

**NEWARK EMA
HIV HEALTH SERVICES PLANNING
COUNCIL**



**ASSESSMENT OF THE
ADMINISTRATIVE MECHANISM**

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

FY 2021

July 2021

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL
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None.

List of Abbreviations/Acronyms

AAM	Assessment of the Administrative Mechanism
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 2021

July 2021

I. INTRODUCTION

A. PURPOSE

The purpose of Newark Eligible Metropolitan Area (EMA) Assessment of the Administrative Mechanism for FY 2021 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 providers/agencies. The two annual updates survey only the Recipient. The Council completed a full assessment in 2018 and two annual updates in 2019 and 2020. This 2021 report is a full assessment.

B. METHODOLOGY

The assessment was completed by the Planning Council through its Research and Evaluation Committee (REC). The committee reviewed and updated the assessment tool used in 2020 for the Recipient to reflect current agency responsibilities. The committee also reviewed the Provider/Agency Survey tool used in 2018 which was updated and compiled into a 2021 tool to assess the provider/agency responses. (The 2021 tool incorporates the Council recommendations of 2010 that, for subsequent administrative assessments, agency names be required for provider surveys instead of anonymous submission. This would help address the problem of low response rates due to anonymous submittal of surveys and no means of follow up for non-responding agencies. The Committee prepared final survey instruments which are

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>

in Attachment D. Both the Recipient and Provider/Agency Surveys were computer fillable in Microsoft Word but were requested to be completed online using Survey Monkey.

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

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

On April 26, 2021 the Council e-mailed the FY 2021 Provider/Agency Survey to 36 Part A service providers (subrecipients) with a completion date of May 11, 2021. On April 26, 2021 the Council e-mailed the 2021 Recipient Survey to the City of Newark Ryan White Program Director with a completion date of May 11, 2021 which was extended to May 21, 2021. Agency results were received by May 12, 2021 and Recipient results received on June 23, 2021.

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

C. GENERAL FINDINGS

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

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

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

In response, the PC Administrative Assessment covered the following topics:

Agencies/Providers:

(1) Request for proposals (RFP) process and selection, (2) Placement of Contracts, (3) Service Provider Reimbursement, (4) City of Newark RW Site Visits and Technical Assistance, (5) CHAMP client level data system (CLD), (6) Planning Council, (7) Challenges due to COVID-19 pandemic.

Recipient:

(1) Request for proposals (RFP) process and selection, and technical assistance, (2) Placement of Contracts, (3) Impact of COVID-19 on FY 2021 Procurement and Contracting, (4) Service Provider Reimbursement, (5) Recipient Monitoring, Site Visits and Technical Assistance, (6) CHAMP client level data system (CLD), (7) Procurement Allocation Report, (8) Listing of Service Providers, (8) Minority AIDS Initiative,(9) Core Medical Services Waiver, and (10) Conditions of Award.

Response Rate of Provider/Agency surveys. The FY 2021 response rate was nearly perfect at 97% (35 of 36 agencies responding). This greatly exceeded the FY 2018 response rate of 59% (20 of 34) from providers/agencies which was lower than in previous years. (In comparison to FY 2011 and FY 2008. Results for FY 2014 could not be located among PC records. Furthermore, some of these 20 responses were incomplete.)

Provider/Agency Findings. In general, responses from providers/agencies showed continued satisfaction with improvements made by the Ryan White Unit (RWU) and City of Newark in expediting contracting and reimbursement begun in 2019. More agencies were pleased with the streamlined Request for Proposals (RFP), although some would have liked a longer response timeframe or a more standardized timeline. All were pleased with the Virtual RFP Technical Assistance session and overall administration of the Ryan White program. Billing for services delivered can begin faster at the start of the RWHAP Part A Fiscal Year which starts the corresponding reimbursement process. The City of Newark reimbursement process continues to be slow following submittal of a correct invoice and a signed Purchase Order (PO).

- Agencies were generally pleased with the performance of RWU Monitors and the monitoring process. Response time to questions from RWU was good to excellent, with same day response widely experienced.
- Most agencies were pleased with CHAMP, its features, and responsiveness of CHAMP staff to questions.
- Agencies asked that the RFP be issued earlier to avoid the rush for completion during the Thanksgiving holiday and before December holidays. (This had been done in 2019 for FY 2020 but was delayed in 2020 for FY 2021. This can be addressed by the Recipient for FY 2022 as discussed in Recommendations below.)
- **Agencies found no deficiencies in the administration of the Newark EMA RWHAP program as related to procurement, contracting, reimbursement, and monitoring/technical assistance during the program year.**
- **Recommendations by Agencies:** These recommendations for the procurement process would be helpful to agencies:
 - **RFP Timeline:** It is recommended that the RFP be issued at the same time every year with two (2) months allowed for completion of proposals/applications, with a due date in mid-December and the RFP schedule taking into consideration the calendar, holidays, etc.
 - **RFP Page Limitations:** Some allowances (exemptions) for page limitations should be considered for standard documentation, MOUs, etc., that are outside of the control of the agency.
 - **TA Session:** The virtual TA session is an option that can be continued.

Recipient. The Recipient section evidenced continued implementation of new processes related to the findings of the HRSA/HAB Fiscal Site Visit in July 2018, which led Newark to start the procurement process in October following receipt of the Newark EMA Estimated Award Letter based on formula funding. (The process was approved by the City of Newark Law, Finance, City Clerk and Municipal Council departments and comports with New Jersey public contracting law which governs procurement by the City.) Even though this process may require two steps based on a Partial Initial Award and then a Final Award, the fact that contracts can be approved by the Newark Municipal Council around the start of the RWHAP Part A Fiscal Year on March 1 is

beneficial. It enables agencies to start providing services and billing for services immediately.

D. RECOMMENDATIONS FOR FUTURE RECIPIENT AND PROVIDER SURVEYS (2022 AND BEYOND)

Online survey tool considerations. The online survey tool is an effective way for the Council to compile information from respondents. However, the survey must be completed in one sitting – it cannot be saved and returned to at a later time. The information requested in Assessment of the Administrative Mechanism (AAM) surveys requires considerable research offline within the agency and Recipient’s office. Therefore, **agencies and the Recipient must complete answers in the Word AAM survey document and then copy and paste into the online survey.**

There are a few recommendations based on feedback from respondents.

- (1) **Online Survey Tool:** The tool is good for capturing information in line-by-line questionnaires but not in capturing information that is traditionally shown in tables. This means that the online survey tool must add questions to gather information in table format, which changes the numbering of questions and delays analysis comparing the REC-approved Word survey tool and online survey results. The tables also do not allow decimal places either in dollar amounts or percentages.
- (2) **Agencies:** In the survey instructions, advise agencies of the need to complete the online survey in one sitting, and recommend that they complete the Word document version completely, review and approve it, and then copy and paste responses into the online AAM survey tool.
- (3) **Recipient:** There is no need for the Recipient to complete the online survey tool since there is only one respondent. Therefore, the Word document is sufficient. For the FY 2021 AAM, the Recipient started to complete the online survey, lost all information due to logging out, and had to complete the AAM Survey in the Word document and then upload (copy and paste) to the online survey tool. The information in table format was uploaded, submitted and then downloaded, but shown as several questions. Also some data cells were omitted. This is not efficient for only one respondent and is time-consuming. **Recipient should complete AAM survey in Word and not the online tool.**

II. PROVIDER/AGENCY SURVEY

Total Agencies responding: 35

A. RFP PROCESS AND SELECTION OF PROVIDERS

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

There were no responses. (The online survey inadvertently omitted this question.)

2 Did the RFP:

2.1 Clearly describe the application requirements?

# Agencies	%	
35	100.0%	Yes
0	0.0%	No
0	0.0%	No ans.

2.2 Clearly describe eligibility requirements?

35	100.0%	Yes
0	0.0%	No
0	0.0%	No ans.

2.3 Describe the purpose and objectives of the entire Part-A program?

35	100.0%	Yes
0	0.0%	No
0	0.0%	No ans.

2.4 Describe the criteria and procedures for reviewing proposals?

34	97.1%	Yes
0	0.0%	No
1	2.9%	No ans.

3 How would you rate the Technical Assistance Meeting held on November 17, 2020 in clarifying proposal requirements and any other questions you had about the RFP or your proposal?

10	28.6%	Excellent
23	65.7%	Good
2	5.7%	Average
0	0.0%	Fair
0	0.0%	Poor
35	100.0%	

Comments:

It was good, considering it was the first virtual one.

The RFP came out on the 11th and the meeting was on the 17th, it would help to have RFP released 10-14 days before the Technical Assistance Meeting.

Maybe highlight the changes from one year to the next ... that could be helpful for your previously awarded recipients.

4 Last year the RFP was available starting on November 11, 2020 and the proposals were due on December 11, 2020. Was this enough time to prepare and submit your proposal?

25	71.4%	Yes
9	25.7%	No
1	2.9%	No ans.
35	100.0%	

What suggestions do you have? 12

12 100% More time and better timing.

Give more ample time for example two months to complete.
 Two months would help facilitate the required internal process.
 Should be given at least 2 months
 Eight weeks should be allowed between the start and submission of the proposal.
 More time.
 I would however suggest that we start a little earlier because the holiday season interferes with time available to complete an RFP that is some time consumptive and detail oriented.
 It would be great to receive the RFP a little earlier in the year so that contracts can be executed sooner.
 Additional week's time to account for Thanksgiving holiday during submission period.
 It would help to have the RFP released earlier to give a little more time to read through the requirements before the Technical Assistance Meeting (10-14 days before vs 6 days).
 This time frame incorporates two major holidays. The assumption that we have a month really equates to 2 1/2 weeks. Not so good.
 We were advised on 11/10/20 that the RFP 2020 Bidders' Conference was to be held on 11/17/20, the letter of intent on 12/4/20 and the grant proposal on 12/11/20. The time between each event is sufficient if we had known in advance that everything would kick off on 11/10/20. The dates vary too much year to year, and make planning and scheduling difficult.
 But I have written this proposal many times, if I were a new applicant more time would have been helpful.

5 Were the RFP page limitations appropriate?

35	100.0%	Yes
0	0.0%	No
0	0.0%	No ans.
35	100.0%	

Comments:

125 pages better for a page limit. One issue is that we cannot control the length of the MOA's and sometimes they run two to three pages.

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

19	54.3%	Yes
16	45.7%	No
0	0.0%	No ans.
35	100.0%	

Comments:

8	100%	Want feedback/score.
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Would appreciate if comments were shared with us so that we can make improvements if needed.
 Award letter. Would like to see scoring.
 Feedback would be nice.
 Upon inquiry
 Upon request.
 I am always curious of the feedback on my proposal but that information is not forth coming. It should be a procedure or process to receive feedback on our submissions.
 Feedback on amount awarded but no feedback on the reasons for selection
 It would be helpful to know how my proposal was scored. I have never been given the scoring per section of my proposal.

B. PLACEMENT OF CONTRACTS

7 For the current fiscal year (which started March 1, 2021), when were you notified that you would be receiving Ryan White Part-A funding?

#	%	Date
23	65.7%	February 26, 2021
3	8.6%	March 1, 2021
6	17.1%	Yes
1	2.9%	No answer
2	5.7%	Did not receive notification
35	100.0%	

7.1 How were you notified?

30	85.7%	Email
3	8.6%	Letter no email
1	2.9%	Not notified
1	2.9%	No answer
35	100.0%	

8 How many service categories were you funded for in FY 2021?

# Services	# Agencies	% Agencies
1	4	11.4%
2	3	8.6%
3	3	8.6%
4	4	11.4%
5	4	11.4%
6	7	20.0%
7	3	8.6%
8	2	5.7%
9	0	0.0%
10	3	8.6%
No Ans	2	5.7%
	35	100.0%

	# Svcs	# Agencies	%
}	4-6	15	42.9%

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

30	85.7%	Still pending
5	14.3%	No Answer
35	100.0%	

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

10	100%	RWU is helpful but Newark contracting needs improvement.
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Our grant monitor is very helpful and professional in assisting us to make sure we have all our documents.

Great team to work with, responsive, patient and very professional

Yes. Discussed with provider

For new agency applicants to the RW program, demographics and clients needs should be closely reviewed for duplication of services among agencies in the region.

We had a lot of questions and revision requests for methodology of budget amounts. Maybe make the template more user friendly to include formulas deriving methodology.

Get the contracts to us before the start of the grant

This year was a little confusing about the 6 months vs full funding and the other funding sources

Final awards' service category funding should have an appeal process whereas you could request more funding, re-allocate across categories, or return funding. A funding appeal process

Accept electronic signatures and communications.

They need to get their act together.

The process always take several months to be completed on the City's end. This holds up payments for several months.

11 Was your FY 2020 (March 1, 2020 - February 28, 2021) contract augmented/amended during the year?

12	34.3%	Yes
12	34.3%	No
11	31.4%	No ans.
35	100.0%	

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

10	100%	Handled well.
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Was handled well and in fair manner.
 The process went very well
 Good.
 All went well.
 We had to give some unspent money back due to fringe changes. It was handled very well.
 The process was clear, simple and executed in a timely manner.
 Reallocated some funds between categories due to COVID impact. Process was smooth.
 We requested amending the contract because of the pandemic crisis and the lack of holding group sessions.
 A budget revision was done so that additional funds were awarded during the year.
 Communication was not timely. Continual follow up with program monitor was required on the agency's part.

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

10	100.0%	Handled well.
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C. SERVICE PROVIDER REIMBURSEMENT

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

# Agencies		
12	34.3%	Before 1995
5	14.3%	1995-1999
3	8.6%	2000-2005
3	8.6%	2006-2009
3	8.6%	2010-2014
3	8.6%	2015-To Date
6	17.1%	Unknown/No answer
35	100.0%	

13 In FY 2020, what was the approximate amount of time between submission of an accurate invoice/end of month report and receipt of reimbursement check?

# Agencies	%	
6	17.1%	< 30 Days
14	40.0%	1-2 Months
3	8.6%	Up to 3 Months
4	11.4%	More than 3 months
1	2.9%	Too long. Hard to determine.
2	5.7%	Unknown (Handled by institution Finance Dept.)
5	14.3%	No answer
35	100.0%	

Summary

# Agencies	%	
6	17.1%	< 30 Days
14	40.0%	1-2 Months
8	22.9%	3+ Months
7	20.0%	Unknown/no answer

14 When (date or month) did your agency receive your first reimbursement check for FY 2020 services?

# Agencies	%	
2	5.7%	April 2020
2	5.7%	May 2020
2	5.7%	June 2020
4	11.4%	July 2020
6	17.1%	August 2020
6	17.1%	September 2020
2	5.7%	October 2020
6	17.1%	Unsure/Do not Know
5	14.3%	No answer
35	100.0%	

15 Have your reimbursement checks been accurate?

18	51.4%	Excellent
13	37.1%	Good
2	5.7%	Average
	0.0%	Fair
	0.0%	Poor
2	5.7%	No Answer
35	100.0%	

Comments

Need to include the name of the agency on the checks.
 Since checks are distributed to Rutgers Grants and Contracts we assume that there are no issues

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

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

15	42.9%	Excellent
17	48.6%	Good
2	5.7%	Average
1	2.9%	Fair
	0.0%	Poor
	0.0%	No Answer
35	100.0%	

Comments

Very helpful and readily accessible

Ms. Ledet is very quick to get back to us with answers to our questions.

It's been a pleasure working with our grant monitor, Ophelia Ledet.

It depends on the person, some are very good at responding & others it can sometimes take a little time.

17 How would you rate the timeliness of their response?

15	42.9%	Excellent
15	42.9%	Good
4	11.4%	Average
1	2.9%	Fair
	0.0%	Poor
	0.0%	No Answer
35	100.0%	

Comments

During pandemic response time was slower.

18 In your experience during FY 2020, how would you rate the communication between your agency and the Ryan White Unit?

14	40.0%	Excellent
18	51.4%	Good
2	5.7%	Average
1	2.9%	Fair
	0.0%	Poor
	0.0%	No Answer
35	100.0%	

Comments

Ophelia LeDet and her manager, Aliya Roman, have been very supportive.

19 How many site visits (in-person or virtual) from the Ryan White Unit for the purposes of monitoring Part-A funds did your agency have during FY 2020 (March 1, 2020-February 28, 2021). (please include all scheduled site visits, unscheduled visits and special technical assistance visits. Do not include visits from the CHAMP staff).

19.1 Programmatic Site Visits

1	2.9%	3 - 5
9	25.7%	One (1)
21	60.0%	None (0) - Due to COVID pandemic
4	11.4%	No Answer
35	100.0%	

19.2 Fiscal Site Visits

2	5.7%	2 - 3
6	17.1%	One (1)
21	60.0%	None (0) - Due to COVID pandemic
2	5.7%	Not Applicable/Do Not Know
4	11.4%	No Answer
35	100.0%	

19.3 Quality Management Site Visits (including chart reviews)

2	5.7%	Up to 3
13	37.1%	One (1)
14	40.0%	None (0) - Due to COVID pandemic
1	2.9%	Not Applicable
5	14.3%	No Answer
35	100.0%	

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

# Agencies	%	
12	34.3%	Excellent
8	22.9%	Good
2	5.7%	Average
0	0.0%	Fair
0	0.0%	Poor
12	34.3%	Not Applicable as we have had no site visits in FY 2020 (March 1, 2020-February 28, 2021)
3	8.6%	No Answer
34	97.1%	

21 What improvements, if any, should be made to the monitoring process?
 (Several respondents said "None", or "everything is fine" or "monitors are very helpful".)
 Comments below are for improvements only.

Comments

- Clarify the requirements for budget items.
- More timely communication.
- Monitoring process works well, but would benefit agency and RW if the monitor was consistent for three years.
- We look forward to having a monitoring site visit in 2021-2022. It was actually helpful during the COVID pandemic not to have a site visit. We were in constant communication with our Program Monitor so she was aware of any issues or concerns.
- More electronic transfer of documents instead of physical drop off/pick up.

22 How would you rate the Ryan White Unit in providing your agency with (1) programmatic, (2) fiscal, (3) Quality Management technical assistance (TA) or training during FY 2020 (this may include recommendations from the site visit or a special technical assistance training? For each of the following.

22A (1) Programmatic TA

# Agencies	%	
10	28.6%	Excellent
12	34.3%	Good
1	2.9%	Average
0	0.0%	Fair
0	0.0%	Poor
3	8.6%	Not Applicable (our agency has not required TA in FY 2020)
0	0.0%	Not Applicable (our requests for TA in FY 2020 have not been met)
0	0.0%	Not Applicable (we had no site visits/ TA in FY 2020)
9	25.7%	No Answer
35	100.0%	

22B (2) Fiscal TA

# Agencies	%	
6	17.1%	Excellent
9	25.7%	Good
4	11.4%	Average
0	0.0%	Fair
0	0.0%	Poor
7	20.0%	Not Applicable (our agency has not required TA in FY 2020)
2	5.7%	Not Applicable (our requests for TA in FY 2020 have not been met)
6	17.1%	Not Applicable (we had no site visits/ TA in FY 2020)
1	2.9%	No Answer
35	100.0%	

22C (3) Quality Management TA

# Agencies	%	
9	25.7%	Excellent
12	34.3%	Good
3	8.6%	Average
0	0.0%	Fair
0	0.0%	Poor
3	8.6%	Not Applicable (our agency has not required TA in FY 2020)
0	0.0%	Not Applicable (our requests for TA in FY 2020 have not been met)
7	20.0%	Not Applicable (we had no site visits/ TA in FY 2020)
1	2.9%	No Answer
35	100.0%	

E. CHAMP (COMPREHENSIVE HIV/AIDS MANAGEMENT PROGRAM)

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

# Agencies	%	
4	11.4%	Excellent
21	60.0%	Good
9	25.7%	Average
0	0.0%	Fair
1	2.9%	Poor
0	0.0%	No Answer
35	100.0%	

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

(A number of respondents had no comments.)

Comments

Very easy to work with, very user friendly

CHAMP is simple and easy to collect client data

The system is very user friendly and captures most clinical and residential services needed to generate funder reports and track outcomes.

Very good.

Champ works well for us.

The program is well designed and allows the agency to capture pertinent information.

Good system

Great tool

CHAMP is fine and I think it collects accurate data. It seems strange and a bit out of date to still be using a system that is not cloud based and needs to be installed on each machine.

A good tool in general but recertification pop-ups make it difficult to report on time.

Sometimes need more options in drop down boxes i.e. ART question some patients are non-progressors and do not require ART

Need improvement: should be more intuitive, easier to navigate to be more of a useful tool to agencies

Not user-friendly when generating custom reports.

Needs updating due to the unique nature of our services because we provide specialized long term care services.

The information it records is great, the system is slow to process and takes too long to record each unit.

It is too slow and takes up too much time when entering data

Redundant. We have to put same information into EMR and CHAMP.

25 What Comments do you have CHAMP as a tool to develop the following reports?

25A Service reports?

# Agencies	%	
2	5.7%	Excellent - Great
11	31.4%	Good - Very Good
1	2.9%	Average - Adequate
0	0.0%	Fair
0	0.0%	Poor
1	2.9%	Service reports are useful for tracking units
1	2.9%	Data is accurate and easy to read
1	2.9%	It can be difficult to figure out sometimes
1	2.9%	Unable to make custom reports
17	51.4%	None/No Answer
35	102.9%	

25B Fiscal reports?

# Agencies	%	
2	5.7%	Excellent - Great
11	31.4%	Good - Very Good
1	2.9%	Average - Adequate
1	2.9%	Fair - Less than average
0	0.0%	Poor
1	2.9%	Data is accurate and easy to read
1	2.9%	Unable to make custom reports
18	51.4%	None/No Answer
35	100.0%	

25C Quality management reports?

# Agencies	%	
0	0.0%	Excellent - Great
11	31.4%	Good - Very Good
1	2.9%	Average - Adequate
0	0.0%	Fair - Less than average
0	0.0%	Poor
1	2.9%	Data is accurate and easy to read
1	2.9%	Unable to make custom reports
1	2.9%	Sometimes confusing to interpret - delete some options
1	2.9%	A bit hard to navigate.
1	2.9%	Can report mis information if you are not funded for certain service categories
1	2.9%	The adhoc query is not the easiest to use. It would be great if the antiretroviral therapy report could be run with the expiration dates.

1	2.9%	Maybe staff need more training to take advantage of what CHAMP can do.
16	45.7%	None/No Answer
35	100.0%	

26 How would you rate the on-going support that you/your staff received in using CHAMP during FY 2020? (please consider responses to any questions including assistance through

# Agencies	%	
11	31.4%	Excellent
20	57.1%	Good
3	8.6%	Average
0	0.0%	Fair
1	2.9%	Poor
0	0.0%	No Answer
35	100.0%	

Comments:

Jason, at the help desk, is a wealth of knowledge and has been very supportive.
 Jason is always responsive
 Jason and his time are responsive and helpful
 Jason is always available and helpful.
 CHAMP Tech is always very helpful but sometimes hard to reach.
 Slow response time to emails
 We emailed and called for assistance and never got a call or email back.
 Sometimes it takes a while to get a response from them, need to get RW Unit involved

27 Please rate the timeliness of their response.

# Agencies	%	
12	34.3%	Excellent
15	42.9%	Good
5	14.3%	Average
2	5.7%	Fair
1	2.9%	Poor
0	0.0%	No Answer
35	100.0%	

Comments:

There were only two responses:
 There is a delay in receiving responses
 Never got an answer

28 Did you receive any training on CHAMP in FY 2020 (March 1,2020-February 28, 2021)?

# Agencies	%	
11	31.4%	Yes
24	68.6%	No
0	0.0%	No ans.
35	100.0%	

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

Some agencies responded "none at this time." Listed below are only the ideas.

- _____ It would be great if there was a bridge between and CHAMP and EMR.
- _____ Consider adding the client's start date to help the agency determine and track 6 months and annual recertification.
- _____ The referral system needs to be improved.
- _____ Our wish list is that the patient's insurance showed when you entered the units of service.
- _____ Sometimes there is a lag in the CHAMP system that may need more provider meetings for system updates.
- _____ When working on CHAMP, it is slow. Also, making the recertification expiration date alerts more visible.
- _____ The system seems to run very slow when saving data (buffers). Anything that can be done to speed things up would be appreciated.
- _____ System is very slow; improved speed would be helpful for data entry.
- _____ Speed up the system somehow.
- _____ Better customer service.

F. PLANNING COUNCIL

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

# Agencies	%	
19	54.3%	Very familiar
9	25.7%	Somewhat knowledgeable
5	14.3%	I have a vague understanding (skip to question 37)
1	2.9%	I never heard of the Planning Council (skip to question 38)
1	2.9%	No ans.
35	100.0%	

31 In general, how would you rate the work of the Planning Council during FY 2020?

# Agencies	%	
6	17.1%	Excellent
26	74.3%	Good
1	2.9%	Average
0	0.0%	Fair
0	0.0%	Poor
2	5.7%	No Answer
35	100.0%	

Comments:

- _____ One of our staff is a member of the Planning Council
- _____ Another staff member attends the NEMA meetings and reports to the team.

32 Have you attended any Planning Council or Committee meetings in FY 2020?

# Agencies	%	
14	40.0%	Yes
18	51.4%	No
3	8.6%	No ans.
35	100.0%	

33 Have you seen/read copies of the following community reports published by the Planning Council?

A. Newark EMA Needs Assessments?

# Agencies	%	
28	80.0%	Yes
2	5.7%	No
5	14.3%	No ans.
35	100.0%	

B. Newark EMA 2017-2021 Integrated Health Plan?

# Agencies	%	
24	68.6%	Yes
5	14.3%	No
6	17.1%	No ans.
35	100.0%	

34 What is your impression of the quality of these reports?

# Agencies	%	
15	42.9%	Very High quality, the information is accurate and recommendations "on target"
9	25.7%	Somewhat high quality
4	11.4%	The quality is average
1	2.9%	The quality is fair
0	0.0%	The quality is poor, the information is inaccurate and recommendations unhelpful
6	17.1%	No ans.
35	100.0%	

Comments:

None.

35 How often did you use the Newark EMA Needs Assessments and/or Integrated Health Plan?

# Agencies	%	
5	14.3%	Often, majority of the time
6	17.1%	Several times a year (2 -4+)
2	5.7%	Somewhat often
4	11.4%	As needed
2	5.7%	1-2 times per year
3	8.6%	Once in a while, occasionally
3	8.6%	Yearly
1	2.9%	Rarely
1	2.9%	Not used
1	2.9%	Referred to it often especially when writing grant proposals and developing programmatic service delivery goals.
1	2.9%	Not only is it useful as guidance for the Ryan White application process, it is often used and cited during other funding applications (HOPWA,
6	17.1%	No ans.
35	100.0%	

36 What comments do you have on the Planning Council’s priorities and/or priority setting process?
Several respondents had no comment. These are specific comments below.

Having a staff member helps dissemination of information. It is invaluable to have council members who are dealing directly with clients.

Keep up the good work. Great job.

I appreciate the timeliness of need to know information especially during the beginning of the COVID crisis.

Streamlined .

Seems to be well prioritized.

Needs to include comprehensive long term care issues.

We support the planning council's decision to prioritize supportive services and apply for a core service waiver.

37 This section addresses the FY 2021 application (for this year 2021). How would you rate (in terms of its helpfulness in program development and proposal writing) the Planning Council’s “FY 2021 Priority Setting and Resource Allocation (PSRA) Report” (a copy of which was included in the City of Newark’s RFP supplement) which sets forth the percentage of the Part-A award allocated to each of the service categories?

# Agencies	%	
8	22.9%	Excellent
19	54.3%	Good
3	8.6%	Average
0	0.0%	Fair
0	0.0%	Poor
2	5.7%	I am not familiar enough with this document to rate it
3	8.6%	No Answer
35	100.0%	

37A Do you have any suggestions for improving future “Priority Setting and Resource Allocation (PSRA) reports?”

No Comments.

38 How would you rate Planning Council staff in responding to questions and requests for information during FY2020 (March 1, 2020-February 28, 2021)?

# Agencies	%	
8	22.9%	Excellent
12	34.3%	Good
1	2.9%	Average
0	0.0%	Fair
0	0.0%	Poor
13	37.1%	I have never called the Council offices with a question or request
1	2.9%	No Answer
35	100.0%	

Comments:

Easily accessible and responsive to questions. Shares information with agencies and attends EIRC meetings.

39 Please rate the timeliness of their responses.

# Agencies	%	
7	20.0%	Excellent
15	42.9%	Good
4	11.4%	Average
	0.0%	Fair
	0.0%	Poor
9	25.7%	No Answer
35	100.0%	

Comments:

None.

40 What other comments do you have on the Planning Council’s work? Feel free to comment on the Council’s service standards, opportunity for consumer/public input at meetings and needs assessments/integrated health plan, timing/location of meetings, or anything else relevant to the Planning Council’s work.

Comments:

We appreciate the work of the Planning Council. During the past year, we truly appreciated the attention given to the COVID crisis and the up-to-date guidelines and information that was provided.

We have representation on the council from our NECA AETC program manager. I feel the Planning Council exerts a great effort to get Consumer Input which is very difficult as clients do not wish to get involved. The opportunity for them is always there.

Very important work on behalf of the PLWH in the EMA. Thank you for your dedication and hard work.

Additional support is needed to ensure that consumer feedback from Morris, Sussex and Warren Counties is included in the input process.

G. CHALLENGES DUE TO THE COVID-19 PANDEMIC

41 Please describe any specific challenges you faced in service delivery during the COVID-19 pandemic.

The following are entire comments by agencies. They are sorted by general topic and not subdivided by sub-topic.

Limited Client Contact

Not being able to meet with clients, problems with completing recertifications.

Clients were limited in receiving face to face care.

Not being able to meet with clients in person & collecting necessary documents for certifications.

Could not deliver services due to the site being closed to us.

We are only seeing patient's based on a 50% capacity.

Unable to meet in person for a period of time. Now that in-person meetings are being conducted, the scheduled meetings are limited.

I wasn't able to visit centers because of COVID restrictions. I was not able to see most of my clients.

Patients were afraid to have on-site health care visits during the COVID-19 pandemic and/or were afraid to receive the diagnosis of HIV.

Telehealth Issues - Clients

Getting clients adapted to using telehealth

Clients' lack of technology. Some clients not wanting to participate via telehealth.

Telehealth Issues - Agencies

As a new program, building RW services via telehealth only was difficult. Momentum was slow at first, but did improve over time.

We were able to remain open and still see our patients, however we had to move to telemed/telehealth visits and limit face to face contact. We also screen every patient at the door and have limited any in-person meetings.

Did not have access to enough computers for telehealth and zoom meetings. We never stopped seeing patients and needed to work around schedules to attend all meetings/appts.

Service Issues

Delivery of services continued during the pandemic. Safety and protection of the staff and clients took center stage, impacting how services were delivered. Limiting potential exposures resulted in increasing the frequency of smaller-sized groups, increasing the physical spacing in clinical offices, and staggering services to restrict the numbers involved at any given time, such as during meals.

Not able to run group sessions, transportation issues to clinics, family visits, the need for COVID testing.

Many agencies were closed due to the pandemic. Mental health and financial concerns for clients and employees.

The COVID-19 pandemic presented a number of challenges pertaining to the delivery of services. We had to re-configure how we distributed food. In lieu of providing grocery bags containing food items and personal care items, we moved to providing food vouchers. To mitigate the spread of the virus and protect the health and well-being of clients and staff alike, we reduced personal contact by scheduling monthly visits rather than bi-weekly.

Service Responses

We adjusted our transportation services to include more Lyft rides and food/medication drop offs. We expanded Mental Health and Substance Abuse services to include telehealth visits. We increased telehealth communications for case managers to make sure clients needs were being met while in quarantine.

We closed our doors for approximately six weeks. Afterward we returned to the office for lab work and telehealth doctor appointments. After a few weeks we went back to regular in person appointments. In the beginning some clients were reluctant to come back to the office, so it was nice to provide telehealth services.

We converted to remote services very quickly after we had to shut our offices in March 2020. Mental health group services was definitely impacted though we were eventually able to utilize Zoom for those sessions. Clients came to us with even greater needs than usual and we had to really address concrete service needs (housing, food etc) to help clients remain in care.

Significant multifaceted challenges were experienced. In office services were paused or limited, our facility was a COVID hot spot so the pandemic was the priority, patients avoided accessing routine healthcare needs, staff were reassigned to offer support in other areas, staff were out with COVID and COVID related challenges such as remote schooling, etc.

Remote and virtual dealings with clients went better than expected. We stayed busy with client services and making sure client needs were met.

Most of the clinical and support transitioned to a telehealth model in addition to in-person services. Has been very successful.

Overall Agency Issues

The pandemic presented many barriers especially in the initial months of the COVID lockdown. We faced closure of our office, in the Morristown Town Hall Building, for four months (March-June), we requested permission and guidance from the grant to initiate telemedicine and telehealth for MCM. We sought approval from Atlantic Health Systems and Insurance Companies for telemedicine. Patient barriers included lack of technology, fear of exposure to COVID, and privacy concerns.

Personnel

Access and contact with staff on a regular or scheduled basis.

After our clinic was closed in March 2020 due to an exposure, the staff immediately met to plan and implement telehealth services to all clients in order to continue providing services. This implementation was challenging, but we were able to do it within one week of closing the clinic.

RW Service Delivery/Contract Issues

Funding for over expended contract.

Patient volume.

We are only operating at 50% of capacity which has been very difficult.

When the pandemic hit the contract year had just started and the closings did not make it easy to meet the LOS in the history of our agency.

Few/No Issues

We did not have any challenges because we were open through the whole pandemic.

42 Effective April 1, 2020, the Planning Council meetings were moved to virtual meetings due to the COVID-19 pandemic. How did this change affect you or your agency?

# Agencies	%	
13	37.1%	No Effect
7	20.0%	Makes attendance much easier. Saves travel time.
3	8.6%	More convenient for our agency.
1	2.9%	Was able to avoid risk of exposure
1	2.9%	I prefer in person meetings
1	2.9%	I hope they remain virtual
1	2.9%	I prefer personal contact with virtual option
1	2.9%	I was not aware meetings were moved to virtual meetings.
7	20.0%	No Answer
35	100.0%	

H. OTHER COMMENTS

43 What other comments do you have regarding the administration of the Ryan White Part-A program by the City of Newark Ryan White Unit and/or work by the Planning Council?

The following 15 specific comments were received.

- We thank you and appreciate all that you do to support our efforts and service delivery. Our effective collaboration has proven to be effective time and time again in supporting the needs of our clients.
- Excellent leadership on both.
- Great job team! Thank you for your hard work
- During these challenging times, everyone did their part.
- 2020 was challenging for everyone and the Ryan White unit staff of the City of Newark helped us ensure our clients needs we met during these unprecedented times.
- Surveyed needs of agencies during pandemic and were responsive/supportive to challenges.
- The City of Newark Ryan White Unit are friendly, knowledgeable and great to work with.
- They are always working to better the program and serve the community.
- They do a good job.
- Very involved staff who provide a great deal of support and share their knowledge with us.
- Readily available and try to do the best for the consumers in the community
- We have had a number of PMOs over the years but they have all been great.
- Fiscal cycle for the grant should span at least two years, not one.
- In general there are no major issues. It would be very beneficial to be able to sign PO's etc electronically rather than having to go down to the RW office and give signatures. We have been offered for them to be mailed however, given the current restrictions, our offices are closed and the mail room is still not delivering mail, which has to be picked up periodically, so this would
- The City of Newark has not modernized the way they complete their contracts or their monthly voucher system. It was difficult and even at times uncomfortable (due to COVID) to have to go in-person and sign vouchers in order to get paid. We had EHE and RW funding and we would often get notified there was a RW voucher to be signed, we would go and do that and then 2 days later they would notify us that the EHE voucher was ready. This is for FY20 but now in FY21 the City is requiring an original and two copies of each report. This is an increased burden as well as very wasteful. As an EFA provider, we have to submit multiple documents for each client that we assist. This is going to be an incredible waste of paper to provide an original and 2 copies each month for both the RW and EHE grants.

44 What comments/suggestions do you have about this survey?

Received the following 11 comments.

Some felt the survey was too long, others felt that the length was fine.

It is a long survey. Too long. (3)

It is relatively easy to complete.

No suggestions. Very concise and straightforward. Good job.

Covered many topics for one survey.

Excellent. Thank you for an opportunity to share our input

It is great that the agencies were asked to participate in this survey.

Great questions.

The FY were a little confusing. We might have answered incorrectly due to that.

Took a little time to look up dates and information, otherwise it was O.K. Would be nice if we were able to save answers rather than having to complete it all in one go.

III. RECIPIENT SURVEY

A. RFP PROCESS AND SELECTION OF PROVIDERS

1. In the last fiscal year (FY 2020), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White 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 (at least 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. Please provide an update of changes in the procurement process in 2020 for FY 2021. Please answer all five questions (a)-(e). 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 a Newark, NJ Award Estimate Letter for the FY 2021 grant year on 11/6/2020. This document was used to initiate the procurement process in Legistar (City of Newark's contracting system). The Recipient's office has not received a final notice of award for the Part A program to date (5/17/2021). 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.

(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 2 ½ 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 Tuesday, November 17, 2020.

(d) due date for Letter of Intent

The Letter of Intent was due Wednesday, December 2, 2020.

(e) due date for FY 2021 proposal to the City of Newark.

Applications for FY 2021 funding were due Friday, December 11, 2020.

3. How many proposals were received for the current fiscal year (FY 2021)? 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. The Ryan White Unit received (40) applications. Of that total 38 applicants received a grant award for FY2021. One (1) application was disqualified because it was not submitted before the deadline of 4:00pm on Friday, December 11, 2020. Because this applicant provides a unique service to the EMA, the Recipient will enter into a professional services agreement for core services to prevent a disruption of treatment for the consumers receiving services by the program. The final application did not meet the minimum scoring criteria of 65 points, therefore was not eligible to receive an award.

4. Please describe the process used to review proposals requesting FY 2021 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 ensure 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. The FY2021 Peer Review session was conducted virtually on January 12, 2021 and January 13, 2021. The panel consisted of 25 reviewers, 2 were from New York, 2 were from Maryland, 1 from Massachusetts and 20 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 2021) identify new providers? If so, please identify the County/Region and services of the new provider.

Although there was one new sub-recipient application for FY 2021, the applicant did not receive an award because the review score of the application did not meet minimum scoring criteria to receive an award.

6. Did the selection process this year (FY 2021) 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 use disorder, gay/bisexual and other MSM, lesbian, transgender people, youth, older adults, undocumented, limited English proficient and Latinos)? If so, How?

The Newark EMA has made access to health care a top priority since implementation of the Core Services Model 17 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, FY20 client level data on utilization of Part A medical care by race/ethnicity, gender, age, exposure category, and geography indicate 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 17 mental health programs, including 11 in Essex County, 3 in Union County and 3 Tri-County.

Substance Use Disorder. The EMA currently funds 12 substance abuse programs, including 10 in Essex County, 1 in Union County and 1 Tri-County. It also provides funds a Residential Substance Abuse program in Essex County.

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

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

members of society.

Youth. Two EMA providers (both located in Essex County) provide RWHAP services to adolescents and young adults living with HIV. One program is more family-oriented, providing care to pediatric patients (perinatal infected) until they age into the adult health care system. Services also include pre-conception counseling for women of child-bearing ages and 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

7. On what date did the Newark EMA receive notification from the federal government (HRSA/HAB) on the amount of FY 2021 funding, which enabled the City of Newark to start the procurement process?

Please refer to question 2a.

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 2021. This document provided the Recipient the ability to issue partial awards for a period of six (6) months from March 1, 2021 through August 31, 2021. This document was entered into LEGISTAR on January 25, 2021, and adopted by the by the City Council on March 17, 2021, 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 2021?

The partial award for FY2021 in the amount of \$2,743,980.00 was issued by HRSA/HAB on January 15, 2021.

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 2021 funding?

The final award for FY2021 in the amount of \$12,156,514.00 was issued by HRSA/HAB on March 25, 2021.

12. On what date were award letters sent to funded agencies for FY 2021?

FY 2021 partial Award letters were sent to RW funded agencies on February 26, 2021 with a

funding period of March 1, 2021 through August 31, 2021. Final Award Letters for the period of March 1, 2021 through February 28, 2021 were sent out on June 21, 2021.

13. On what date were the FY 2021 funds from HRSA accepted by the Municipal Council (City of Newark)?

The Municipal Council accepted the HRSA funds on March 17, 2021.

14. In the chart below, please indicate the number of contracts adopted and executed for FY 2021:

Table 1: FY 2021 Contract Status

FY 2021 CONTRACT STATUS		
DATE:	# of contracts ADOPTED	# of contracts EXECUTED
<i>By March 31, 2021</i>	0	0
<i>By April 30, 2021</i>	0	0
<i>By May 31, 2021</i>	18	0
<i>By June 30, 2021</i>	0	17
<i>By July 31, 2021</i>	0	0
<i>By August 31 2021</i>	20	21
<i>By September 30, 2021</i>	0	0
Total Contracts	38*	38*

* One contract within DHCW is executed by interdepartmental agreement.

NOTE: The online Recipient Survey added Question 15 as the number of contracts executed instead of showing it in the above table format, and changed the numbering of the questions below. The numbering of questions in this document follows the FY 2021 Recipient Survey tool approved by Research and Evaluation Committee.

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

The Ryan White Unit anticipates full execution of all contracts by August 31, 2021.

16. What was the due date in 2021 for agencies to submit contract documents for processing by the City of Newark?

Contract documents were due on March 15, 2021 for the period of March 1, 2021 through August 31, 2021. The due date for the final contract documents are due on July 2, 2021 for the period of March 1, 2021 – February 28, 2022.

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

The RW contracts have 46% of the Ryan White contracts are in execution phase. Obstacles are a hybrid (in office and remote working), and schedules of the City Clerk and Law offices.

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

Many sub-recipients continue to find it difficult to complete the programmatic and fiscal contract 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. Additional delays are a result of not receiving the requested revisions in a timely fashion.

- 19. Please comment on the content of the contracts this year (FY 2021) in comparison to last year (FY 2020), 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 new HRSA policies/guidelines or Planning Council directives/ specifications/ standards, etc., included in the FY 2021 contract to report. Staffing changes (reassignments, Family Medical Leave Act (FMLA), etc.) have impacted the review of the FY 2021 contracts.

- 20. There are two additional HRSA/HAB funding sources available to Newark RWU and agencies for FY 2021 – 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.**

The RWU Procurement and contracting process was not impacted by Ending the Epidemic and CARES funding for FY21.

C. IMPACT OF COVID-19 ON FY 2021 PROCUREMENT AND CONTRACTING

- 21. Please describe the Newark RWU “work at home” policies including any changes in the policies, the days per week spent in office versus at home, and any other COVID-19 policies impacting FY 2021 contracting.**

As of June 1, 2020, the RWU has resumed its full in-office schedule. A remote working schedule that permits one day of remote working per week is in place for a staff member who is experiencing childcare issues.

- 22. How did these COVID-19 policies impact (delay, expedite, etc.) the contracting process for FY 2021? What steps took longer or were completed faster?**

Although the RWU has returned to full operations, City Hall had their own remote working schedule in place, which ended on May 17, 2021. Prior to 5/17/21, the remote working policies reduced the amount of time the City was in operation on-site, and contracts that are going through the review process were delayed.

- 23. Do you have any other comments on the impact of the COVID-19 policies on future contracting, either positive or negative?**

None.

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 2021?

Sub-recipients have begun submitting reimbursements for FY 2021 and Monitors have begun approving the reports for payment. Sub-recipients with adopted contracts will begin receiving reimbursements in June 2021.

26. Over the past year, agencies have raised concerns about the 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. Is the City of Newark considering moving from a manual process 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?**

It is a requirement that all sub-recipients and vendors receive a site visit during each fiscal year. The scope of the visit is to ensure the service provider/vendor is in compliance with HRSA's programmatic and fiscal standards as outlined in the National Monitoring Standards.

-
- 32. In the last fiscal year (FY 2020), how many Programmatic site visits did each service provider receive? (please give range and average)**

Site visits were suspended by HRSA for FY2020, due to the COVID-19 pandemic

-
- 33. In the last fiscal year (FY 2020), how many Fiscal site visits did each service provider receive? (please give range and average)**

Site visits were suspended by HRSA for FY2020, due to the COVID-19 pandemic

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

Programmatic and Fiscal Monitoring Site Visit Protocol – Attachment A

- 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. Changes in Policy Clarification Notices are communicated EMA wide and associated service standards are updated as revisions are published.

- 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.)?**

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. Corrective Action responses are reviewed internally and discussed during staff meetings. 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. 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 2021)?

- Programmers are working on a **WEB based version of CHAMP**
- **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. The RW Program Coordinator receives 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 FY2021. Trainings will focus on all administrative components of the management system and the process for generating data from the flat files.

39. What is the status of these objectives as of February 28, 2021?

- **CHAMP WEB** - In the final quarter of 2021, the WEB based version of CHAMP is scheduled to be released.
- The Program Coordinator is familiar with setting up sub-recipient awards and modifying contracts in the CHAMP system.
- **Super User** - trainings during FY2020 were suspended due to COVID – 19 Pandemic. The Recipient's office will resume trainings in FY2021.

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?

The billing of telehealth services for all sub-types implemented will remain. As an acceptable practice, the Recipients office will accept the use of a telehealth services/visit as long as one medical visit occurs within the measurement period. Many sub-recipients have adopted the use of telehealth services as a standard procedure for clients who are stable, finding that clients are more inclined to respond to a telehealth services vs. a physical visit.

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

41. What percent of the overall award (for FY 2020) was used for Recipient Support, Planning Council Support, CHAMP, and Quality Management? Please indicate the percentages for each category.

Approximately 12% of the FY 2020 award was used for Recipient Support, Planning Council Support, CHAMP and Quality Management.

Table 2: FY 2020 Allocations for Administration and Quality Management

Item	Amount	Percentage
Administration	\$1,262,026	10.0%
Recipient Support	\$683,908	5.4%
Planning Council Support	\$232,173	1.8%
CHAMP	\$345,945	2.8%
Quality Management	\$260,265	2.1%
Total	\$1,522,291	12.1%

42. What percent of formula funds were unexpended, and why, at the end of FY 2020?

0%. All formula funds were expended at the end of FY 2020.

43. What percent of supplemental funds were unexpended, and why, at the end of FY 2020?

4.12% of all funds were unexpended, 12.49% supplemental funds were unexpended - recipient and sub-recipient staff accruals.

44. What percent of MAI funds were unexpended, and why, at the end of FY 2020?

0.99% of MAI funds were unexpended - staff accruals.

45. What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2020?

8.26% of non-service funds were unexpended - recipient staff accruals.

46. Please provide the final Spending Report for FY 2020.

See **Attachment B – FY 2020 Final Expenditure Report.**

47. Please provide the Allocation Report for FY 2021 using the table on the following page.

Table 3: FY 2021 ALLOCATION REPORT

SERVICE CATEGORY (BY PRIORITY)	PLANNING COUNCIL				RECIPIENT		
	PERCENT AND DOLLAR		+/-25%		PERCENT AND DOLLAR		VARIANCE FROM COUNCIL
<i>CORE SERVICES (8)</i>							
PRIMARY MEDICAL CARE	13.15%	1,376,228	1,720,284.97	1,032,170.98	14.56%	1,523,323	Within Range
EARLY INTERVENTION SERVICES	0.25%	26,164	32,705.04	19,623.02	0.21%	22,275	Within Range
MENTAL HEALTH SERVICES	9.00%	941,905	1,177,381.35	706,428.81	8.68%	908,906	Within Range
SUBSTANCE ABUSE SERVICES (OUTPATIENT)	6.05%	633,170	791,461.91	474,877.14	5.95%	622,910	Within Range
ORAL HEALTH CARE	7.00%	732,593	915,741.05	549,444.63	7.63%	798,592	Within Range
MEDICAL NUTRITION THERAPY	1.00%	104,656	130,820.15	78,492.09	1.00%	104,747	Within Range
MEDICAL CASE MANAGEMENT	35.15%	3,678,663	4,598,328.27	2,758,996.96	35.05%	3,668,598	Within Range
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE	0.50%	52,328	65,410.08	39,246.05	0.43%	45,202	Within Range
<i>SUPPORT SERVICES (8)</i>							
HOUSING SERVICES	8.50%	889,577	1,111,971.28	667,182.77	8.18%	856,062	Within Range
MEDICAL TRANSPORTATION SERVICES	2.50%	261,640	327,050.38	196,230.23	1.60%	167,196	Within Range
CASE MANAGEMENT SERVICES (NON-MEDICAL)	8.00%	837,249	1,046,561.20	627,936.72	7.86%	822,967	Within Range
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)	1.65%	172,683	215,853.25	129,511.95	1.81%	189,150	Within Range
EMERGENCY FINANCIAL ASSISTANCE	2.70%	282,572	353,214.41	211,928.64	2.00%	209,193	Within Range
FOOD BANK/HOME-DELIVERED MEALS	1.25%	130,820	163,525.19	98,115.11	1.55%	161,717	Within Range
LEGAL SERVICES	3.00%	313,968	392,460.45	235,476.27	3.17%	332,140	Within Range
PSYCHOSOCIAL SUPPORT SERVICES	0.30%	31,397	39,246.05	23,547.63	0.31%	32,204	Within Range
TOTAL AMOUNT OF FUNDING	100%	10,465,613			100%	10,465,613	

H. 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) for FY 2021 as well as the categories of services for which each is contracted.

See Attachment C.

I. 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.

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

Table 4: FY 2020 MAI Funding Allocations

FY 2020 Providers	Primary Medical Care	Medical Case Management	Transitional Housing	Total
Essex County				
Rutgers IDP	\$145,000	\$699,135	\$0	\$844,135
St. Michael’s Clinics, Inc.	\$75,000	\$105,999	\$0	\$180,999
Newark Beth Israel Medical Center	\$48,588	\$0	\$0	\$48,588
Union County				
None				0
Tri-County				
None				0
Total Direct Service Dollars	\$268,588	\$805,134	\$0	\$1,073,722
			Quality Management	\$63,160
			Administration	\$126,320
			FY 2020 Total MAI Funding	\$1,263,202

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

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

J. CORE MEDICAL SERVICES WAIVER

- 51. Please outline how the Recipient implemented the FY 2020 service allocations to ensure that the Core Medical and Support Service allocations matched the percentages in the FY 2020 Priority Setting and Resource Allocation Report approved by the Newark EMA Planning Council.**

The Recipient enters the priorities and percentages from the recommendations of the approved Priority Setting and Resource Allocation Report guide funding allocations for all sub-recipient services. The Planning Council President receives an allocations report and signs a Letter of Endorsement approving the Recipient’s funding allocations.

K. 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
3/29/21	FY2020 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
6/11/21	FY2020 Annual Progress Report.
Completed by Newark Finance Dept.	FY2020 final Financial Report (FFR)
5/28/21	FY2020 Expenditure Report (as documented in the final FY2020 FRR)
7/20/20	Budgeted allocation of FY2020 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2020 Implementation Plan.

L. ADDITIONAL COMMENTS

Additional Comments:

None.

**ATTACHMENT A:
PROGRAMMATIC AND FISCAL
MONTHLY MONITORING TOOL**

Programmatic and Fiscal Monitoring Site Visit Protocol

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

ATTACHMENT B: FY 2020 FINAL SPENDING REPORT

Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2020 - 2/28/2021 11:59:59 PM

Report Status: Working

Last Modified Date: 05/28/2021 02:40 PM

Contact Information of the Person Responsible for This Submission

Preparer's Name: Ketten Alsbrook
 Preparer's Phone: (973) 733-4505
 Preparer's Email: alsbrookk@ci.newark.nj.us

Award Information

	Carryover	Current FY	Total
1. RWHAP Part A Formula Award Amount		\$7,253,165	\$7,253,165
2. RWHAP Part A MAI Award Amount		\$1,263,202	\$1,263,202
3. RWHAP Part A Supplemental Award Amount		\$4,040,146	\$4,040,146
4. Total RWHAP Part A Funds		\$12,556,513	\$12,556,513

Part A Program Total

	RWHAP Part A Formula Award Amount						RWHAP Part A MAI Award Amount						RWHAP Part A Supplemental Award Amount Reporting FY		Aggregate Total	
	Prior FY Carryover		Reporting FY		Total		Prior FY Carryover		Reporting FY		Total		Amount	Percent	Amount	Percent
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent				
<i>Non-Services</i>																
a. Clinical Quality Management			\$325,373	3.02%	\$325,373	3.02%			\$61,321	4.90%	\$61,321	4.90%	\$0	0.00%	\$386,694	3.21%
b. Administration			\$1,018,164	9.44%	\$1,018,164	9.44%			\$117,433	9.39%	\$117,433	9.39%	\$0	0.00%	\$1,135,597	9.43%
Non-services Subtotal			\$1,343,537	12.45%	\$1,343,537	12.45%			\$178,754	14.29%	\$178,754	14.29%	\$0	0.00%	\$1,522,291	12.64%
c. Core Medical Services			\$6,848,173	63.48%	\$6,848,173	63.48%			\$1,071,932	85.71%	\$1,071,932	85.71%	\$0	0.00%	\$7,920,105	65.79%
d. Support Services			\$2,596,821	24.07%	\$2,596,821	24.07%							\$0	0.00%	\$2,596,821	21.57%
Total Service Expenditures			\$9,444,994	87.55%	\$9,444,994	87.55%			\$1,071,932	85.71%	\$1,071,932	85.71%	\$0	0.00%	\$10,516,926	87.36%
Total Expenditures (Service + Non-service)			\$10,788,531	100.00%	\$10,788,531	100.00%			\$1,250,686	100.00%	\$1,250,686	100.00%	\$0	0.00%	\$12,039,217	100.00%

Part A Expenditure Categories

	RWHAP Part A Formula Award Amount						RWHAP Part A MAI Award Amount						RWHAP Part A Supplemental Award Amount Reporting FY		Aggregate Total	
	Prior FY Carryover		Reporting FY		Total		Prior FY Carryover		Reporting FY		Total		Amount	Percent	Amount	Percent
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent				
<i>Core Medical Services</i>																
a. AIDS Drug Assistance Program Treatments																
b. AIDS Pharmaceutical Assistance																
c. Early Intervention Services (EIS)			\$19,390	0.21%	\$19,390	0.21%							\$0	0.00%	\$19,390	0.18%
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals			\$49,925	0.53%	\$49,925	0.53%							\$0	0.00%	\$49,925	0.47%
e. Home and Community-Based Health Services																
f. Home Health Care																
g. Hospice																
h. Medical Case Management, including Treatment Adherence Services			\$3,065,749	32.46%	\$3,065,749	32.46%			\$925,470	86.34%	\$925,470	86.34%	\$0	0.00%	\$3,991,219	37.95%
i. Medical Nutrition Therapy			\$96,133	1.02%	\$96,133	1.02%									\$96,133	0.91%
j. Mental Health Services			\$882,131	9.34%	\$882,131	9.34%									\$882,131	8.39%
k. Oral Health Care			\$793,240	8.40%	\$793,240	8.40%									\$793,240	7.54%
l. Outpatient/Ambulatory Health Services			\$1,269,050	13.44%	\$1,269,050	13.44%			\$146,462	13.66%	\$146,462	13.66%	\$0	0.00%	\$1,415,512	13.46%
m. Substance Abuse Outpatient Care			\$672,555	7.12%	\$672,555	7.12%									\$672,555	6.39%
1. Core Medical Services Total			\$6,848,173	72.51%	\$6,848,173	72.51%			\$1,071,932	100.00%	\$1,071,932	100.00%	\$0	0.00%	\$7,920,105	75.31%

Support Services															
a. Child Care Services															
b. Emergency Financial Assistance			\$151,430	1.80%	\$151,430	1.60%					\$0	0.00%	\$151,430	1.44%	
c. Food Bank/Home Delivered Meals			\$180,608	1.91%	\$180,608	1.91%					\$0	0.00%	\$180,608	1.72%	
d. Health Education/Risk Reduction															
e. Housing			\$809,599	8.57%	\$809,599	8.57%					\$0	0.00%	\$809,599	7.70%	
f. Linguistic Services															
g. Medical Transportation			\$153,897	1.63%	\$153,897	1.63%					\$0	0.00%	\$153,897	1.46%	
h. Non-Medical Case Management Services			\$843,469	8.93%	\$843,469	8.93%					\$0	0.00%	\$843,469	8.02%	
i. Other Professional Services			\$344,201	3.64%	\$344,201	3.64%					\$0	0.00%	\$344,201	3.27%	
j. Outreach Services															
k. Psychosocial Support Services			\$30,817	0.33%	\$30,817	0.33%					\$0	0.00%	\$30,817	0.29%	
l. Referral for Health Care and Support Services															
m. Rehabilitation Services															
n. Respite Care															
o. Substance Abuse Services (residential)			\$82,800	0.88%	\$82,800	0.88%					\$0	0.00%	\$82,800	0.79%	
2. Support Services Total			\$2,596,821	27.49%	\$2,596,821	27.49%					\$0	0.00%	\$2,596,821	24.69%	
3. Total Service Expenditures			\$9,444,994	100.00%	\$9,444,994	100.00%	100.00%	\$1,071,932	100.00%	\$1,071,932	100.00%	\$0	100.00%	\$10,516,926	100.00%

ATTACHMENT C: PART A FUNDED SERVICE PROVIDERS

Essex County Providers	Address	Housing & Related Services	Medical Case Mgmt	Primary Medical Care	Primary Medical Care (LABS)	Outpatient Substance Abuse	Outpatient Substance Abuse (GROUP)	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				
Apostle House	24 Grant Street Newark, New Jersey 07104 (973) 482-0625	X						X						X	X				
Broadway House	298 Broadway Newark, New Jersey 07104 (973) 268 – 9797		X			X					X	X							
C.U.R.A.	35 Lincoln Park Newark, New Jersey 07101 (973) 645 – 4218					X	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			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		X				
Newark Beth Israel	166 Lyons Avenue Newark, New Jersey 07112 (973) 926 – 5212		X	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
DHCW Special Care Clinic	394 University Avenue Newark, New Jersey 07102 (973) 877 – 6150		X	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		X				
La Casa de Don Pedro	76 Clinton Avenue Newark, New Jersey 07114 (973) 624 – 4222							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
Team Management	972 Broad Street, 3rd Floor Newark, New Jersey 07102 (973) 273 - 0425					X		X		X		X	X		X				

ATTACHMENT D: 2021 QUESTIONNAIRES

Provider/Agency Questionnaire

Word Document

Recipient Questionnaire

Word Document

NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL ASSESSMENT OF THE ADMINISTRATIVE MECHANISM – FY 2021 AGENCY SURVEY

**Assessment of Ryan White Part-A Administrative Mechanism
in the Newark EMA Agency Survey (2021)**

Purpose. The purpose of this survey is to “assess the efficiency of the administrative mechanism in allocating resources to areas of greatest need.” That is, how quickly and effectively Ryan White funding was deployed to agencies to serve People Living with HIV/AIDS (PLWHA). **This assessment is required by federal RWHAP (Ryan White HIV/AIDS Program) law.**

Confidentiality. This survey is anonymous. No completed survey can be linked to the person who filled it out. **However, respondents must enter the agency name. The reason is to help identify which agencies have submitted responses and which have not – and to follow up on those agencies who have not responded. NO AGENCY NAME WILL BE USED IN ANY REPORT OF RESPONSES.**

Completed forms will be the property of the Planning Council and shredded within six months after responses are analyzed. All reports and findings will be based on aggregate data. The findings will be presented both to the Planning Council and to the City of Newark and HRSA (Health Resources Services Administration, the branch of the federal government that allocates and monitors Ryan White Part-A funds across the United States). **Most importantly, responses will be used to improve the administration of Ryan White Part-A funds locally.**

Instructions: Please complete all sections on this word document. Once completed, return by email to Planning Council Support Staff at Tania.Guaman@uwguc.org.

OR

Submit your response by filling out the survey [online](#) via SurveyMonkey.

All survey responses should be submitted on or before **May 11, 2021 by 3PM.**

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 or at (732) 259 7868.**

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

Agency Name: (INSERT)

RFP Process and selection of Providers

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

2. Did the RFP? (answer yes or no):

2.1 Clearly describe application requirements? Yes____ No____

2.2 Clearly describe eligibility requirements? Yes____ No____

2.3 Describe the purpose and objectives of the entire Part-A program?

Yes____ No____

2.4 Describe the criteria and procedures for reviewing proposals?

Yes____ No____

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

3. How would you rate the Technical Assistance Meeting held on **November 17, 2020** in clarifying proposal requirements and any other questions you had about the RFP or your proposal?

____ Excellent

____ Good

____ Average

____ Fair

____ Poor

COMMENTS:

4. Last year the RFP was available starting on November 11, 2020 and the proposals were due on December 11, 2020. Was this enough time to prepare and submit your proposal?

Yes_____ No_____

What suggestions do you have?

5. Were the RFP page limitations appropriate?

Yes_____ No_____

COMMENTS:

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

Yes_____ No_____

COMMENTS:

Placement of Contracts

7. For the current fiscal year (which started March 1, 2021), when were you notified that you would be receiving Ryan White Part-A funding?

7.1 How were you notified?

8. How many service categories were you funded for in FY 2021?

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

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

11. Was your FY 2020 (March 1, 2020 - February 28, 2021) contract augmented/amended during the year?

Yes_____ No_____

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

Service Provider Reimbursement

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

13. In FY 2020, what was the approximate amount of time between submission of an accurate invoice/end of month report and receipt of reimbursement check?

14. When (date or month) did your agency receive your first reimbursement check for FY 2020 services? (Insert date)

Date: xx/xx/20xx.

OR Insert month, day and date.

15. Have your reimbursement checks been accurate?

_____ Excellent

_____ Good

_____ Average

_____ Fair

_____ Poor

If no, please comment on the problem and its resolution.

City of Newark Ryan White Unit – Site Visit & Technical Assistance

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

_____ Excellent

_____ Good

_____ Average

_____ Fair

_____ Poor

COMMENTS:

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

_____ Excellent

_____ Good

_____ Average

_____ Fair

_____ Poor

COMMENTS:

18. In your experience during FY 2020, how would you rate the communication between your agency and the Ryan White Unit?

_____ Excellent

_____ Good

_____ Average

_____ Fair

_____ Poor

COMMENTS:

19. How many site visits (in-person or virtual) from the Ryan White Unit for the purposes of monitoring Part-A funds did your agency have during FY 2020 (**March 1, 2020-February 28, 2021**). **{please include all scheduled site visits, unscheduled visits and special technical assistance visits. Do not include visits from the CHAMP staff}.**

19.1 How many programmatic site visits?

19.2 How many fiscal site visits?

19.3 How many quality management site visits (including “chart review” visits).

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

_____ Excellent

_____ Good

_____ Average

_____ Fair

_____ Poor

_____ Not Applicable as we have had no site visits in FY 2020 (March 1, 2020-February 28, 2021)

COMMENTS:

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

22. How would you rate the Ryan White Unit in providing your agency with (1) programmatic, (2) fiscal, (3) Quality Management technical assistance (TA) or training during FY 2020 (this may include recommendations from the site visit or a special technical assistance training? **For each of the following.**

22A. Programmatic TA

_____ Excellent

_____ Good

_____ Average

- _____ Fair
- _____ Poor
- _____ Not Applicable (our agency has not required TA in FY 2020)
- _____ Not Applicable (our requests for TA during FY 2020 have not been met)
- _____ Not Applicable (we have had no site visits/TA during FY 2020)

22B. Fiscal TA

- _____ Excellent
- _____ Good
- _____ Average
- _____ Fair
- _____ Poor
- _____ Not Applicable (our agency has not required TA in FY 2020)
- _____ Not Applicable (our requests for TA during FY 2020 have not been met)
- _____ Not Applicable (we have had no site visits/TA during FY 2020)

22C. Quality Management TA

- _____ Excellent
- _____ Good
- _____ Average
- _____ Fair
- _____ Poor
- _____ Not Applicable (our agency has not required TA in FY 2020)
- _____ Not Applicable (our requests for TA during FY 2020 have not been met)
- _____ Not Applicable (we have had no site visits/TA during FY 2020)

COMMENTS:

CHAMP (Comprehensive HIV/AIDS Management Program)

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

_____ Excellent

_____ Good

_____ Average

_____ Fair

_____ Poor

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

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

25A. **Service reports?**

COMMENTS:

25B. **Fiscal reports?**

COMMENTS:

25C. **Quality management reports?**

COMMENTS:

26. How would you rate the on-going support that you/your staff received in using CHAMP during FY 2020? (please consider responses to any questions including assistance through the CHAMP help desk)

_____ Excellent

_____ Good

_____ Average

_____ Fair

_____ Poor

COMMENTS:

27. Please rate the timeliness of their response.

_____ Excellent

_____ Good

_____ Average

_____ Fair

_____ Poor

COMMENTS:

28. Did you receive any training on CHAMP in FY 2020 (March 1, 2020-February 28, 2021)

Yes _____ No _____

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

Planning Council

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

_____ Very familiar

_____ Somewhat knowledgeable

_____ I have a vague understanding **(skip to question 37)**

_____ I never heard of the Planning Council **(skip to question 38)**

31. In general, how would you rate the work of the Planning Council during FY 2020?

_____ Excellent

_____ Good

_____ Average

_____ Fair

_____ Poor

COMMENTS:

32. Have you attended any Planning Council or Committee meetings in FY 2020?

Yes_____ No_____

33. Have you seen/read copies of the following community reports published by the Planning Council?

33a. Newark EMA Needs Assessments?

Yes_____ No_____

33b. Newark EMA 2017-2021 Integrated Health Plan?

Yes_____ No_____ (if no skip to question 37)

34. What is your impression of the quality of these reports?

_____ Very High quality, the information is accurate and recommendations “on target”

_____ Somewhat high quality

_____ The quality is average

_____ The quality is fair

_____ The quality is poor, the information is inaccurate and recommendations unhelpful

COMMENTS:

35. How often did you use the Newark EMA Needs Assessments and/or Integrated Health Plan?

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

37. This section addresses the FY 2021 application (for this year 2021). How would you rate (in terms of its helpfulness in program development and proposal writing) the Planning Council’s “FY 2021 Priority Setting and Resource Allocation (PSRA) Report” (a copy of which was included in the City of Newark’s RFP supplement) which sets forth the percentage of the Part-A award allocated to each of the service categories?

- Excellent
- Good
- Average
- Fair
- Poor
- I am not familiar enough with this document to rate it

37.1 Do you have any suggestions for improving future "Priority Setting and Resource Allocation (PSRA) reports?

38. How would you rate Planning Council staff in responding to questions and requests for information during FY2020 (March 1, 2020-February 28, 2021)?

- Excellent
- Good
- Average
- Fair
- Poor
- I have never called the Council offices with a question or request

COMMENTS:

39. Please rate the timeliness of their responses

- Excellent
- Good
- Average
- Fair
- Poor

COMMENTS:

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

Challenges due to the COVID-19 pandemic

41. Please describe any specific challenges you faced in service delivery during the COVID-19 pandemic.

42. Effective April 1, 2020, the Planning Council meetings were moved to virtual meetings due to the COVID-19 pandemic.

How did this change affect you or your agency?

43. What other comments do you have regarding the administration of the Ryan White Part-A program by the City of Newark Ryan White Unit and/or work by the Planning Council?

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

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. YOUR ASSISTANCE AND HONESTY IS VERY MUCH APPRECIATED.

The survey findings will be published after July 2021 on the following website <https://www.nemaplanningcouncil.org/community-reports> for review.

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL ASSESSMENT OF
THE ADMINISTRATIVE MECHANISM – FY 2021 RECIPIENT SURVEY**

**Assessment of Ryan White Part-A Administrative Mechanism
in the Newark EMA Recipient Survey (2021)**

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.

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OR

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

RFP PROCESS AND SELECTION OF PROVIDERS

1. In the last fiscal year (FY 2020), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White HIV/AIDS Program (RWHAP) Part A funds?

2. Please provide an update of any changes in the procurement process in 2020 for FY 2021. 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,
 - (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 Technical Assistance session,
 - (d) due date for Letter of Intent, and
 - (e) due date for FY 2021 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 2021)? 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 2021 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 2021) 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 2021) 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: people with mental health disorders, 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.

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 2021?

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 2021 funding?

12. On what date were award letters sent to funded agencies for FY 2021?

13. On what date were the FY 2021 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 2021:

FY 2021 CONTRACT STATUS		
DATE:	# of contracts ADOPTED	# of contracts EXECUTED
<i>By March 31, 2021</i>		
<i>By April 30, 2021</i>		
<i>By May 31, 2021</i>		
<i>By June 30, 2021</i>		
<i>By July 31, 2021</i>		
<i>By August 31 2021</i>		
<i>By September 30, 2021</i>		

15. On what date were all contracts with funded agencies fully executed?
16. What was the due date in 2021 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 2021) in comparison to last year (FY 2020), 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 additional HRSA/HAB funding sources available to Newark RWU and agencies for FY 2021 – 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 2021 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.

21. Please describe the Newark RWU “work at home” policies including any changes in the policies, the days per week spent in office versus at home, and any other COVID-19 policies impacting FY 2021 contracting.

22. How did these COVID-19 policies impact (delay, expedite, etc.) the contracting process for FY 2021? What steps took longer or were completed faster?

23. 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 2021?

26. Over the past year, agencies have raised concerns about the 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. Is the City of Newark considering moving from a manual process 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 2020), how many Programmatic site visits did each service provider receive? (please give range and average)

33. In the last fiscal year (FY 2020), 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 2021)?

39. What is the status of these objectives as of February 28, 2021?

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 2020)

41. What percent of the overall award (for FY 2020) 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 2020?

43. What percent of supplemental funds were unexpended, and why, at the end of FY 2020?

44. What percent of MAI funds were unexpended, and why, at the end of FY 2020?

45. What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2020?

46. Please provide the final Spending Report for FY 2020.

47. Please provide the Allocation Report for FY 2021 using the table on the following page.

FY 2020 ALLOCATION REPORT

SERVICE CATEGORY (BY PRIORITY)	PLANNING COUNCIL				RECIPIENT		
	PERCENT AND DOLLAR		+/-25%		PERCENT AND DOLLAR		VARIANCE FROM COUNCIL
<i>CORE SERVICES (9)</i>							
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							
<i>SUPPORT SERVICES (7)</i>							
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 2021.

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 2020 Providers	Primary Medical Care	Medical Case Management	Transitional Housing	Total
Essex County				
Union County				
Tri-County				

Total Direct Service Dollars				
Quality Management				
Administration				
FY 2020 Total MAI Funding				

50. Please provide a list of the organizations in receipt of MAI funds in FY 2021.

CORE MEDICAL SERVICES WAIVER

On January, 2021 the Newark EMA was awarded a waiver of the requirement to provide 75% of RWHAP-funded Part A services for Core Medical Services for FY 2020.

51. Please outline how the Recipient implemented the FY 2020 service allocations to ensure that the Core Medical and Support Service allocations matched the percentages in the FY 2020 Priority Setting and Resource Allocation Report approved by the Newark EMA Planning Council.

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 (OR EXPECTED DATE)	CONTENT OF REPORT

DATE OF RECIPIENT REPORT (OR EXPECTED DATE)	CONTENT OF REPORT
x/x/21	FY 2020 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
x/x/21	FY 2020 Annual Progress Report.
x/x/21	FY 2020 final Federal Financial Report (FFR)
x/x/21	FY 2020 Expenditure Rate (as documented in the final FY 2020 FFR)
x/x/21	Budgeted allocation of FY 2020 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2020 Implementation Plan.

ADDITIONAL COMMENTS

Please provide any additional comments below: