Range
MENTAL HEALTH SERVICES	9.00%	956,589.00	1,195,735.84	717,441.50	9.15%	990,712.00	Within Range
SUBSTANCE ABUSE SERVICES (OUTPATIENT)	6.05%	643,040.00	803,800.20	482,280.12	7.00%	758,143.00	Within Range
ORAL HEALTH CARE	7.00%	744,013.00	930,016.76	558,010.06	7.66%	829,561.00	Within Range
MEDICAL NUTRITION THERAPY	1.00%	106,288.00	132,859.54	79,715.72	1.08%	116,860.00	Within Range
MEDICAL CASE MANAGEMENT	35.15%	3,736,010.00	4,670,012.74	2,802,007.65	33.90%	3,669,570.00	Within Range
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE	0.50%	53,144.00	66,429.77	39,857.86	0.38%	41,300.00	Within Range
SUPPORT SERVICES (7)						
HOUSING SERVICES	8.60%	914,074.00	1,142,592.02	685,555.21	7.75%	838,500.00	Within Range
MEDICAL TRANSPORTATION SERVICES	2.50%	265,719.00	332,148.84	199,289.31	2.27%	246,013.00	Within Range
CASE MANAGEMENT SERVICES (NON-MEDICAL)	8.00%	850,301.00	1,062,876.30	637,725.78	7.62%	825,182.00	Within Range
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)	1.65%	175,375.00	219,218.24	131,530.94	1.18%	128,000.00	Within Range
EMERGENCY FINANCIAL ASSISTANCE	3.00%	318,863.00	398,578.61	239,147.17	1.38%	149,300.00	Below Range
FOOD BANK/HOME-DELIVERED MEALS	1.00%	106,288.00	132,859.54	79,715.72	1.23%	133,400.00	Within Range
LEGAL SERVICES	3.00%	318.863.00	398,578.61	239,147.17	3.14%	340,000.00	Within Range
PSYCHOSOCIAL SUPPORT SERVICES	0.30%	31,886.00	39,857.86	23,914.72	0.35%	38,087.00	Within Range
TOTAL AMOUNT OF FUNDING	**100%**				**100%**		

H.   LISTING OF SERVICE PROVIDERS

47.   **Please provide a list of all Part A funded service providers in the Newark EMA (with a contact name, address and phone number) for FY 2019 as well as the categories of services for which each is contracted.**

        See Attachment D.

I.   MINORITY AIDS INITIATIVE

48.   **For FY 2020, please provide the Planning Council with the following information about the Minority AIDS Initiative (MAI) funds, such as the total MAI funds received by the Recipient; the amount of funding allocated in each service category; and the target ethnic group of each program.**

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

        TABLE HAS NOT BEEN UPDATED FOR FY 2020.

Table 4:   FY 2019 MAI Funding Allocations

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

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

        Reflected Above.

J.   CORE MEDICAL SERVICES WAIVER

On July 24, 2019 the Newark EMA was awarded a waiver of the requirement to provide 75% of RWHAP-funded Part A services for Core Medical Services. Submittal of a Core Medical Services waiver for FY 2020 was approved by the Planning Council.

50. **Please outline how the Recipient will implement the FY 2020 service allocations proposed in this waiver which change the 75%/25% FY 2020 Planning Council allocation above. Actions can include a work group with the Council, identifying service utilization to-date in FY 2020, identifying [geographic] areas of need, identifying programs needing additional funds, reallocating funds to support services, etc.**

The EMA received a Core Service Waiver for FY2019 to provider the Recipient the ability to closeout sub-recipient contracts outside of the 75% core service mandate. Service allocations for FY2020 were allocated within the 75%/25% service requirement.

K. CONDITIONS OF AWARD

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

DATE OF RECIPIENT REPORT	CONTENT OF REPORT
4/21/20	FY2019 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
x/x/20 Not a condition for the 2020 fiscal year	Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY2020 funding level.
7/31/20	FY2019 Annual Progress Report.
7/15/20	FY2019 final Financial Report (FFR)
7/30/20	FY2019 Expenditure Report (as documented in the final FY2019 FRR)
7/22/20	Budgeted allocation of FY2020 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2019 Implementation Plan.
x/xx/19 Not a condition for FY 2019	Report on Minority AIDS Initiative for FY 2019.
x/xx/19 Not a condition for FY 2019	Categorical budget for each grant-funded contract, Contract Review Certifications and attachment E, other sources of funds for FY 2019.

L. ADDITIONAL COMMENTS

Additional Comments:

None.

ATTACHMENT A:

MONTHLY MONITORING REPORT TEMPLATE

DEPARTMENT OF HEALTH AND COMMUNTIY WELLNESS
RYAN WHITE UNIT

FY20 MONTHLY MONITORING REPORT

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

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

DATE REVIEWED: Click here to enter text.

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

GENERAL	

Did the provider submit the following signed reporting for this period?
  CHAMP Reimbursement
  CHAMP Expenditure
  Actuals
Does the reporting/budget reflect the approved appropriation?
 	
If no, reject reporting; notify Administration and Fiscal of discrepancy, have CHAMP data corrected; reprint reporting in-house or have program re-submit.
	Y ☐ N ☐
	Y ☐ N ☐
	Y ☐ N ☐
	
	Y ☐ N ☐

Is the provider receiving MAI funding?
 	
If yes, was the following signed reporting submitted?
  CHAMP Reimbursement
  CHAMP Expenditure
  Actuals
	Y ☐ N ☐
	
	Y ☐ N ☐
	Y ☐ N ☐
	Y ☐ N ☐

Were reports submitted on time for this period? (15th of each month) Was a Delinquency Notice sent to the provider after 5 business days? If not, explain: **Click here to enter text.**	Y ☐ N ☐ Y ☐ N ☐

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

Unit Cost Revision	Budget Revision	Budget Reduction	Additional Award

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

PROGRAMMATIC	

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

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

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

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

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

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

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

Click here to enter text.	

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

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

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

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

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

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

FY20 MONTHLY MONITORING REPORT

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

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

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

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

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

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

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

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

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

	# USEFUL MONITORING TOOLS

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

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

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

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

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

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

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

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ATTACHMENT B:

FISCAL REVIEW QUESTIONNAIRE TEMPLATE

<p style="text-align:center">Ryan White Newark, New Jersey EMA
FY20 Fiscal Review Questionnaire and Submission List</p>

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

A. Audit History and Resolution

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

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

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

Was the audit firm independently commissioned?

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

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

Were these deficiencies resolved? Yes ☐   No ☐

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

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

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

What are the plans to implement the recommendations?

B. Budget Preparation

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

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

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

C. Accounting Policies & Procedures

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

| |
| |
| |

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

| |

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

| |
| |

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

| |
| |

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

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

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

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

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

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

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

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

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

Who performs reconciliations?

Name:	Title:

Who reviews reconciliations?

Name:	Title:

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

Name and Title:	Role in the Expenditure Report Process:

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

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

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

E. __Personnel/Payroll__

Explain the payroll process.

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

Name and Title:	Role in Computing Payroll:

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

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

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

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

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

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

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

F. Unallowable Costs

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

G. Tangible Assets

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

Is Part A equipment over $5,000 capitalized?

H. Sub-recipient Contracts

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

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

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

I. Program Income

Does the agency provide billable services? Yes ☐   No ☐

If no, skip to Section J.

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

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

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

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

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

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

J. **Imposition & Assessment of Client Charges**

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

Agency Name: Click here to enter text.

Completed by: Click here to enter text.

<div align="center">Print Name</div>

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

Signature:

Date: Click here to enter a date.

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

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

Required Documents:

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

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

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

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

ATTACHMENT C:

FY 2019 FINAL SPENDING REPORT

FY19 RWHAP Part A & MAI Expenditures Report

Section A: Identifying Information

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

Submit your Expenditure Report in the HRSA Electronic Handbook (EHB):
https://grants.hrsa.gov/webexternal/Login.asp

Section B: Award Information

	Current FY	Carryover	Total
1. Part A Formula Award Amount	$7,237,024	$0	$7,237,024
2. MAI Award Amount	$1,226,433	$0	$1,226,433
3. Part A Supplemental Award Amount	$4,040,968		$4,040,968
4. Total Part A Funds	$12,504,425	$0	$12,504,425

Section C: Expenditure Categories

	PART A[1] AWARD						MAI AWARD						PART A[1] + MAI TOTAL EXPENDITURES (includes carryover)	
	CURRENT FY		PRIOR FY CARRYOVER		PART A TOTAL		CURRENT FY		PRIOR FY CARRYOVER		MAI TOTAL			
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
1. Core Medical Services Subtotal (See Legislative Requirements)	$7,239,308	73.40%	$0	0.00%	$7,239,308	73.40%	$1,050,844	100.00%	$0	0.00%	$1,050,844	100.00%	$8,290,152	75.97%
a. AIDS Drug Assistance Program (ADAP) Treatments		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
b. AIDS Pharmaceutical Assistance (LPAP)		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
c. Early Intervention Services	$25,056	0.25%		- -	$25,056	0.25%		0.00%		- -	$0	0.00%	$25,056	0.23%
d. Health Insurance Premium & Cost Sharing Assistance	$37,550	0.38%		- -	$37,550	0.38%		0.00%		- -	$0	0.00%	$37,550	0.34%
e. Home and Community-based Health Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
f. Home Health Care		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
g. Hospice		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
h. Medical Case Management (incl. Treatment Adherence Services)	$3,245,144	32.90%		- -	$3,245,144	32.90%	$828,215	78.81%		- -	$828,215	78.81%	$4,073,360	37.33%
i. Medical Nutrition Therapy	$117,388	1.19%		- -	$117,388	1.19%		0.00%		- -	$0	0.00%	$117,388	1.08%
j. Mental Health Services	$922,003	9.35%		- -	$922,003	9.35%		0.00%		- -	$0	0.00%	$922,003	8.45%
k. Oral Health Care	$851,619	8.64%		- -	$851,619	8.64%		0.00%		- -	$0	0.00%	$851,619	7.80%
l. Outpatient /Ambulatory Health Services	$1,369,455	13.89%		- -	$1,369,455	13.89%	$222,629	21.19%		- -	$222,629	21.19%	$1,592,084	14.59%
m. Substance Abuse Outpatient Care	$671,091	6.80%		- -	$671,091	6.80%		0.00%		- -	$0	0.00%	$671,091	6.15%
2. Support Services Subtotal	$2,622,964	26.60%	$0	0.00%	$2,622,964	26.60%	$0	0.00%	$0	0.00%	$0	0.00%	$2,622,964	24.03%
a. Child Care Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
b. Emergency Financial Assistance	$143,074	1.45%		- -	$143,074	1.45%		0.00%		- -	$0	0.00%	$143,074	1.31%
c. Food Bank/Home-Delivered Meals	$132,112	1.34%		- -	$132,112	1.34%		0.00%		- -	$0	0.00%	$132,112	1.21%
d. Health Education/Risk Reduction		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
e. Housing	$830,864	8.42%		- -	$830,864	8.42%		0.00%		- -	$0	0.00%	$830,864	7.61%
f. Linguistics Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
g. Medical Transportation	$228,744	2.32%		- -	$228,744	2.32%		0.00%		- -	$0	0.00%	$228,744	2.10%
h. Non-Medical Case Management Services	$722,602	7.33%		- -	$722,602	7.33%		0.00%		- -	$0	0.00%	$722,602	6.62%
i. Other Professional Services	$339,994	3.45%		- -	$339,994	3.45%		0.00%		- -	$0	0.00%	$339,994	3.12%
j. Outreach Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
k. Psychosocial Support Services	$29,264	0.30%		- -	$29,264	0.30%		0.00%		- -	$0	0.00%	$29,264	0.27%
l. Referral for Health Care/Supportive Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
m. Rehabilitation Services		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
n. Respite Care		0.00%		- -	$0	0.00%		0.00%		- -	$0	0.00%	$0	0.00%
o. Substance Abuse Services - residential	$196,310	1.99%		- -	$196,310	1.99%		0.00%		- -	$0	0.00%	$196,310	1.80%
3. Total Service Expenditures	$9,862,271	100.00%	$0	- -	$9,862,271	100.00%	$1,050,844	100.00%	$0	- -	$1,050,844	100.00%	$10,913,115	100.00%
4. Non-services Subtotal	$1,412,224	12.53%	$0	- -	$1,412,224	12.53%	$175,588	14.32%	$0	- -	$175,588	14.32%	$1,587,812	12.70%
a. Clinical Quality Management[2] (See Legislative Requirements)	$372,227	3.30%		- -	$372,227	3.30%	$61,321	5.00%		- -	$61,321	5.00%	$433,548	3.47%
b. Recipient Administration[3] (See Legislative Requirements)	$1,039,997	9.22%		- -	$1,039,997	9.22%	$114,267	9.32%		- -	$114,267	9.32%	$1,154,264	9.23%
5. Total Expenditures[4]	$11,274,495	100.00%	$0	- -	$11,274,495	100.00%	$1,226,432	100.00%	$0	- -	$1,226,432	100.00%	$12,500,928	100.00%

Section D: Award & Expenditure Summary

	Award	Expenditure	Balance
1. Part A	$11,277,992	$11,274,495	$3,497
2. Part A MAI	$1,226,433	$1,226,432	$1
3. Total	$12,504,425	$12,500,928	$3,497

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

ATTACHMENT D:

PART A FUNDED SERVICE PROVIDERS

Essex County Providers	Address	Housing & Related Services	Medical Case Mgmt	Primary Medical Care	Outpatient Substance Abuse	Emergency Financial Assistance	Residential Substance Abuse	Psychosocial Support	Nutritional Therapy	Mental Health	Trans.	Nutritional Services	Case Management	Other Prof Services	Dental	Health Insurance Premium	Early Intervention Services
AIDS Resource Foundation	77 Academy Street Newark, New Jersey 07102 (973) 643 – 0400				X	X		X			X	X	X				
Apostle House	24 Grant Street Newark, New Jersey 07104 (973) 482-0625					X						X	X				
Broadway House	298 Broadway Newark, New Jersey 07104 (973) 268 – 9797		X		X			X	X	X	X						
C.U.R.A.	35 Lincoln Park Newark, New Jersey 07101 (973) 645 – 4218				X	X	X	X			X		X				
Comm. Hlth. Law Project	650 Bloomfield Avenue, Suite 210 Bloomfield, New Jersey 07108 (973) 680 – 5599													X			
Smith Center	310 Central Avenue, Suite 307 East Orange, New Jersey 07018 (862) 772 – 7822		X	X						X	X						
Hyacinth	194 Clinton Avenue Newark, New Jersey 07108 (862) 240 – 1461		X	X	X					X			X		X		X
Isaiah House	238 North Munn Avenue East Orange, New Jersey 07017 (973) 678 – 5882 ext. 3019, 3027	X											X				
Catholic Charities of Newark	404 University Avenue Newark, New Jersey 07102 (973) 799-0484	X			X					X	X		X				
Newark Beth Israel	166 Lyons Avenue Newark, New Jersey 07112 (973) 926 – 5212		X	X		X				X					X	X	
Newark Community Health Center	101 Ludlow Street Newark, New Jersey 07114 973-483-1300 x 1250		X	X				X	X	X					X	X	X
DHCW Special Care Clinic	394 University Avenue Newark, New Jersey 07102 (973) 877 – 6150		X	X		X		X								X	X
New Jersey Comm. Research Initiative (NJCRI)	393 Central Avenue Newark, New Jersey 07107 (973) 483 – 3444		X	X	X	X		X		X		X			X	X	X
Positive Health Care, Inc.	333 Washington Street Newark, New Jersey 07102 (973) 596 – 9667				X	X		X					X				
Urban Renewal	521 Washington Street Newark, New Jersey 07103 (973) 220 – 6337	X											X				
La Casa de Don Pedro	76 Clinton Avenue Newark, New Jersey 07114 (973) 624 – 4222					X			X	X		X	X				X
St. James Social Services	588 Martin Luther King Blvd Newark, New Jersey 07102 (973) 624 - 4007					X						X	X				
St. Michael's- Peter Ho Clinic	268 Martin Luther King Blvd Newark, New Jersey 07102 (973) 877 – 5649		X	X	X			X		X	X				X	X	X

Provider	Address	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Team Management	972 Broad Street, 3rd Floor Newark, New Jersey 07102 (973) 273 - 0425				X	X		X		X	X		X				
Rutgers (Dental)	110 Bergen Street, Rm# D880 Newark, New Jersey 07103 (973) 972 – 6613														X		
Rutgers (FXB)	150 Bergen Street, Rm# G102 Newark, New Jersey 07101 (973) 972 – 0380		X	X													
Rutgers (HIV Clinic)	185 South Orange Avenue, MSBI-689 Newark, New Jersey 07103 (973) 972 – 6214		X	X	X			X	X	X	X					X	
Rutgers (START)	65 Bergen Street, GA -177 Newark, New Jersey 07101 (973) 972 – 1347 / 1348		X	X		X		X		X						X	X

Union County Providers

Provider	Address	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Catholic Charities (Jail Program)	505 South Avenue Cranford, New Jersey 07016 (908) 497 – 3900		X														
Central Jersey Legal	60 Prince Street Elizabeth, New Jersey 07208 (908) 354 – 4340												X				
Iris House	630 East Front Street Plainfield, NJ 07060 (908) 561-5057							X			X	X	X				
The Lennard Clinic	461 Frelinghuysen Avenue Newark, NJ 07114 (973) 596-2850		X								X		X				
Meals on Wheels	1025 Pennsylvania Avenue Linden, New Jersey 07036 (908) 486 -5100											X					
Neighborhood Health	1700 Myrtle Avenue Plainfield, New Jersey 07060 (908) 753 – 6401 ext. 1405		X	X	X				X	X					X		
PROCEED	1126 Dickinson Street Elizabeth, New Jersey 07201 (908) 469 - 3244	X				X		X		X			X				X
Trinitas Regional Medical Center EIP	655 Livingston Street 2nd Floor Elizabeth, New Jersey 07206 (908) 994 – 7060		X	X				X		X	X				X		

Tri-County Providers

Provider	Address	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
NJ AIDS Services	44 South Street Morristown, New Jersey 07960 (973) 285 - 0006		X	X	X	X		X		X	X		X		X	X	
Morristown Memorial Hospital	200 South Street Morristown, New Jersey 07960 (973) 889 – 6812		X	X		X				X	X				X	X	X
CFCS Hope House	19 – 21 Belmont Avenue Dover, New Jersey 07801 (973) 361 – 5555		X					X			X	X	X				
Zufall Health Center	18 West Blackwell Street Dover, New Jersey 07801 (973) 328 – 3344		X	X					X	X	X				X	X	X

ATTACHMENT E:

2019 QUESTIONNAIRE

Recipient Questionnaire

RECIPIENT SURVEY (2020)

The Newark EMA HIV Health Services Planning Council is required by federal law to **"assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.."** This survey is designed for this assessment.

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

RFP PROCESS AND SELECTION OF PROVIDERS

1. **In the last fiscal year (FY 2019), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White HIV/AIDS Program (RWHAP) Part A funds?**

2. **In the Summer of 2018 the Recipient reported that the procurement process could be expedited due to HRSA/HAB recommendations for issuance of award notices. This was accomplished for FY 2019. Please provide an update of changes in the procurement process in 2019 for FY 2020. Please describe those changes in terms of:**
   (a) Data of notification of federal award amount for the upcoming fiscal year which is required for procurement,
   (b) timeframe for procurement including steps in the process – publication of Request For Proposals, where notice of availability of funds was published (newspaper, city website, etc.),
   (c) date of required Technical Assistance session,
   (d) due date for Letter of Intent, and
   (e) due date for FY 2020 proposal to the City of Newark.

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

3. **How many proposals were received for the current fiscal year (FY 2020)? Of these proposals how many were awarded contracts for Ryan White Part A funds?**

4. **Please describe the process used to review proposals requesting FY 2020 Ryan White Part A funds; including the external review panel (including a demographic description of peer reviewers, number of peer reviewers, where they are from geographically, professional background and HIV status), criteria**

used to assess proposals and how peer reviewers' comments are considered in the final determinations.

5. Did the selection process for this year (FY 2020) identify new providers? *If so, please identify the County/Region and services of the new provider.*

6. Did the selection process for this year (FY 2020) address the needs of underserved/un-served communities (please respond in reference to each of the following groups as well as any other communities considered hard-to-reach: Mentally ill, substance users, gay/bisexual and other MSM, lesbian, transgender people, youth, older adults, undocumented, limited English proficient and Latinos)? If so, How?

PLACEMENT OF CONTRACTS

The Newark RW procurement process is dependent upon receipt of a Notification of Award (NOA) confirming the amount of the federal RWHAP award. This NOA has been received before March 1. We understand that due to changes in 2018 for FY 2019 and 2019 for FY 2020 the notice was received much earlier.

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

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

9. Were there any Partial Notifications of Award (NOAs) issued by HRSA/HAB for FY 2020?

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

11. On what date did the Newark EMA receive its final Notification of Award (NOA) from the federal government (HRSA) for FY 2020 funding?

12.   **On what date were award letters sent to funded agencies for FY 2020?**

13.   **On what date were the FY 2020 funds from HRSA accepted by the Municipal Council (City of Newark)?**

14.   **In the chart below, please indicate the number of contracts adopted and executed for FY 2020:**

FY 2020 CONTRACT STATUS		
DATE:	**# of contracts ADOPTED**	**# of contracts EXECUTED**
By March 31, 2020		
By April 30, 2020		
By May 31, 2020		
By June 30, 2020		
By July 31, 2020		
By August 31 2020		
By September 30, 2020		

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

16.   **What was the due date in 2020 for agencies to submit contract documents for processing by the City of Newark?**

17.   **List/describe any Recipient obstacles contributing to the delay in executing provider contracts, EXCLUDING any COVID-19 related delays**

18.   **List/describe any agency/provider obstacles contributing to the delay in executing provider contracts, EXCLUDING any COVID-19 related delays**

19.   **Please comment on the content of the contracts this year (FY 2020) in comparison to last year (FY 2019), for example were any new HRSA policies/guidelines or Planning Council directives/specifications/standards etc. included? List/describe any recipient obstacles contributing to the delay in executing provider contracts not discussed above.**

20.   There are two new HRSA/HAB funding sources available to Newark RWU and
       agencies for FY 2020 – Ending the HIV Epidemic (EHE) and CARES (Coronavirus
       Aid, Relief and Economic Security) Act. Will procurement of these funds and
       contracting have any impact on RWHAP contracting or reimbursement? (i.e.,
       delay the process). If yes, please describe how.

IMPACT OF COVID-19 ON FY 2020 PROCUREMENT AND CONTRACTING

Starting in March 2020, the coronavirus pandemic (COVID-19) resulted in many agencies in
New Jersey including the City of Newark mandating "work at home" policies for employees and
use of teleconferencing or video-conferencing in place of in-person meetings. It is understood
that such policies restricted access to documents, systems and personnel needed to perform
critical functions including contracting. (Procurement was completed by February 2020.)

21.   Please describe the Newark RWU "work at home" policies including the days per
       week spent in office versus at home, and any other COVID-19 policies impacting
       FY 2020 contracting.

22.   How did these COVID-19 policies impact (delay, expedite, etc.) the contracting
       process for FY 2020? What steps took longer or were completed faster?

23.   We expect these will be one-time impacts for FY 2020 only. Do you have any
       other comments on the impact of the COVID-19 policies on future contracting,
       either positive or negative?

SERVICE PROVIDER REIMBURSEMENT

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

25.   When (month/date) were providers first able to submit invoices for reimbursement
       in FY 2020?

26.   Over the past year, agencies have raised concerns about the increasing
       length of time between submittal of an invoice to RWU and receipt of

Purchase Order (PO) from the City of Newark. This is important because the PO is required to generate payment/reimbursement. Please investigate and describe the steps and timeline from submittal of an approved invoice from RWU/DHCW to issuance of a PO by Newark Dept. of Finance. How long does it take for Newark to generate a PO?

27. **Over the past year, what has been the average amount of time between submission of an accurate invoice/end-of-month report from service providers and the Recipient's issuance of a reimbursement check?**

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

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

30. **Please respond to the following comment raised by an agency in the 2020 Needs Assessment Update regarding the impact of reimbursement and ability to provide needed housing services.**

    "Reimbursement is cumbersome, time consuming and sometimes is not forthcoming in a timely manner and often delays placement and providing services. **Regarding reimbursement, I wish that the City of Newark would move to an electronic signature for invoices. We are expected to go to the RW unit to sign these forms as the City insists on original signatures**. This is difficult at the moment given the COVID-19 circumstances. I was told that mailing the invoices for signature is not a very good option, so it makes our job harder to get the reimbursement in a timely manner."

    What are the options for moving to an e-signature process for PO's or other solutions for expediting reimbursement that do not require a visit to DHCW?

RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE

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

32. **In the last fiscal year (FY 2019), how many Programmatic site visits did each service provider receive? (please give range and average)**

33. In the last fiscal year (FY 2019), how many fiscal site visits did each service provider receive? (please give range and average)

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

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

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

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

CHAMP

38. What objectives (including program improvements) do you have for CHAMP for the current fiscal year (FY 2020)?

39. What is the status of these objectives as of July 31, 2020?

40. In March-April 2020, CHAMP added service subtypes for telehealth. This was consistent with the need to provide services by teleconferencing and videoconferencing due to COVID-19. Will these subtypes and telehealth service options continue after the COVID-19 pandemic subsides? Will there be any restrictions or clarifications on when telehealth services can be used in the future?

PROCUREMENT/ALLOCATION REPORT (in comparison to PC percentages for FY 2019)

41. **What percent of the overall award (for FY 2019) was used for Recipient Support, Planning Council support, CHAMP, and Quality Management? Please indicate the percentages for each category.**

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

42. **What percent of formula funds were unexpended, and why, at the end of FY 2019?**

43. **What percent of supplemental funds were unexpended, and why, at the end of FY 2019?**

44. **What percent of MAI funds were unexpended, and why, at the end of FY 2019?**

45. **What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2019?**

46. **Please provide the final Spending Report for FY 2019.**

47. **Please provide the Allocation Report for FY 2020 using the table on the following page.**

FY 2019 ALLOCATION REPORT

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

LISTING OF SERVICE PROVIDERS

48.   Please provide a list of all Part A funded service providers in the Newark EMA (with a contact name, address and phone number) as well as the categories of services for which each is contracted for FY 2020.

MINORITY AIDS INITIATIVE

49.   For FY 2020, please provide the Planning Council with the following information about the Minority AIDS Initiative (MAI) funds, such as the total MAI funds received by the Recipient; the amount of funding allocated in each service category; and the target ethnic group of each program.

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

50.   Please provide a list of the organizations in receipt of MAI funds in FY 2020.

CORE MEDICAL SERVICES WAIVER

On July 24, 2020 the Newark EMA was awarded a waiver of the requirement to provide 75% of RWHAP-funded Part A services for Core Medical Services.

51.   **Please outline how the Recipient will implement the FY 2020 service allocations proposed in this waiver which change the 75%/25% FY 2020 Planning Council allocation above. Actions can include a work group with the Council, identifying service utilization to-date in FY 2020, identifying [geographic] areas of need, identifying programs needing additional funds, reallocating funds to support services, etc.**

CONDITIONS OF AWARD

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

DATE OF RECIPIENT REPORT	CONTENT OF REPORT
x/x/20	FY 2018 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
x/x/20	Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY 2019 funding level.
x/x/20	FY 2018 Annual Progress Report.
x/x/20	FY 2018 final Financial Status Report (FSR)
x/x/20	FY 2018 Expenditure Rate (as documented in the final FY 2018 FSR)
x/x/20	Budgeted allocation of FY 2019 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2019 Implementation Plan.
x/x/20	Report on Minority AIDS Initiative for FY 2019.
x/x/20	Categorical budget for each grant-funded contract, Contract Review Certifications and attachment E, other sources of funds for FY 2018.

ADDITIONAL COMMENTS

Please provide any additional comments below:

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

Please return your completed document by email to Tania Guaman at Tania.Guaman@uwguc.org by <mark>Friday, July 31, 2020</mark>.