

**NEWARK EMA  
HIV HEALTH SERVICES PLANNING  
COUNCIL**



**ASSESSMENT OF THE  
ADMINISTRATIVE MECHANISM**

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

**FY 2023**

**September 2023**

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL  
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**List of Abbreviations/Acronyms**

COVID-19	Coronavirus (2019)
DHCW	Department of Health and Community Wellness (in the City of Newark)
EFT	Electronic Funds Transfer
EIIHA	Early Identification of Individuals with HIV/AIDS
EMA	Eligible Metropolitan Area
FY	Fiscal Year
HAB	HIV/AIDS Bureau (of HRSA)
HRSA	Health Resources and Services Administration
NCC	Non-Competing Continuation (report)
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 2023

September 2023

## I. INTRODUCTION

### A. PURPOSE

The purpose of Newark Eligible Metropolitan Area (EMA) Assessment of the Administrative Mechanism for FY 2023 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 HRSA/HAB FY 2022 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.”<sup>1</sup>

**(Note:** Beginning with FY 2022, the Part A award from HRSA covered a three-year project period. This included one competitive award for FY 2022 and two Non-Competing Continuation (NCC) reports for FY 2023 and FY 2024. Nonetheless, the requirement of an annual assessment of the administrative mechanism continued.)

Planning councils are required to complete the assessment annually. It has been the practice of the Newark EMA HIV Health Services Planning Council to complete one “full” assessment followed by two annual updates. The full assessment includes surveys of both the Recipient and all RWHAP-funded service providers/agencies. The two annual updates survey only the Recipient. The Council completed a full assessment in 2021 and an update in 2022. This 2023 report is an update assessment.

### B. METHODOLOGY

The assessment was completed by the Planning Council through its Research and Evaluation Committee (REC). The committee reviewed and updated the assessment tool used in 2022 for the Recipient to reflect current agency responsibilities, continuing changes made for FY 2023 procurement following a site visit by HRSA/HAB to the Recipient in July 2021, return to normal work arrangements (post-coronavirus (COVID-19)), easier HRSA approval of Core

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<sup>1</sup> 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>

Services Waiver request, and implementation of electronic mechanisms for procurement.

On July 19, 2023 the Council e-mailed the FY 2023 Recipient Survey to the City of Newark AIDS Director (RWU Program Manager) with a completion date of July 31, 2023. Response was received on August 18, 2023. This would allow for review and approval of results at the Planning Council meeting on September 20, 2023 to ensure timely inclusion in the FY 2024 Non-Competing Continuation grant application.

## **C. GENERAL FINDINGS**

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

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

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

The Recipient evidenced continued implementation of new processes related to the 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.

**New for FY 2023.** FY 2023 was the second year of implementation of the three-year Project Period for RWHAP contracting. This change in the Newark EMA followed a change in the HRSA HAB RWHAP Part A award which covers a three year period from March 1, 2022 through February 28, 2025 or FY 2022, 2023, 2024. For the current FY 2023 Budget Period, contracting and billing proceeded as in FY 2020 to FY 2022.

New for FY 2023, however, was implementation of DocuSign by the City of Newark for internal governmental signatures (DHCW Director, City Clerk, Legal) required for public contracting approvals by the Newark Municipal Council. This helped Newark meet the requirement of “rapidly allocating funds to areas of greatest need” and expedited the ability of agencies to bill for Ryan White services provided starting in May 2023. This change has no impact on the speed with which the City of Newark processes requests for reimbursement (Purchase Orders - PO’s) or issues checks or electronic funds deposits for payment of services.

**Response to Proposed Improvements from FY 2021 Assessment.** A recommendation from the FY 2021 Assessment of the Administrative Mechanism was that the Recipient complete the “Recipient Survey” in Word and not by Survey Monkey or other online fillable form. The PC followed this recommendation for FY 2022 and the current FY 2023 and prepared the Recipient Survey in Word. It worked out well for the recipient and for compiling survey results.

## II. RECIPIENT SURVEY

### A. RFP PROCESS AND SELECTION OF PROVIDERS

1. **In the last fiscal year (FY 2022), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White HIV/AIDS Program (RWHAP) Part A funds?**

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

In addition to advertising locally 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 (33 in total - 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. In addition, as administrative dollars are 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 any changes in the procurement process in FY 2022 for FY 2023. Please describe those changes in terms of the following five questions (a)-(e).**

FY 2022 was the first year the Recipient advertised and contracted for multi-year contracts. This change allowed the Recipient to enter into contracts with periods of performance beginning on March 1, 2022, and ending February 28, 2025 (three years).

- (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 an estimated funding letter for the FY23 grant year on 10/20/2022. This document was used to initiate the procurement process in Legistar (City of Newark's contracting system). The Recipient received the final notice of award for the Part A program on 4/6/2023. Receiving the estimated funding letter allows the Recipient's office the ability to initiate the contracting process, allows the Newark Finance Department to apply/accept grant funds into the City's financial system, processes which are required for contracting with sub-recipients prior to receiving their 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.),**

There was no advertisement and RFP process for FY2023. FY2023 is year two of our three-year (multi-year) funding cycle.

The City of Newark's procurement process takes approximately 2 ½ months from contract entry into Legistar through contract execution. During this time, the contracts undergo a 13-point administrative/legal review and approval

process. Requests for Proposals were advertised in the Star Ledger and www.NJ.com (which encompasses the entire EMA). Advertisements for FY2022 were also placed in the Daily Record (Morris) and the City of Newark’s website.

Steps in the FY 2022 process were halted after contract adoption, resulting from Municipal clerical and administrative matters beyond the Recipient’s authority and control.

Although improvements were expected in FY 2023 from time saved by not having a RFP process, the Recipient’s office faced challenges at the onset of our contracting period. Staffing changes within the Ryan White Unit (RWU) placed this process in the hands of new staff who were being trained on contracting, and the Supervising Program Monitor was new to her role. These dynamics were further compounded by the fact the RWU Project Director was two months into this new position at the time contracting began. To prevent these obstacles and ensure consistency in the future, the Recipient implemented a “Contracting Workshop”, whereby contracts are reviewed, revised and approved in a group setting within the RWU over the course of 4 days.

**(c) Date of Technical Assistance session.**

Technical Assistance Meeting was held on Friday, November 18, 2022.

**(d) Due date for Letter of Intent.**

A Letter of Intent was not required for the Non-Competing Continuation (NCC) Reports, which were submitted as contract renewals for the FY 2023 budget period.

**(e) Due date for FY 2023 proposal to the City of Newark.**

NCC’s were due on December 19, 2022.

**3. How many proposals were received for the current fiscal year (FY 2023)? Of these proposals how many were awarded contracts for Ryan White Part-A funds?**

The Ryan White Unit received 36 applications. Of that total 36 applicants received a grant award for FY 2023.

**4. Please describe the process used to review proposals requesting FY 2023 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.**

Funding for FY 2023 reflects year two of the three-year project period. The external review of proposals will resume for FY 2025, when sub-recipients respond to the competitive Request for Proposals (RFP). The internal review process for NCC’s consists of approving/assembling budget and legal documents for contracting.

**5. Did the selection process this year (FY 2023) identify new providers? If so, please identify the County/Region and services of the new provider.**

No new providers were identified for this fiscal year.

- 6. Did the selection process for this year (FY 2023) 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?**

The Newark EMA has made access to health care a top priority since implementation of the Core Services Model 19 years ago. Despite the challenges and complexities of the Newark EMA epidemic, FY23 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 in the Tri-County region.

**Substance users.** The EMA currently funds 11 substance abuse programs, including 9 in Essex County, 1 in Union County and 1 in the Tri-County region.

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

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

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

## **B. PLACEMENT OF CONTRACTS**

**The Newark RW procurement process is dependent upon receipt of a Notification of Award (NOA) confirming the amount of the federal RWHAP award.**

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



The City received a Newark, New Jersey Award Estimate Letter on October 20, 2022.

**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 FY2023. This document provided the Recipient the ability to issue partial awards for a period of six (6) months from March 1, 2023 through August 31, 2023. This document was entered into LEGISTAR on January 3, 2023, and adopted by the City Council on February 16, 2023, 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 2023?**

The partial award NOA (different from the Estimate of Award Letter) for FY2023 in the amount of \$3,906,434.00 was issued by HRSA/HAB on January 11, 2023.

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

The procurement process was initiated with the Newark, NJ Estimate of Award Letter discussed above. Therefore, the issuance of the partial award NOA did not affect our procurement process.

**11. On what date did the Newark EMA receive its final Notification of Award (NOA) from the federal government (HRSA) for FY 2023 funding?**

The final notice of award (NOA) was received April 6, 2023.

**12. On what date were award letters sent to funded agencies for FY 2023?**

FY 2023 Partial Award letters were sent to RW funded agencies on February 6, 2023 with a funding period of March 1, 2023 through August 31, 2023. Final Award Letters were sent out on July 3, 2023 for the additional period of September 1, 2023 through February 29, 2024

**13. On what date were the FY 2023 funds from HRSA accepted by the Municipal Council (City of Newark)?**

The Municipal Council accepted the HRSA funds on February 16, 2023.

**14. In the chart below, please indicate the number of contracts adopted and executed for FY 2023:**

**Table 1: FY 2023 Contract Status**

<b>FY 2023 CONTRACT STATUS</b>		
<b>DATE:</b>	<b># of contracts ADOPTED</b>	<b># of contracts EXECUTED</b>
<i>By March 31, 2023</i>	<b>0</b>	<b>0</b>
<i>By April 30, 2023</i>	<b>0</b>	<b>0</b>
<i>By May 31, 2023</i>	<b>3</b>	<b>1</b>
<i>By June 30, 2023</i>	<b>18</b>	<b>0</b>
<i>By July 31, 2023</i>	<b>12</b>	<b>9</b>
<i>By August 31 2023</i>	<b>3</b>	<b>21</b> <b>(5 additional anticipated)</b>
<i>By September 30, 2023</i>	<b>0</b>	<b>0</b>
<b>Total Contracts</b>	<b>36</b>	<b>36</b>

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

To date 31 contracts are executed, it's an expectation that the remaining contracts (5) will be executed by August 31, 2023.

**16. What was the due date in 2023 for agencies to submit contract documents for processing by the City of Newark?**

The due date for all final award documents was July 17, 2023.

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

No obstacles to report. The City of Newark implemented DocuSign for contract execution, which reduces the length of time contracts are in the execution phase. This process is new for FY 2023.

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

Same as above.

**19. Please comment on the content of the contracts this year (FY 2023) in comparison to last year (FY 2022), 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.**

Changes to the content of the contracts were made in FY 2022 and will remain the same for the three year funding cycle through FY 2024.

Modifications include language for a multi-year contract period and targeted services to reach the EMA's Unmet Need and Sub-populations of focus, in addition to the EMA's EIIHA population.

**C. USE OF VIDEO-CONFERENCING AND/OR ELECTRONIC SIGNATURES ON FY 2023 PROCUREMENT AND CONTRACTING**

**20. Does the Newark Ryan White Unit (RWU) use any videoconferencing in any portion of FY 2023 procurement and contracting?**

Yes, Program Monitors use Zoom conferencing to discuss necessary revisions for sub-recipients who require additional assistance.

**21. Does the Newark Ryan White Unit (RWU) use electronic signatures in any portion of FY 2023 procurement and contracting?**

The City implemented DocuSign in FY 2023; contracts undergo the execution processes electronically.

**22. Please describe the status of the use of digital technology for facilitating contract processing.**

Upon contract adoption by the Municipal Council, Recipient receives contracts electronically to prepare for execution, which involves assigning the appropriate signatures the Contract Agreement page and law transmittal sheets.

Signatures from the appropriate parties (Director of Department of Health and Community Wellness (DHCW), Corporation Council, Acting City Clerk and Assigned Attorney) and sub-recipient are collected prior to uploading contracts in Legistar (City's contracting system).

**D. SERVICE PROVIDER REIMBURSEMENT**

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

- Approvals are sent to the RWU Fiscal Section with the completed Monthly Monitoring Report used to approve billing (**Attachment A**).
- RWU Fiscal prepares supporting documents needed to request a Purchase Order (PO) and submits the PO request to the Newark Finance Dept.
- PO is received by RWU Fiscal/ sub-recipient signs PO (in person or by mail)/ RWU Fiscal sends the signed PO to the Newark Finance Dept.
- Payments are issued by the Newark Finance Dept. in the upcoming check run (Electronic Funds Transfer (EFT) or hard copy check mailed to subrecipient/vendor).

**24. When (month/date) were providers first able to submit invoices for reimbursement in FY 2023?**

Sub-recipients began submitting reimbursements for FY 2023 in May 2023 when budgets were approved and uploaded in CHAMP. The first payments were released June 2023.

**25. 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 Purchase Order (PO) from the Newark Finance Dept. after requested. Once received, sub-recipients will be called to sign the document (in person or by mail) and the PO will be submitted for processing. Typically, it takes 5 days for a PO to be processed for payment by the Newark Finance Dept. after submittal by RWU Fiscal.

**26. 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 is 45 days from the date the reimbursement report is received by the Ryan White Unit.

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

Obstacles that delay reimbursement to providers are **within the provider's control**. They continue to include a lack of supporting documents for all dollar for dollar services, such as Emergency Financial Assistance, laboratory services ("LABS"), Transportation and Oral Health. Additional obstacles include incorrect billing and un-submitted billing.

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

Monitors are required to review/approve billing within 5 days of receipt. RWU Fiscal requests a PO upon receiving a report of billing approval by the Monitor. Sub-recipients who delay in submission of their billing receive delinquency notices and phone calls by Monitors as needed to provide technical assistance (TA) and encourage timely submittal of billing.

**29. 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 has not been implemented for Purchase Orders (PO's) to date. It is an expectation that implementation of DocuSign will be used for PO's in the near future.

**E. RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE**

**30. 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?**

100% of all sub-recipients will receive a fiscal and programmatic site visit.

**31. In the last fiscal year (FY 2022), how many Programmatic site visits did each service provider receive? (Please give range and average.)**

95% or 34 of our sub-recipients received a programmatic site-visit.

**32. In the last fiscal year (FY 2022), how many fiscal site visits did each service provider receive? (Please give range and average.)**

100% or 36 of our sub-recipients received a fiscal site visit.

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

Programmatic and Fiscal Site Visit protocols are in **Attachments A and B**, respectively.

**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.

**34. 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.**

No changes were made to our processes for monitoring sub-recipients in FY 2023.

As changes are made to the Policy Clarification Notices, the EMA updates corresponding service standards to remain current with all HRSA expectations for service delivery. Recipient's office continues to communicate changes EMA wide, associated service standards are updated by the Continuum of Care Committee of the Planning Council and revisions are published.

**35. 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.)?**

Site visit findings are summarized in the site visit document, which outlines all actions going forward, including deadlines for requests (e.g., corrective action plans, additional site visits, requests for reports, funding reductions, etc.).

All corrective actions or Site Visit findings must be responded to within the timeframe provided.

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.

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

Further technical assistance is provided to our sub-recipients through Zoom meetings, conference calls, webinars and all provider meetings, and face-to-face meetings, which are modes of TA that changed in design due to COVID-19. Most meetings in the EMA are held virtually.

The Recipient will hold an all provider meeting in the last quarter of FY 2023 to provide Sub-Recipients with technical assistance for the FY 2024 Non-Competing Continuation (NCC) Report.

Lastly, sub-recipients receive continuous contact throughout the grant year, typically for billing and programmatic guidance from the Program Monitors.

**F. CHAMP**

**37. What objectives (including program improvements) do you have for CHAMP for the current fiscal year (FY 2023)?**

The Recipient is funding programming hours for CHAMP 4.0, and the implementation of a Non-VLS (non-virally suppressed) Cohort (EHE).

**38. What is the status of these objectives as of February 28, 2023?**

Not completed. The Recipient's office anticipates a rollout of CHAMP 4.0 (Web Based) in FY 2024.

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

**39. What percent of the overall award (for FY 2022) was used for Recipient Support, Planning Council support, CHAMP, and Quality Management? Please indicate the percentages for each category.**

**Table 2: FY 2022 Allocations for Administration and Quality Management**

Item	Amount	Percentage
<b>Administration (including PC)</b>	<b>\$1,187,420.00</b>	<b>9.84%</b>
Recipient Support	\$623,508.13	5.17%
CHAMP	\$285,307.00	2.36%
Planning Council Support	\$278,656.87	2.31%
<b>Quality Management</b>	<b>\$403,622.00</b>	<b>3.34%</b>
<b>Total</b>	<b>\$1,591,094.00</b>	<b>13.18%</b>

**Funding overlaps as vendors are also funded for QM.**

**40. What percent of formula funds were unexpended, and why, at the end of FY 2022?**

0% of formula funds were unexpended.

**41. What percent of supplemental funds were unexpended, and why, at the end of FY 2022?**

A total of \$450,011 or 3.974% of supplemental funds were unexpended, due to vacancies and staff turnover in the Recipient’s office and sub-recipient programs.

**42. What percent of MAI funds were unexpended, and why, at the end of FY 2021?**

A total of \$3,789 or 0.031% of our MAI funds were unexpended due to vacancies and staff turnover in the Recipient’s office and sub-recipient programs.

**43. What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2022?**

The small percentages of unexpended administrative funds are included in the \$450,011 above due to vacancies and staff turnover in the Recipient’s office, including quality management.

**44. Please provide the final Spending Report for FY 2022.**

**See Attachment C.**

**45. Please provide the Allocation Report for FY 2023 using the table on the following page.**

**Table 3: FY 2023 ALLOCATION REPORT**

SERVICE CATEGORY  (BY PRIORITY)	PLANNING COUNCIL				RECIPIENT		
	PERCENT AND DOLLAR		+/-25%		PERCENT AND DOLLAR		VARIANCE FROM COUNCIL
<b><i>CORE SERVICES (9)</i></b>							
PRIMARY MEDICAL CARE	13%	1,384,124.00	1,730,155.54	1,038,093.32	14.09%	1,499,921	Met
EARLY INTERVENTION SERVICES	0.20%	21,294.00	26,617.78	15,970.67	0.22%	23,457	Met
MENTAL HEALTH SERVICES	9%	958,240.00	1,197,799.99	718,679.99	8.09%	861,414	Met
SUBSTANCE ABUSE SERVICES (OUTPATIENT)	6.05%	644,150.00	805,187.77	483,112.66	6.31%	671,744.62	Met
ORAL HEALTH CARE	7.15%	761,268.00	951,585.55	570,951.33	7.32%	779,415	Met
MEDICAL NUTRITION THERAPY	1.00%	106,471.00	133,088.89	79,853.33	0.91%	96,709	Met
MEDICAL CASE MANAGEMENT	35.25%	3,753,107.00	4,691,383.28	2,814,829.97	38.71%	4,121,891	Met
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSIST	0.50%	53,236.00	66,544.44	39,926.67	0.50%	53,200	Met
<b><i>SUPPORT SERVICES (7)</i></b>							
HOUSING SERVICES	9.00%	958,240.00	1,197,799.99	718,679.99	9.49%	1,010,700.00	Met
MEDICAL TRANSPORTATION SERVICES	2.60%	276,825.00	346,031.11	207,618.66	1.96%	208,433.00	Met
CASE MANAGEMENT SERVICES (NON-MEDICAL)	8.50%	905,004.00	1,131,255.54	678,753.33	7.40%	787,512.00	Met
EMERGENCY FINANCIAL ASSISTANCE	2.70%	287,472.00	359,340.00	215,604.00	1.63%	174,060.00	Under
FOOD BANK/HOME-DELIVERED MEALS	1.50%	159,707.00	199,633.33	119,780.00	1.59%	169,078.00	Met
OTHER PROFESSIONAL SERVICES	3.10%	330,060.00	951,585.55	570,951.33	3.32%	353,022.00	Met
PSYCHOSOCIAL SUPPORT SERVICES	0.40%	42,588.00	53,235.56	31,941.33	0.39%	41,723.00	Met
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)	0.05%	5,324.00	6,654.44	3,992.67	0	0.00	Under
<b>TOTAL AMOUNT OF FUNDING</b>	<b>100%</b>	<b>10,647,110</b>			<b>101.93%</b>	<b>10,852,279.62</b>	



**H. LISTING OF SERVICE PROVIDERS**

46. 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 2023.

See Attachment D.

**I. MINORITY AIDS INITIATIVE**

47. For FY 2022, 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.

The target ethnic group for each program is Black and Hispanic. Allocations are as follows.

**Table 4: FY 2022 MAI Funding Allocations**

<b>FY 2021 Providers</b>	<b>Primary Medical Care</b>	<b>Medical Case Management</b>	<b>Transitional Housing</b>	<b>Total</b>
<b>Essex County</b>				<b>\$1,022,254</b>
Newark Beth Israel Medical Center	\$50,000			\$50,000
Saint Michaels Clinics Inc.	\$40,000	\$150,000		\$190,000
Rutgers Infectious Disease Practice	\$60,000	\$643,000		\$703,000
Isaiah House			\$79,254	\$79,254
<b>Union County</b>				<b>\$0</b>
<b>Tri-County</b>				<b>\$0</b>
<b>Total Direct Service Dollars</b>	<b>\$150,000</b>	<b>\$793,000</b>	<b>\$79,254</b>	<b>\$1,022,254</b>
<b>Quality Management</b>				<b>\$0</b>
<b>Administration</b>				<b>\$0</b>
<b>FY 2022 Total MAI Funding</b>				<b>\$1,022,254</b>

48. Please provide a list of the organizations in receipt of MAI funds in FY 2023.

<b>MAI Funding for FY 2023</b>	<b>Total \$1,014,063</b>	
Newark Beth Israel Medical Center:	OAHS (\$50,000)	
Saint Michaels Clinics Inc.:	OAHS (\$30,000)	MCM (\$150,000)
Rutgers Infectious Disease Practice:	OAHS (\$50,000)	MCM (\$640,000)
Isaiah House:	Housing (\$94,063)	

**J. CONDITIONS OF AWARD**

- 49. 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.**

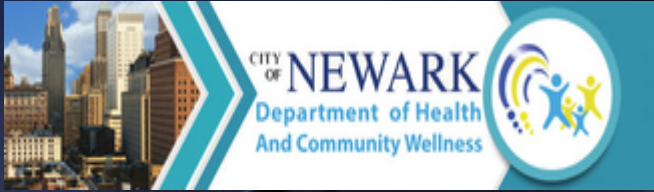
<b>DATE OF RECIPIENT REPORT</b>	<b>CONTENT OF REPORT</b>
3/27/23	FY 2022 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
5/28/23	FY 2022 Annual Progress Report.
8/8/23	FY 2022 final Federal Financial Report (FFR)
8/9/23	FY 2022 Expenditure Rate (as documented in the final FY 2022 FFR)
8/22/22	Budgeted allocation of FY 2022 Part A funds by service category, (allocation's report) letter of endorsement by Planning Council and revised FY 2022 Implementation Plan.

**K. ADDITIONAL COMMENTS**

**Please provide any additional comments below:**

None.

**ATTACHMENT A:  
PROGRAMMATIC MONITORING REVIEW REPORT TEMPLATE**



**FY2022  
RYAN WHITE  
VIRTUAL SITE VISIT  
Sub-Recipient Program**

**Ryan White HIV/AIDS Program (RWHAP)  
Darnel Henry, Supervising Program Monitor**

**September 8, 2022**

# Ryan White Overview



Ryan White was 13 when he was diagnosed with AIDS after a blood transfusion in December 1984. Living in Kokomo, Indiana, doctors gave him six months to live.

Surprising his doctors, Ryan lived five years longer than expected. He died in April 1990, one month before his high school graduation.

Congress first enacted the [Ryan White HIV/AIDS Program legislation](#) in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It has been amended and reauthorized four times in 1996, 2000, 2006, and 2009. While RWHAP authorization expired in 2013, the legislation continues under the Ryan White Treatment Extension Act through fiscal year 2013 and beyond, and will continue as long as Congress appropriates funds.

## Principal Players

- ❖ **Funding Source:** US Dept. of Health and Human Services, Health Resources Services Administration, Division of Metropolitan HIV/AIDS Programs
- ❖ **Chief Elected Official (CEO):** Mayor Ras J. Baraka
- ❖ **Grant Recipient:** City of Newark, Dept. of Health and Community Wellness / Ryan White Unit
  - ↳ charged with the annual procurement of federal funding
  - ↳ the selection of sub-recipients and program activities
  - ↳ program monitoring and evaluation throughout the grant year to ensure allowable uses of grant funds and best practice standards are upheld for optimal health outcomes
- ❖ **Grant Sub-Recipients:**
  - ↳ **33 Service Providers:** Non-profits, Community-based organizations, hospitals, federally qualified health centers and clinics
  - ↳ **4 Professional Service Vendors:** Management Information Systems (MIS), Grant Writing, Quality Management, Planning Council Support
- ❖ **Consumers:** of the Newark EMA



# Newark EMA Profile

- **13,790 PLWHA in the EMA as of 12/31/20**

- ✦ The NEMA represents 36% of the States Epidemic of (38,151)
- ✦ 70% (9,619) of New Jersey's PLWHA live in the Newark EMA, with Newark being the epicenter of the epidemic and home to 40.8% (5,630).



- **6402 PLWHA were served in our EMA in FY2021**  
**Unduplicated Clients**

- ✦ 89% - (5678) Racial/ Ethnic Minority
- ✦ 38% - (2432) Woman
- ✦ 61% - (3905) Men
- ✦ 1% - (86/5) Transgender – Male / Female  
Female / Male
- ✦ 0.1% - (6) Children ages 0 – 12
- ✦ 2.2% - (141) Young Adult ages 13-24
- ✦ 33% - (2107) Adults ages 24-44
- ✦ 48% - (3101) Adults ages 45 - 64
- ✦ 16% - (1047) Seniors ages 65+
- ✦ 71% - (4578) Stable Permanent Housing
- ✦ 26% - (1646) Temporary Housing
- ✦ 3% - (178) Unstable Housing



# Guiding Principles & Priority Initiatives

## I . HIV NATIONAL STRATEGIC PLAN: A ROADMAP TO END THE EPIDEMIC 2021- 2025

Prevent new HIV infections, Improve HIV-related health outcomes for people with HIV, HIV-related disparities and health inequities, Achieve integrated, coordinated efforts that address the HIV Epidemic among all partners and stakeholders

**II. ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA HAS FOUR PILLARS (OR KEY STRATEGIES): Pillar One -Diagnose, Pillar Two -Treat, Pillar Three – Prevent, Pillar Four- Respond /** This 10-year initiative beginning in FY2020, seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The Newark EMA focuses on Pillars Two and Four.

## III. EARLY IDENTIFICATION OF INDIVIDUALS WITH HIV/AIDS (EIIHA)

The purpose of EIIHA is to decrease the number of people living with HIV infection who are unaware of their status (any individual who has **NOT** been tested for HIV in the past **12- months**, any individual who has **NOT** been informed of their HIV result (HIV positive or HIV negative), and any HIV positive individual who has **NOT** been informed of their **confirmatory** HIV result).



# Guiding Principles & Priority Initiatives (cont'd)

## IV. EARLY INTERVENTION AND RETENTION COLLABORATIVES (EIRC's)

EIRC's (Early Intervention and Retention Collaborative) which are mandated Part A local provider bodies, whose mission is to measure the success of HIV related activities across the HIV Care Continuum, to develop recommendations, and strategies to improve HIV systems of care. EIRC partnerships bring together all Part A providers, all other Ryan White Program resources, and the HIV Prevention resources (CDC and state-funded) to ensure a comprehensive continuum of service that includes education, outreach, testing and diagnosis of HIV, access to medical care, risk reduction, counseling, treatment adherence, and coordination of care.

REGION	CHAIR	PROVIDER
Essex County	Garry Closeil, 973.972.4711	Rutgers-Infectious Disease Practice
Union County	Lisa Siberón, 908-994-7202	Trinitas Regional Medical Center
Tri-County (Morris, Sussex and Warren)	Kelly Martins, 973-285-0006	MSW HIV/AIDS Advisory Committee

## V. QUALITY MANAGEMENT: IMPROVING HEALTH OUTCOMES

The overall purpose of the Newark EMA HIV Quality Management Program is to improve health outcomes of persons living with HIV/AIDS by improving the quality of Ryan White program services and by ensuring that Ryan White HIV/AIDS Program (RWHAP) resources are used effectively.





# Ryan White Core and Support Services

## CORE SERVICES

OUTPATIENT AMBULATORY HEALTHCARE SERVICES (OAHS)

MEDICAL CASE MANAGEMENT

EARLY INTERVENTION SERVICES

MENTAL HEALTH SERVICES

SUBSTANCE ABUSE SERVICES  
(OUTPATIENT)

MEDICAL NUTRITIONAL THERAPY

ORAL HEALTH SERVICES

HEALTH INSURANCE PREMIUM COST SHARING

## SUPPORT SERVICES

NON MEDICAL CASE MANAGEMENT

HOUSING SERVICES

FOOD BANK / HOME DELIVERED MEALS

EMERGENCY FINANCIAL ASSISTANCE

SUBSTANCE ABUSE SERVICES  
(RESIDENTIAL)

MEDICAL TRANSPORTATION SERVICES

OTHER PROFESSIONAL SERVICES

PSYCHOSOCIAL SERVICES

Sub-Recipients of the EMA provide 8 Core Medical services with **OAHS** as the main and central focus of care and treatment

The remaining 8 services, support linkage and retention in health care

## Performance Measurement

Service Providers are monitored and measured by our in-house Quality Management Specialist and Clinical Quality Management team.

Emphasis is placed on the **HIV Care Continuum which includes Linkage to Care, Retention in Care, Prescription of AVR and Viral Load Suppression.** Service Providers work directly with the CQM team to improve on measures that do not meet the EMA's performance goals.



# HIV Care Continuum Outcomes - FY2021

HIV Continuum of Care Performance Measure / Goal	FY'19: Cycle 69 (3/1/19 - 2/28/20)	FY'20: Cycle 75 (3/1/20 - 2/28/21)	FY'21: Cycle 81 (3/1/21 - 2/28/22)
Viral Load Suppression (90%)	86.45%	88.39%	89.46%
RIC (Reverse Gap) (90%)	88.30%	85.00%	71.32%
Prescription of HIV Anti Retro Viral Therapy (99%)	98.93%	99.22%	98.55%
Linkage to Care- 30 day (75%)	70%	62%	64.24%

**Together we can End the Epidemic!**



# Purpose of Compliance Audit

The purpose of this compliance audit is to support the effective oversight of our sub-recipient programs and measure statutory and regulatory compliance per HRSA's guidelines.

**During this compliance audit we will review your programs policies and procedures regarding the following –**

Governance and Management

Staffing and Personnel

Access to Care

Billing and Reporting

Eligible Individuals and Allowable Uses of Funds - PCN 16-02

Determining Client Eligibility & Payor of Last Resort - PCN 21-02

**Fiscal Compliance will be measured during an independent fiscal audit.**

Let's work together to make this visit productive, remember we are here to support your program and provide Technical Assistance for any of your needs.



Thank You!



**CITY OF NEWARK – RYAN WHITE UNIT  
FY2022 COMPLIANCE AUDIT  
CLIENT INTERVIEW**

Date of Site Visit:			
Program Name:		Tel #:	
Program Address:			
Client ID:			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
Your racial / ethnic group:		Language you speak at home:	
If not English, do you understand English? Yes <input type="checkbox"/> / No <input type="checkbox"/>		Can you read English? Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Do you have Insurance? Yes <input type="checkbox"/> / No <input type="checkbox"/>		If No, is this program assisting you in obtaining insurance?	
1. How did you hear about this program and how long have you been receiving services there? Do you receive services from any other Ryan White Funded Program?			
2. What do you like best of this program?			
3. What do you like least about the services provided by this program?			
4. Do you have needs within your family composition that affects your compliance with treatment?			
5. How do you communicate all of your medical and support needs to this program? If a needed service is not provided by this program, will they refer you to another service provider?			
6. If you could fund a service in the Ryan White system of care, what would it be?			
7. Did you know you can vote and prioritize services that the Ryan White Program funds?			
8. Have you ever been asked to participate in the Newark EMA HIV Planning Council? Are you interested in learning more about participating or becoming a member? <b>NEMA Planning Council</b> <b>United Way of Greater Union County</b> <b>Newark EMA HIV Health Services Planning Council</b> <a href="http://www.nemaplanningcouncil.org">www.nemaplanningcouncil.org</a> Phone: 908-353-7171 ext.109  <b>Web:</b> <a href="http://www.uwguc.org">www.uwguc.org</a> <b>Email:</b> <a href="mailto:victor.peralta@uwguc.org">victor.peralta@uwguc.org</a>			
9. Would you recommend this program to someone else?		Yes <input type="checkbox"/> / No <input type="checkbox"/> / Unsure <input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• Why or why not?</li> </ul>			
10. Do you have any questions for me?			

**CITY OF NEWARK – RYAN WHITE UNIT  
FY2022 COMPLIANCE AUDIT  
STAFF INTERVIEW**

Date of Site Visit:

Program Name:

Tel #:

Name and Title:

How Long have you worked in the Field of HIV?

1. Walk me through a typical day at the office?

2. What motivates you to work for the Ryan White Program?

3. What is the most challenging part of your job?

4. Did you receive any specialized AIDS-related training to prepare you for work in this field?

5. Does the program offer ongoing staff training? Yes  / No

If yes, how often? What type?

6. Outside of your program, how are you informed about the services funded within the EMA?  
How do you refer clients to service not funded by your program?

7. What would you improve about the program if you had the resources and/or the opportunity?

8. What are the barriers that you are experiencing with keeping your Non VLS clients compliant with treatment?

9. How is Client input captured, reported and utilized (if applicable). Does the Client receive feedback?

10. Do you promote Client attendance and recruitment for the NEWARK EMA Planning Council?  
Have you ever been asked to participate in the Newark EMA HIV Planning Council?  
Are you interested in learning more about participating or becoming a member?

11. How do you ensure that all staff involved in clients care are informed of their needs?

12. How do you measure success within the services that you provide? Give me an example...

13. The EMA has a MCM Care Plan performance outcome of 46.4% for FY2021, which is below the EMA's goal of 58%. What is your process for designing Care Plans and performing routine updates based on progress?

14. Do you have any Technical Assistance needs?

15. Do you have any questions for me?

**CITY OF NEWARK – RYAN WHITE UNIT  
 FY2022 COMPLIANCE AUDIT  
 CLINICAL STAFF INTERVIEW**

Date of Site Visit:

Program Name:

Tel #:

Name and Title:

How Long have you worked in the Field of HIV?

1. Walk me through a typical day at your clinic?

2. What motivates you to work for the Ryan White Program?

3. Did you receive any specialized AIDS-related training to prepare you for work in this field?

4. When you think of the biggest challenges you face when aiding difficult clients in reaching VL suppression, what services or additional services would be helpful?

5. What would you improve about the RW program if you had the resources and/or the opportunity?

6. Does your program provide Rapid Start of Anti-Retro Viral Therapy?

If yes, what is the process? If no, Why not?

7. What are the barriers that you are experiencing with keeping your Non-Viral Load Suppressed clients compliant with treatment?

8. How do you ensure that all staff involved in clients care are informed of their needs?

9. How do you measure success within the services that you provide? Give me an example...

10. Do you have any Technical Assistance needs?

11. Do you have any questions for me?

**CITY OF NEWARK – RYAN WHITE UNIT  
 FY2022 COMPLIANCE AUDIT  
 ADMINISTRATIVE INTERVIEW**

Date of Site Visit:

Program Name:

Tel #:

Name and Title:

How Long have you worked in the Field of HIV?

1. What motivates you to work for the Ryan White Program?

2. How do you measure success within your Ryan White Program?

3. When you think of the biggest challenges you face when managing this grant?

Administrative-

Programmatic (Service Delivery) -

4. What would you improve about the RW program if you had the resources and/or the opportunity?

5. Does your program provide Rapid Start of Anti-Retro Viral Therapy?

If yes, what is the process?

If no, Why not?

6. Who completes the annual Ryan White Services Report?

7. Who is your EIRC Representative (Early Identification and Retention Collaborative)?

8. Do you have any Technical Assistance needs?

9. Do you have any questions for me?





**DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS  
RYAN WHITE UNIT  
ANNUAL SITE VISIT REPORT  
VIRTUAL GUIDE**

Program Name:	Tel #:
Program Address:	
Additional Sites:	
Executive Director Name:	
Program Coordinator / Manager Name:	
Fiscal Officer or Comptroller Name:	
Date of Site Visit:	

AWARD	Attach final award letter to completed report	
<b>Opening Meeting</b>	Perform welcoming and pre-meeting introductions (Ryan White and Sub-Recipient)	<input type="checkbox"/>
<b>Funded Services</b>	Reference award letter and budget revisions present	<input type="checkbox"/>
<b>Target Populations Served</b>	Obtain from Client Profile Report	<input type="checkbox"/>
<b>Governance/ Management</b> <i>Request and review Board Minutes examples of Consumer Input, OSHA and HIPPA procedures</i>	Verify Articles of Incorporation and non-profit status of program (internally)	<input type="checkbox"/>
	Review Board Minutes, meeting agenda etc. (Re: RW Part A)	<input type="checkbox"/>
	Verify modes for obtaining Consumer Input (suggestion box, surveys etc.)	<input type="checkbox"/>
	Verify process for reporting medical/ non-medical incidents. (OSHA)	<input type="checkbox"/>
<b>Staffing and Personnel</b> <i>Request and review personnel manual, review all licenses and certifications for key personnel</i>	Verify program has a Personnel Policy and Procedure Manual	<input type="checkbox"/>
	Review all licenses, certifications and job descriptions of Key personnel (PMC, MH, SA, OH, MNT)	<input type="checkbox"/>
	Identify and discuss plans for any vacant Ryan White funded positions reported on Actuals	<input type="checkbox"/>
<b>Facility/ Access</b> <i>Request and review consumer rights policy, examples of training including sensitivity, cultural and linguistic, examples materials used for outreach (brochures, newsletters etc.) review programmatic policies and procedures</i>	Is program handicap accessible? If not, how are the handicap served?	<input type="checkbox"/>
	Consumers Rights are posted in program and/or a copy found in consumer file	<input type="checkbox"/>
	Verify that program offers culturally and linguistically proficient services/	<input type="checkbox"/>
	Staffs attend cultural sensitivity trainings (annual at minimum.)	<input type="checkbox"/>
	Verify that services are provided to consumers regardless of ability to pay	<input type="checkbox"/>
	Identify how program conducts outreach to inform individuals about services at facility. (Ex. brochures, newsletters, website, social media etc.)	<input type="checkbox"/>
	Observe cleanliness of facility / ventilation, décor etc. during virtual tour	<input type="checkbox"/>
	Review program's policies and /or procedures – Referrals, intake, transfer and discharge of clients, closing client records, scheduling appointments, managing waiting list, consent/ release of information, posting of hours of operation, grievance procedures, client terminations	<input type="checkbox"/>
<b>Billing / Reporting</b>	Discuss program's compliance with monthly billing and actuals (provide on-site TA if applicable)	<input type="checkbox"/>
<b>Chart Review</b> <b>(Use Tool)</b>	<p><b>Initial eligibility</b> - proof of HIV diagnosis, income, residency, household size, insurance, <b>Re-certifications (six month)</b> – documentation of a process confirming recertifications are performed. (May use in-house data sources to renew eligibility i.e. Medicaid enrollment, ADDP, Healthcare Marketplace applications, Tax Returns, etc., dates are flexible)</p> <p><b>Initial assessment</b> - full assessment of client's core and support needs</p> <p><b>Development of Care Plan</b> – individualized plan of action to meet clients need, with SMART goals (specific, measurable, attainable, realistic and time oriented), evidence that services are coordinated and consistent with assessment, periodic evaluation and updates of plan at a six month minimum, identification of responsible party for monitoring progress</p> <p>*If funded for Housing or EHE HOPP, plan must include path the housing stability</p> <p><b>Screenings</b> – primary medical, substance abuse, mental health, oral health, nutrition, evidence of referral and linkage to services as needed</p>	

<b>Interviews</b> <i>Request # interviews</i> <i>provide Zoom links</i>	Conduct staff interviews, client interviews	<input type="checkbox"/>
<b>Exit Meeting</b>		
<b>Follow-Up</b>	Summarize program issues identified or discussed for follow-up	<input type="checkbox"/>
<b>Immediate Action</b>	Summarize issues identified or discussed for immediate action	<input type="checkbox"/>



**DEPARTMENT OF HEALTH / RYAN WHITE UNIT  
SITE VISIT REPORT  
FISCAL YEAR 2022**

<b>Agency Name:</b>	
<b>Program Name:</b>	
<b>Program Address:</b>	
<b>Additional Funded Sites:</b>	
<b>Tel #:</b>	<b>Fax#:</b>
<b>Pres./CEO / Executive Director Name:</b>	
<b>Program Coordinator/ Manager Name:</b>	
<b>Fiscal Officer / Comptroller Name:</b>	
<b>Date(s) of Site Visit:</b>	
<b>Program Monitor:</b>	
<b>RYAN WHITE FISCAL YEAR 2022 AWARD</b>	
<b>Total RW Part A    \$</b>	<b>Total RW MAI    \$</b>
<b>Total EHE    \$</b>	

<b>FUNDED SERVICE CATEGORIES</b>			
<input type="checkbox"/> Primary Medical Care	<input type="checkbox"/> Medical Case Management	<input type="checkbox"/> Early Intervention Services	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Oral Health	<input type="checkbox"/> Health Ins. Premium and Cost Sharing	<input type="checkbox"/> Medical Nutritional Therapy
<input type="checkbox"/> Case Management / <input type="checkbox"/> Community Health Worker	<input type="checkbox"/> Psychosocial Support	<input type="checkbox"/> Nutritional Services/ Food Bank	<input type="checkbox"/> Housing Related Services or HOPP Initiative
<input type="checkbox"/> Emergency Financial	<input type="checkbox"/> Substance Abuse – Residential	<input type="checkbox"/> Transportation	<input type="checkbox"/> Legal Services

<b>CLIENT PROFILE DATA</b>	
Target Populations Served:	
Total Unduplicated Clients:	Total New Clients:

**AGENCY ADMINISTRATIVE REVIEW**

**GOVERNANCE/MANAGEMENT**

**Standard:** The sub recipient has a governing body that provides effective oversight and support to the Ryan White Part A funded program. Part A assurances; 42 CFR Part 51 c 304

Requirement: The sub-recipient must be a non-profit corporation, state, or local government agency.	<b>Measure:</b> Current corporation certificate or City Charter or state government or educational facility.
---	---

<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
-------------------------------------	---------------------------------------

Requirement: The sub-recipient must be a non-for-profit and non-taxable body.	<b>Measure:</b> 501(c)(3) status
---	----------------------------------

<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
-------------------------------------	---------------------------------------

The governing body should have firsthand knowledge of Part A Contract.	<b>Measure:</b> Board Minutes, meeting agendas including commission and legislative meetings executed contracts
--	---

<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
-------------------------------------	---------------------------------------

<b>Sub-recipient has met standards measured</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
---	-------------------------------------	------------------------------------

Justification for Assessment:

Recommendation:

**Standard:** There are formal and informal channels of communication that seek consumer input PHS Act 2602(b)(2)(G)

Requirement: The program obtains input from PLWHA and from the community and there is a process to inform consumers of the results of their suggestions.	<b>Measure:</b> Documented proof of Consumer Advisory Body, or Focus groups, or survey conducted. There is a process to make results of their suggestions known.
--	--

<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
-------------------------------------	---------------------------------------

<b>Sub-recipient has met standard measured</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
--	-------------------------------------	------------------------------------

Justification for Assessment:

Recommendation:

<b>Standard:</b> The organization has provisions for preventing accidents and accidental exposures. 29 CFR 1910. 1030-1340-120-132, <i>Occupation Safety Health Administration, Risk Management International Standard for Standardization (ISO) Guide 73</i>		
Requirement: The organization meets all applicable certification, accreditation, and legal requirements. There is a process for reporting medical and non-medical incidents?	<b>Measure:</b> Insurance policies and/or riders and/or Risk Reduction Plan, and/or Disaster Plan, Part A staff are aware of the incident reporting policy. Evidence of disaster and/or fire drills.	
<b>Sub-recipient has met standard measured</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

<b>Standard:</b> Data Management. <i>Risk Management Data Protection, HIPPA requirements</i>		
Requirement: There is an acceptable process to protect the RW Program information (clinical, financial and administrative)	<b>Measure:</b> 1) Fire proof cabinets for manual documents; 2) Data back-ups kept in site or off site; and 3) Generators for MIS hardware and/or data encryption for communication systems (internet, etc.), security systems.	
Met <input type="checkbox"/>	Unmet <input type="checkbox"/>	
<b>Sub-recipient has met standard measured</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

<i>Staffing and Personnel</i>		
<b>Standard:</b> The organization has detailed written personnel policies and procedures that protect the organization and are in compliance with federal and local labor laws. Organization is in compliance with legislation affecting personnel. Sexual harassment; EEO 42 USC 1320a 7b(b) avoid mismanagement, 42 USC 1320 7b(b); kick back Medicare or Medicaid		
Requirement: Is there an up-to-date and implemented Personnel Policy and Procedure Manual?	<b>Measure:</b> Written Manual with at least the following elements: Standards of conduct Sexual harassment Conflict of interest/Confidentiality Staff development/trainings ADA EEO/Non Discrimination/Affirmative Action Evaluations annual Employment and overtime rules Fringes and leave	

<b>Met</b> <input type="checkbox"/>		<b>Unmet</b> <input type="checkbox"/>
Requirement: Job descriptions		<b>Measure:</b> Job descriptions reflective of Part A tasks; employees verbalize tasks consistent with those in the job descriptions. There regular evaluation of employee performance based on the position description and required qualifications.
<b>Met</b> <input type="checkbox"/>		<b>Unmet</b> <input type="checkbox"/>
<b>Note vacant Ryan White funded positions and anticipated fill date.</b>		
<b>Sub-recipient has met standards measured</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

<i>Staffing and Personnel (Credentials)</i>		
<b>Standard:</b> Staff are qualified to perform the funded service as per HRSA definitions and Newark service standards. Test Credentialing files or proof of current licensure and/or Medicaid provider certification. PCN 16-02		
<b>Requirement:</b> Nutritional Counseling	<b>Measure:</b> Only licenses MD, NP, NA, DO, Dietician are providing nutritional services.	
<b>Not Applicable Service not provided by agency</b> <input type="checkbox"/>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Requirement:</b> Professional Services	<b>Measure:</b> License attorneys and paralegal can perform this service. Tax professionals, accountants and CPA can perform tax counseling.	
<b>Not Applicable Service not provided by agency</b> <input type="checkbox"/>	<b>Met</b>	<b>Unmet</b>
<b>Requirement:</b> Mental Health Services	<b>Measure:</b> Credentials for a Licensed Social Worker; Licensed Master Social worker; Licensed Marriage Family Therapist; Licensed Professional Counselor; Licensed Psychologist Licensed Psychiatrist; Psychiatric Nurse	
<b>Not Applicable Service not provided by agency</b> <input type="checkbox"/>	<b>Met</b> <input type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Requirement:</b> Medical Case Manager service	<b>Measure:</b> Registered Nurse; Licensed Practical Nurse; Master or bachelors in social work; Other health professional as defined by the Newark service standards.	
<b>Not Applicable Service not provided by agency</b> <input type="checkbox"/>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>

<b>Requirement:</b> Non-medical case management		<b>Measure:</b> Associate degree or bachelors in social work or related field, or prior experience with HIV case management services.
<b>Not Applicable Service not provided by agency</b> <input type="checkbox"/>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Requirement:</b> Service Outpatient substance abuse treatment		<b>Measure:</b> Licensed Substance Abuse Counselor; Licensed Social Worker. Licensed Professional Counselor
<b>Not Applicable Service not provided by agency</b> <input type="checkbox"/>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Sub-recipient has met standards measured</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

<b>FACILITY/ACCESS</b>		
<b>Standards:</b> The organization provides services on a facility that is accessible by public transportation secure, clean, handicap accessible and properly licensed. <i>PHS Act 2605 a 7 b Section 504 (Rehabilitation Act of 1973) provisions Accessibility HHS HIPAA 45 CFR Part 160-163 42CRF 493 Clinical Laboratory Improvement Amendments CLIA Labor Department Occupational Safety and Health Admin 29 CFR 1910; 1910.134; 1030; 132</i>		
<b>Standard:</b> PHS ACT 2605 (a) (7)(B) Services are provided in a setting accessible, secure and ADA compliant.  Program is compliant with the ADA requirements for the reasonable accommodations for consumers with special needs.	<b>Measure:</b> Facility is <input type="checkbox"/> / is not <input type="checkbox"/> compliant with the Americans with Disabilities Act (ADA) Facility has <input type="checkbox"/> / has not <input type="checkbox"/> adequate parking. Facility is <input type="checkbox"/> / is not <input type="checkbox"/> in an area accessible to the public. Facility is <input type="checkbox"/> / is not <input type="checkbox"/> clean and in good condition. Facility has <input type="checkbox"/> / has not <input type="checkbox"/> current fire safety certification on file. Facility has <input type="checkbox"/> / has not <input type="checkbox"/> implemented security measures to assure the safety or property, staff and patients. Facility, laboratory, diagnostic services are <input type="checkbox"/> / are not <input type="checkbox"/> properly licensed. Facility is <input type="checkbox"/> / is not <input type="checkbox"/> accessible by public transportation and/or provides transportation.	
<b>Requirement:</b> Agency offers culturally and linguistic competent services. <i>Compliance with Federal Limited English Proficiency guidelines and 1964 Civil Rights Act.</i>	<b>Measure:</b> Staff participates at least annually in culturally sensitivity trainings and there is provision of translation services to clients with limited English proficiency	
<b>Not Applicable</b> <input type="checkbox"/>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Requirement:</b> Program does not deny services due to pre-existing conditions, deny PMC due to non-HIV-related conditions, or provide any barrier to care due to a person's past present health	<b>Measure:</b> Provider does not have policies that act as a barrier to providing medical care to the HIV diagnosed seeking services at their facility.	

condition. PHS ACT 2605 (a)(7)(A),		
<b>Not Applicable</b> <input type="checkbox"/>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Requirement:</b> Program conducts outreach to inform low-income individuals of the availability of HIV-related services and how to access them: PHS ACT 2605(a)(7)(C),		<b>Measure:</b> <input type="checkbox"/> Brochures, <input type="checkbox"/> Newsletters, <input type="checkbox"/> Social Media, <input type="checkbox"/> Community Bulletins, <input type="checkbox"/> Promotional Material, <input type="checkbox"/> Other
<b>Not Applicable</b> <input type="checkbox"/>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Requirement:</b> Services are provided to consumers regardless of an individual's ability to pay. PHS ACT 2605(a)(7)(A)(i)		<b>Measure:</b> Program has policies that prevent the refusal of service for non-payment and this was verified by front end staff.
<b>Not Applicable</b> <input type="checkbox"/>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
Consumer's Bill of Rights/ Statement of Rights to Privacy are posted. <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>
The program's waiting area, service area and conference rooms were sanitary. <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>
Program's ventilation and temperature were comfortable. <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>
Program's décor does not identify services for HIV/AIDS only. <input type="checkbox"/>		Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>Program provides adequate Access to Care</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

AGENCY POLICIES / PROCEDURES	
Does the program have policies and/or procedures in place for the following:	Comments
Organizational Chart	Yes <input type="checkbox"/> / No <input type="checkbox"/>
A process for Referrals	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Intake, transfer, and discharge of clients	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Closing client records	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Scheduling appointments	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Managing waiting lists	Yes <input type="checkbox"/> / No <input type="checkbox"/> / NA <input type="checkbox"/>
Confidentiality/HIPAA	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Security of Client records	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Consent for requesting or releasing information	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Public posting of hours of operation	Yes <input type="checkbox"/> / No <input type="checkbox"/>



Notifying Clients of unscheduled closings	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Grievance Procedures	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Agency expectation of clients, including termination	Yes <input type="checkbox"/> / No <input type="checkbox"/>
<b>All Agency Policies / Procedures were available for review</b>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If no, list Policies / Procedures that were unavailable for review. Agency will provide information to Grantee's office by-	
If no, date agency will provide information to Grantee's office	

REPORTING	
<p><b>Standard:</b> 2 CFR 215.17(B)3, OMB Circular A-102, 45 CFR 92.3, 45 CFR 74.2 Program has fiscal and programmatic policies and procedures in place that are compliant with the Ryan White Program requirements</p>	<p><b>Measure:</b> (<i>Monitor Verified</i>) Program submits CHAMP and actual expense reports monthly by the 15<sup>th</sup>. Yes <input type="checkbox"/> / No <input type="checkbox"/> CHAMP billing is supported by client records (i.e. progress notes, care plan, etc.) Yes <input type="checkbox"/> / No <input type="checkbox"/> <b>Assessment period(s) –</b> Month(s) _____, Year _____</p>
Discuss the agency's compliance with CHAMP data entry requirements, timeliness of report submission, frequency of need to open CHAMP portal, etc.	
<p><b>Program provides services as outlined/ described in their contract / service agreement.</b> RW Part A 2604 (a)(2), HRSA HAB Policy Notices 97-10, 97-02 and 10-02, Dr. Parham-Hobson Letter 8/14/09, 4/8/10 Yes <input type="checkbox"/> / No <input type="checkbox"/></p>	
<p><b>Program bills for allowable activities only.</b> RW Part A 2604 (a)(2), HRSA HAB Policy Notices 97-10, 97-02 and 16-02, Dr. Parham-Hobson Letter 8/14/09, 4/8/10. Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Check all that apply -</b> <input type="checkbox"/> Core Medical, <input type="checkbox"/> Support Services, <input type="checkbox"/> Quality Management, <input type="checkbox"/> Administrative activities</p>	
<b>Program has no reporting discrepancies to report.</b>	<b>Met</b> <input type="checkbox"/> <b>Unmet</b> <input type="checkbox"/>
Justification for Assessment:	
Recommendation:	

**ELIGIBILITY/RECERTIFICATION** (obtain data from chart review tool)

<b>Standard:</b> HRSA UMS Part A: PCN#13-02, PHS ACT 2616 (b) (1-2), PHS ACT 2617 (b) (7) (B) Program screens clients for initial eligibility, performs annual and 6-month re-certifications.		<b>Measure:</b> Client's file documents eligibility determination. Program routinely documents annual and 6-month re-certifications.	
Files and properly documents client's full name, address, contact information, and demographics.		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Proof of HIV/AIDS diagnosis is present in client's file for initial determination. Ending the Epidemic, HOPP initiative Services - Proof of HIV/AIDS is the only requirement.		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Document(s) to verify income is present in client's file for initial determination and annual recertifications.		Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/> Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	
Document(s) to verify residency is present in client's file for initial determination and annual recertifications.		Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/> Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	
Household size is identified in client's file initial determination and annual recertifications.		Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/> Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	
Document(s) to verify insurance is present in client's file for initial determination and annual recertifications.		Yes <input checked="" type="checkbox"/> / No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	
Review of files confirms that clients are $\leq$ 500% FPL for initial determination and annual recertifications.		Yes <input type="checkbox"/> / No <input type="checkbox"/> Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	
Review of files confirms a process of conducting a 6 months re-certification (Sub-Recipients may use in-house data sources to renew eligibility i.e. Medicaid enrollment, ADDP, Healthcare Marketplace applications, Tax Returns, etc., dates are flexible)		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
<b>Standard:</b> HAB Policy Notice 04-01, Dr. Parham-Hopson Letter 8/04, HAB Policy Notice 07-07 Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Ryan White Services.		<b>Measure:</b> Veterans receiving health benefits are classified as uninsured, thus exempting them from "payor of last resort" requirement. Yes <input type="checkbox"/> / No <input type="checkbox"/>	
<b>Program adequately performs eligibility determinations and client re-certifications.</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>	
Justification for Assessment:			
Recommendation:			

**SERVICE CATEGORIES ASSESSMENT / CHART REVIEW**  
(obtain data from chart review tool)

**CORE SERVICES: PHS 2604; PCN 16-02**

**OUTPATIENT/ AMBULATORY HEALTH SERVICES (PMC)**

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.

*Program Guidance:*

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

**Legislative Requirement: The service be allowable and performed by a licensed provider that can diagnose and prescribed medications.**

**Offered in an outpatient setting**

**Service Measure:** Documented allowable activities that can be present in a visit:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Services are consistent with HHS Guidelines / Services are provided within:

- Clinic
- Medical offices
- Mobiles vans
- Patients do not stay overnight and facility is not an urgent care setting

**Legislative Standard**

**Met**

**Unmet**

**Program has met all service standards measured**

**Met**

**Unmet**

Justification for Assessment:

Recommendation:

### **MEDICAL CASE MANAGEMENT SERVICES**

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

**Legislative Requirement: The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum: Activities may be prescribed by an interdisciplinary team that includes other specialty care providers.**

**Medical case management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).**

**Service Measure:** Allowable activities that must be present in a case management visit as recorded in client file

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary (May use in-house data sources to renew eligibility i.e. Medicaid enrollment, ADDP, Healthcare Marketplace applications, Tax Returns, etc., dates are flexible)
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Provides risk reduction services that educate clients living with HIV on how to reduce the risk of HIV transmission
- Client-specific advocacy and/or review of utilization of services
- Benefit counseling for obtaining access to other public and private programs (Including Health Insurance)

Services must be medically oriented. Visit was billed to Part A. Chart notes indicate that the objective of the service was to improve health care outcomes.

<b>Legislative Standard</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>

Justification for Assessment:

Recommendation:

### **SUBSTANCE ABUSE OUTPATIENT SERVICES**

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use

disorders.

*Program Guidance:*

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

**Legislative Requirement:** The provision of outpatient services for the treatment of drug or alcohol use disorders.

**Service Measure:** Client files documents the performance of the following allowable activities:

- Screening
- Assessment
- Diagnosis,
- Acupuncture and/or
- Treatment of substance use disorder, including:
  - o Pretreatment/recovery readiness programs
  - o Harm reduction
  - o Behavioral health counseling associated with substance use disorder
  - o Outpatient drug-free treatment and counseling
  - o Medication assisted therapy
  - o Neuro-psychiatric pharmaceuticals
  - o Relapse prevention

Services are provided on an outpatient basis and not in a residential setting.

**Legislative Standard**

**Met**

**Unmet**

**Program has met all service standards measured**

**Met**

**Unmet**

Justification for Assessment:

Recommendation:

**MENTAL HEALTH SERVICES**

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

*Program Guidance:*

Mental Health Services are allowable only for HIV-infected clients

**Legislative Requirement:** Allowable services to individuals with a diagnosed mental illness or an assessment that identifies the need for mental health treatment.

**Service Measure:** Allowable activities

- Psychological and psychiatric screening,
- Psychological assessment
- Individual counseling

	<ul style="list-style-type: none"> <li>• Group Counseling</li> <li>• Medication prescription</li> </ul> <p>Offered to clients living with HIV Notes signed by a psychiatrist, psychologist, licensed social worker or other mental health provider licensed in the state of New Jersey</p>	
<b>Legislative Service Standard</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

<p><b>ORAL HEALTH SERVICES</b> Oral Health Care Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.</p>		
<p><b>Legislative Standards:</b> Dental outpatient diagnostic, preventive, and therapeutic services.</p>	<p><b>Service Measure:</b> Allowable services</p> <ul style="list-style-type: none"> <li>• outpatient diagnostic,</li> <li>• preventive,</li> <li>• therapeutic services</li> <li>• Only dental procedures listed in the Newark EMA service standard</li> </ul> <p>Funded provider must perform the service or contract with a dental provider</p> <p>Notes signed by a dentist; dental specialists, and dental hygienists.</p> <p>Paying a dental bill on behalf of a client is not allowable under this service.</p>	
<b>Legislative Standard</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<p><b>Service Standard Program Requirement:</b> Services fall within specified service caps, (dollar amount type of procedure, limitations on number of procedures etc.) as defined by the Planning Council or Grantee's office.</p>	<p><b>Measure:</b> Program communicates major procedures/ treatment needed with Program Monitor for prior approval.</p>	
<b>Service Standard Result</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
Justification for Assessment:		

Recommendation:

**HEALTH INS. PREMIUM & COST SHARING**

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost sharing assistance, a RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the [Department of Health and Human Services \(HHS\) treatment guidelines](#) along with appropriate HIV outpatient/ambulatory health services
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients.
- Paying cost-sharing on behalf of the client.

**Legislative Standard:** Financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits. The service provision consists of either or both of these.

**Service Measure:** Allowable Services

- Paying Health insurance premiums
- Paying co-pays, deductibles

A methodology that incorporates the following requirements:

- RWHAP Part A sub-recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the [Department of Health and Human Services \(HHS\) treatment guidelines](#) along with appropriate HIV outpatient/ambulatory health services
- There is an assessment to ensure the aggregate cost of paying of health coverage does not exceed the cost of paying for the aggregate full cost for medications. (cost effectiveness test)
- Documentation of prompt payment of insurance premiums
- Documentation of prompt payment of co-pays and deductible
- Payments to clients not allowable

<b>Legislative Standard</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>

Justification for Assessment:
Recommendation:

**MEDICAL NUTRITIONAL THERAPY**  
*Description:* Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider’s recommendation  Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

<p><b>Legislative Standard:</b> Resulting from a medical provider’s referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.</p>	<p><b>Service Measure:</b> Allowable therapies:</p> <ul style="list-style-type: none"> <li>• Nutrition assessment and screening</li> <li>• Dietary/nutritional evaluation</li> <li>• Food and/or nutritional supplements per medical provider’s recommendation</li> <li>• Nutrition education and/or counseling</li> </ul> <p>Provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.</p>
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<b>Legislative Standard</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met service standard measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>

Justification for Assessment:
Recommendation:

**SUPPORT SERVICES**

**NON MEDICAL CASE MANAGEMENT SERVICES**  
 Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include



assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact.

**Legislative Standards:** Provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. (category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate )

**Service Measure:** Allowable Activities

- Initial assessment of service needs (Including Health Insurance)
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary. (May use in-house data sources to renew eligibility i.e. Medicaid enrollment, ADDP, Healthcare Marketplace applications, Tax Returns, etc., dates are flexible)
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Chart notes indicate that the objective of providing guidance and assistance in improving access to needed services.

<b>Legislative Standard</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>

Justification for Assessment:

Recommendation:

**PSYCHOSOCIAL SUPPORT SERVICES**

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

**Legislative Standard:** The provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns

**Service Measure:** Notes must reflect the provision of one or more of these allowable activities:

- Bereavement counseling

	<ul style="list-style-type: none"> <li>• Caregiver/respice support (RWHAP Part D)</li> <li>• Child abuse and neglect counseling</li> <li>• HIV support groups</li> <li>• Nutrition counseling provided by a non-registered dietitian (<i>see</i> Medical Nutrition Therapy Services)</li> <li>• Pastoral care/counseling services</li> </ul> <p>Caregiver/respice support not allowable under Part A. Nutritional supplements are not an allowable activity</p>	
<b>Legislative Standard:</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

<p><b>FOOD BANK HOME DELIVERED MEALS</b></p> <p>Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:</p> <ul style="list-style-type: none"> <li>• Personal hygiene products</li> <li>• Household cleaning supplies</li> <li>• Water filtration/purification systems in communities where issues of water safety exist</li> </ul>		
<p><b>Legislative Standard:</b> The provision of actual food items, hot meals, or a voucher program to purchase food.</p>	<p><b>Service Measure:</b> Program documents type of services provided, number of clients served, and level of service received.</p> <p>Program distributed allowable food and non-food items, hot meals or food vouchers; restricted in use</p> <ul style="list-style-type: none"> <li>• Personal hygiene products</li> <li>• Household cleaning supplies</li> <li>• Water filtration/purification systems in communities where issues of water safety exist</li> </ul> <p>Non Essential products such as household appliances, pet foods are not allowable.</p>	
<b>Legislative Standard:</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

**HOUSING AND RELATED SERVICES / HOUSING OPPORTUNITIES FOR PRIORITY POPULATIONS (HOPP)**

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. **Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client’s linkage to permanent housing.** Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

**Legislative Standard:** Program provides the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care.

**Service Measure:** Sub-recipients has a mechanism in place to allow newly identified clients access to housing services.

**Sub-recipients must have an individualized written housing plan, consistent with RWHAP guidance per 16-02, covering each client receiving short term, transitional and emergency housing services.**

Notes must reflect a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

No payments to clients allowed

Service comply with limitations for assistance-

- Any client with stay longer than 24 consecutive months was approved by Grantee.

**Legislative Standard**

Met

Unmet

**Program has met all service standards measured**

Met

Unmet

Justification for Assessment:

Recommendation:

**TRANSPORTATION SERVICES**

Medical Transportation is the provision of non-emergency transportation services that enable an eligible client to access or be retained in core medical and support services.

**1. Standard:** Dr. Parham-Hopson Letter 8/14/09, HAB Policy Notice 16-02. Assistance is provided through direct transportation or vouchers to enable eligible individuals to access HIV related health and support services.

**Service Measure:** *(Monitor Verified)*

- Contracts with providers of transportation services documented through the activity type, level of assistance/ # of trips, destination for service provided in relation to health or support

<p>services. (e.g., <i>Transportation Log</i> )</p> <ul style="list-style-type: none"> <li>• Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services</li> <li>• Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle</li> <li>• Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)</li> <li>• Voucher or token systems</li> </ul> <p>Unallowable costs include:</p> <ul style="list-style-type: none"> <li>• Direct cash payments or cash reimbursements to clients</li> <li>• Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle</li> <li>• Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees</li> </ul>		
<b>Legislative Standard</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

### EMERGENCY FINANCIAL SERVICES

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

<p><b>Legislative Standard:</b> Program provides the support for essential services including utilities, housing, food (including groceries, food vouchers) or medications provided to clients with limited frequency and for limited period of time. Payments are issued to agencies or establishments of voucher programs.</p>	<p><b>Service Measure:</b> Allowable payments:</p> <ul style="list-style-type: none"> <li>• Essential Utilities</li> <li>• Housing</li> <li>• Food (including groceries and food Voucher)</li> <li>• Transportation</li> <li>• Medications;</li> </ul> <p><b>Notes reflect:</b></p> <ul style="list-style-type: none"> <li>• Nature of the emergency or hardship.</li> <li>• It is of short duration as defined in Service Standards</li> <li>• For a limited amount as defined in service standards.</li> <li>• Continuous provision of Continued</li> </ul>
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		<p>Program collects required documentation to verify amount of assistance sought. Payments are issued to agencies and establishments only, no direct cash payments are made to or on behalf of client.</p> <p>Services comply with limitations for assistance -</p> <ul style="list-style-type: none"> <li>• No more than \$3,000.00 per individual/household annually</li> <li>• Assistance in acquiring housing (up to the first three-month's rent) is limited to one encounter annually.</li> <li>• Rental arrears is limited to three months of back rent and two encounters annually.</li> <li>• Three months of unpaid utility charges per encounter</li> </ul>
<b>Legislative Standard</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

<p><b>OTHER PROFESSIONAL SERVICES (LEGAL)</b></p> <p>The provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:</p> <ul style="list-style-type: none"> <li>• Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including: <ul style="list-style-type: none"> <li>○ Assistance with public benefits such as Social Security Disability Insurance (SSDI) or Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP.</li> <li>○ Preparation of: <ul style="list-style-type: none"> <li>▪ Healthcare power of attorney</li> <li>▪ Durable powers of attorney</li> <li>▪ Living wills</li> </ul> </li> </ul> </li> <li>• Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including: <ul style="list-style-type: none"> <li>○ Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney</li> <li>○ Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption</li> </ul> </li> <li>• Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.</li> </ul>	
<p><b>Legislative Standard:</b> The provision of professional and consultant services rendered by members of particular professions licensed and/or</p>	<p><b>Service Measure:</b> Allowable Legal Activities</p> <ul style="list-style-type: none"> <li>• Assistance with public benefits such as Social Security Disability Insurance (SSDI)</li> </ul>

qualified to offer such services by local governing authorities.		<ul style="list-style-type: none"> <li>• Denied access to service due to discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP</li> <li>• Preparation of: Healthcare power of attorney, Durable powers of attorney, Living wills, Permanency planning</li> <li>• Legal counsel regarding the drafting of wills or delegating powers of attorney</li> <li>• Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption</li> <li>• Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits</li> </ul> <p>Not allowable, criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP</p>
<b>Legislative Standard:</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
<b>Program has met all service standards measured</b>	<b>Met</b> <input type="checkbox"/>	<b>Unmet</b> <input type="checkbox"/>
Justification for Assessment:		
Recommendation:		

**ASSESSMENT OF CLIENT FILES / CHART REVIEW RESULTS**

Corrective Action- 60% or less, Technical Assistance- 61% - 75%, Satisfactory- 76% - 85%, Above Satisfactory- 86% - 100%

**Provide a summary of program's Chart Review results**

**OTHER ISSUES FOR CONSIDERATION/ FOLLOW -UP:**

Note any planned follow-up strategies discussed or recommended to address the program issues raised and/or chart review results.

Date for follow-up visit or administrative conference call - [Click here to enter a date.](#)

**SERIOUS ISSUES FOR IMMEDIATE ACTION**

Items observed or discussed that constitute a violation of standards or any aspect of program provision that constitutes a threat to consumer or staff safety, or is a serious barrier to service delivery.

Corrective Action Plan Required Yes  / No  / N/A

Program is required to submit a fully developed plan of corrective action, which addresses the serious issues for immediate action, as observed or discussed and/or chart review results.

Date for City's receipt of a fully developed plan of corrective action- [Click here to enter a date.](#)

Monitors Signature \_\_\_\_\_ Date: [Click here to enter a date.](#)

cc: Project Director, Supervising Grant Analyst/Program Monitor, file

**ATTACHMENT B:  
FISCAL REVIEW QUESTIONNAIRE TEMPLATE**



**Ryan White Newark, New Jersey EMA**  
**FY \_\_ Fiscal Review Questionnaire and Submission List**

<b>Agency:</b> Click here to enter text.	<b>Date:</b> Click here to enter a date.
--	--

**A. Audit History and Resolution**

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

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

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

Was the audit firm independently commissioned?


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

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


Were these deficiencies resolved? Yes  No

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


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


Did the agency provide a management letter? Yes  No

What are the plans to implement the recommendations?


**B. Budget Preparation**

Do annual budget salaries fall within the executive salary cap of \$203,700? Yes  No

Has a “significant” budget revision been approved by the Part A program? Yes  No

Are the service budget categories over-or-under expended?

--

If so, has the organization requested a budget revision? Yes  No

As well as, a change in scope? Yes  No

**C. 340B Covered Entities**

Are you a 340B Program entity? Yes  No

If yes, provide the 340B identification number.

--

What is your agency’s process to keep 340B database information accurate and up to date; registering new outpatient facilities and contract pharmacies as they are added?


Does your agency recertify eligibility every year? Yes  No

What policies are in place to prevent the resell or transfer of 340B medications to ineligible patients?


What mechanisms do you have in place to prevent duplicate discounts on drugs purchased or dispersed to Medicaid patients? Include your process for reporting how you bill Medicaid fee for services drugs on the Medicaid Exclusion file.


Does your program maintain auditable records documenting compliance with 340B Program requirements? Yes  No

**D. Accounting Policies & Procedures**

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


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

--

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


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


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

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

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

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

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

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

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


**E. Cash Management and Reimbursement**

Is the **Ryan White** account reconciled at regular intervals? Yes  No

If yes, what are the regular intervals of reconciliation? [Click here to enter text.](#)

Who performs reconciliations?

Name:	Title:
-------	--------

Who reviews reconciliations?

Name:	Title:
-------	--------

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

Name and Title:	Role in the Expenditure Report Process:

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


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

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

**F. Personnel/Payroll**

Explain the payroll process.


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

Name and Title:	Role in Computing Payroll:

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

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

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


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


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

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


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


**G. Unallowable Costs**

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

**H. Tangible Assets**

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


Is Part A equipment over \$5,000 capitalized?

--

**I. Sub-recipient Contracts**

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


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


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

**J. Program Income**

Does the agency provide billable services? Yes  No

If no, skip to Section K.

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

<b>Encounter forms that include all billable services</b>
<b>Frequency of the accounts receivable aging reports</b>
<b>Reconciliation procedures or assurances that all encounters are billed appropriately</b>
<b>System of diagnostic codes or some other nomenclature to facilitate the analysis of the HIV/AIDS billing?</b>
<b>System of provider codes or some other nomenclature to determine P.I. generated by providers whose salaries are supported in whole or in part by the RWHAP grant</b>
<b>System of payer codes to identify the client's insurance coverage</b>
<b>Procedures to post payments</b>
<b>Procedures to handle contractual</b>
<b>Procedures to follow-up denied claims</b>
<b>Procedures to handle slow-pay or delinquent accounts</b>
<b>Does the Recipient and Sub-recipients have provider numbers for Medicaid, Medicare and negotiated insurance contracts or managed care contracts (third party payers)?</b> <i>(Legislative)</i>
<b>Does the Recipient have a methodology to track the use of P.I.? (For example, one area that P.I. could be used for is to cover administrative costs not funded by the RWHAP grant). (Programmatic)</b>
<b>Is P.I.:</b> <b>(a) Added to resources committed to further and expand eligible Ryan White program services</b> <b>(b) Used to cover program costs</b>
<b>Are clients routinely screened for eligibility for Medicaid, Medicare, and or other third party coverages? (payor of last resort (Legislative) PCN 13-01 13-02</b>

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


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




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

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

**Agency Name:** [Click here to enter text.](#)

**Completed by:** [Click here to enter text.](#)

Print Name

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

**Signature:**

**Date:** [Click here to enter a date.](#)

Agency Name: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Please have available for review the following original source documents that reflect the period of: through and through

Required Documents:

- a) Copies of official accounting records relevant to the **Ryan White** grant
- b) Copies of all source documents that were used for the above referenced time period.

The source/supporting documents include, but are not limited to:

- Time and attendance records of **Ryan White** paid staff
- Copies of all time analysis for all **Ryan White** paid staff utilized to post **actuals** expenditures during the review period
- Supporting and supplemental worksheets/spreadsheets that are used by the accounting office to determine the posted actual expenditures.
- Payroll sheets that include staff paid fully or partially by **Ryan White**
- Fringe benefit costs for staff paid fully or partially by **Ryan White**, including justification
- Contracts for service delivery
- Sub-contracts
- Maintenance agreements (i.e. cars, copiers, etc.)
- Invoices and payment vouchers
- Purchase receipts
- Purchase approval forms
- Approved indirect cost rate and computations for referenced time period
- Employee travel reimbursement forms or vouchers
- Employee travel logs (that list mileage and purpose of trip)
- Agency owned vehicle travel logs only if **Ryan White** uses the vehicle and its usage is charged to the **Ryan White** grant
- Agency's accounting policies and procedures
- Agency's purchasing/procurement procedures
- Sliding Fee scale (schedule of charges)
- Policy & Procedures for selecting audit firm

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

**ATTACHMENT C:  
FY 2022 FINAL SPENDING REPORT**

# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2022 - 2/28/2023

Report ID: 128368

Report Status: Review

Last Modified Date: 07/27/2023 05:02 PM

## Recipient Information

Official Mailing Address: 110 William St, Newark, New Jersey, 07102-1304

EIN: 122600213

UEI: S8WPZXYXGWV5

Preparer's Name: Aliya Roman

Preparer's Title: Project Director

Preparer's Phone: 9737334402

Preparer's Fax: 9737335444

Preparer's Email: romana@ci.newark.nj.us

## Budget Year Award Information

	Carryover	Current FY	Total
1. RWHAP Part A Formula Award Amount	\$0	\$11,323,361	\$11,323,361
2. RWHAP Part A MAI Award Amount	\$0	\$1,202,651	\$1,202,651
3. RWHAP Part A Supplemental Award Amount		\$0	\$0
<b>4. Total RWHAP Part A Funds</b>	<b>\$0</b>	<b>\$12,526,012</b>	<b>\$12,526,012</b>

## 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				
<b>Non-Services</b>																
a. Clinical Quality Management	\$0	0.00%	\$343,490	3.16%	\$343,490	3.16%	\$0	0.00%	\$60,132	5.02%	\$60,132	5.02%	\$0	0.00%	\$403,622	3.34%
b. Administration	\$0	0.00%	\$1,070,996	9.85%	\$1,070,996	9.85%	\$0	0.00%	\$116,476	9.72%	\$116,476	9.72%	\$0	0.00%	\$1,187,472	9.84%
<b>Non-services Subtotal</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$1,414,486</b>	<b>13.01%</b>	<b>\$1,414,486</b>	<b>13.01%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$176,608</b>	<b>14.73%</b>	<b>\$176,608</b>	<b>14.73%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$1,591,094</b>	<b>13.18%</b>
c. Core Medical Services	\$0	0.00%	\$6,875,360	63.23%	\$6,875,360	63.23%	\$0	0.00%	\$943,000	78.66%	\$943,000	78.66%	\$0	0.00%	\$7,818,360	64.76%
d. Support Services	\$0	0.00%	\$2,583,504	23.76%	\$2,583,504	23.76%	\$0	0.00%	\$79,254	6.61%	\$79,254	6.61%	\$0	0.00%	\$2,662,758	22.06%
<b>Total Service Expenditures</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$9,458,864</b>	<b>86.99%</b>	<b>\$9,458,864</b>	<b>86.99%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$1,022,254</b>	<b>85.27%</b>	<b>\$1,022,254</b>	<b>85.27%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$10,481,118</b>	<b>86.82%</b>
<b>Total Expenditures (Service + Non-service)</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$10,873,350</b>	<b>100.00%</b>	<b>\$10,873,350</b>	<b>100.00%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$1,198,862</b>	<b>100.00%</b>	<b>\$1,198,862</b>	<b>100.00%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$12,072,212</b>	<b>100.00%</b>

# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2022 - 2/28/2023

Report ID: 128368

Report Status: Review

Last Modified Date: 07/27/2023 05:02 PM

## 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					
<b>Core Medical Services</b>																	
a. AIDS Drug Assistance Program Treatments	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	
b. AIDS Pharmaceutical Assistance	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	
c. Early Intervention Services (EIS)	\$0	0.00%	\$23,388	0.25%	\$23,388	0.25%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$23,388	0.22%	
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	\$0	0.00%	\$45,913	0.49%	\$45,913	0.49%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$45,913	0.44%	
e. Home and Community-Based Health Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	
f. Home Health Care	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	
g. Hospice	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	
h. Medical Case Management, including Treatment Adherence Services	\$0	0.00%	\$3,176,624	33.58%	\$3,176,624	33.58%	\$0	0.00%	\$846,421	82.80%	\$846,421	82.80%	\$0	0.00%	\$4,023,045	38.38%	
i. Medical Nutrition Therapy	\$0	0.00%	\$84,356	0.89%	\$84,356	0.89%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$84,356	0.80%	
j. Mental Health Services	\$0	0.00%	\$676,618	7.15%	\$676,618	7.15%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$676,618	6.46%	
k. Oral Health Care	\$0	0.00%	\$781,242	8.26%	\$781,242	8.26%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$781,242	7.45%	
l. Outpatient/Ambulatory Health Services	\$0	0.00%	\$1,463,814	15.48%	\$1,463,814	15.48%	\$0	0.00%	\$96,579	9.45%	\$96,579	9.45%	\$0	0.00%	\$1,560,393	14.89%	
m. Substance Abuse Outpatient Care	\$0	0.00%	\$623,405	6.59%	\$623,405	6.59%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$623,405	5.95%	
<b>1. Core Medical Services Total</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$6,875,360</b>	<b>72.69%</b>	<b>\$6,875,360</b>	<b>72.69%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$943,000</b>	<b>92.25%</b>	<b>\$943,000</b>	<b>92.25%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$7,818,360</b>	<b>74.59%</b>	
<b>Support Services</b>																	
a. Child Care Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	
b. Emergency Financial Assistance	\$0	0.00%	\$176,606	1.87%	\$176,606	1.87%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$176,606	1.68%	

# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2022 - 2/28/2023

Report ID: 128368

Report Status: Review

Last Modified Date: 07/27/2023 05:02 PM

## 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				
c. Food Bank/Home Delivered Meals	\$0	0.00%	\$142,667	1.51%	\$142,667	1.51%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$142,667	1.36%
d. Health Education/Risk Reduction	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
e. Housing	\$0	0.00%	\$874,574	9.25%	\$874,574	9.25%	\$0	0.00%	\$79,254	7.75%	\$79,254	7.75%	\$0	0.00%	\$953,828	9.10%
f. Linguistic Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
g. Medical Transportation	\$0	0.00%	\$204,488	2.16%	\$204,488	2.16%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$204,488	1.95%
h. Non-Medical Case Management Services	\$0	0.00%	\$784,441	8.29%	\$784,441	8.29%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$784,441	7.48%
i. Other Professional Services	\$0	0.00%	\$358,632	3.79%	\$358,632	3.79%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$358,632	3.42%
j. Outreach Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
k. Psychosocial Support Services	\$0	0.00%	\$32,346	0.34%	\$32,346	0.34%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$32,346	0.31%
l. Referral for Health Care and Support Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
m. Rehabilitation Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
n. Respite Care	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
o. Substance Abuse Services (residential)	\$0	0.00%	\$9,750	0.10%	\$9,750	0.10%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$9,750	0.09%
<b>2. Support Services Total</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$2,583,504</b>	<b>27.31%</b>	<b>\$2,583,504</b>	<b>27.31%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$79,254</b>	<b>7.75%</b>	<b>\$79,254</b>	<b>7.75%</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$2,662,758</b>	<b>25.41%</b>
<b>3. Total Service Expenditures</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$9,458,864</b>	<b>100.00%</b>	<b>\$9,458,864</b>	<b>100.00%</b>	<b>\$0</b>	<b>100.00%</b>	<b>\$1,022,254</b>	<b>100.00%</b>	<b>\$1,022,254</b>	<b>100.00%</b>	<b>\$0</b>	<b>100.00%</b>	<b>\$10,481,118</b>	<b>100.00%</b>

# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2022 - 2/28/2023

Report ID: 128368

Report Status: Review

Last Modified Date: 07/27/2023 05:02 PM

	RWHAP Part A Award	Expenditure	Balance
1. RWHAP Part A Formula Award Amount	\$11,323,361	\$10,873,350	\$450,011
2. RWHAP Part A Formula Carryover Amount	\$0	\$0	\$0
3. RWHAP Part A MAI Award Amount	\$1,202,651	\$1,198,862	\$3,789
4. RWHAP Part A MAI Carryover Amount	\$0	\$0	\$0
5. RWHAP Part A Supplemental Award	\$0	\$0	\$0
<b>6. Total</b>	<b>\$12,526,012</b>	<b>\$12,072,212</b>	<b>\$453,800</b>

Recipient received waiver for 75% core medical services requirement: **Yes**

## Legislative Requirements Checklist

### At least 75% of your total award (less CQM and Recipient Administration) must be spent on core medical services.

When reporting Core Medical Services expenses, the Current FY totals in Section C, Row 1 of the Expenditure Report for PART A Award and MAI Award columns do not necessarily need to be 75% of each individual award as long as the combined total meets the 75% minimum requirement. The exception to this requirement is only for those recipients that requested, and were approved by HRSA, for a Part A core Medical Services Waiver.

**74.59%**

To the right is the percentage of your Current Fiscal Year Core Medical Services Expenditures divided by your Total Part A and MAI Expenditures. Please check to make sure this percentage is 75% or greater

### No more than 5% of your total award or \$3 million (whichever is smaller) can be spent on Clinical Quality Management.

When reporting Clinical Quality Management expenses, the Current FY totals for Part A AWARD and MAI AWARD columns do not necessarily need to meet this requirement as long as the combined total meets the 5% or \$3 million (whichever is smaller) requirement.

Below is the maximum (Capped Amount) you can spend on Clinical Quality Management (the lesser of Total Part A Funds for Current FY \* .05 or \$3 million) as well as the amount of Current Fiscal Year dollars spent (CQM Expenditures) on Clinical Quality Management (Current FY Clinical Quality Management for Part A + Current FY Clinical Quality Management for MAI). Please check to make sure your Expenditures do not exceed your Capped Amount.

Expenditures	Amount
<b>Capped Amount</b>	<b>\$626,301</b>
<b>Clinical Quality Management</b>	<b>\$403,622</b>

# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2022 - 2/28/2023

Report ID: 128368

Report Status: Review

Last Modified Date: 07/27/2023 05:02 PM

## No more than 10% of your total award can be spent on Recipient Administration.

When reporting Recipient Administration expenses, the Current FY totals for Part A and MAI Recipient Administration expenses do not necessarily need to meet this requirement as long as the combined total meets the 10% or less requirement.

Below is the percentage of your Current Fiscal Year Recipient Administration expenditures divided by your Total Part A Award. Please check to make sure this percentage is not greater than 10%.

Expenditures	Amount	Percent
Recipient Administration	\$1,187,472	9.48%

## Public Burden Statement:

The purpose of this data collection system is to collect allocations/expenditures information regarding Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D grant funding. HAB will use these data to show the impact of RWHAP funding on the care and treatment of people with HIV in the United States. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0318 and it is valid until 09/30/2023. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov)



# File Upload

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2022 - 2/28/2023

Report ID: 128368

Report Status: Review

Last Modified Date: 07/27/2023 05:02 PM

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## Submission Components

Document Name	Description	Uploaded File	Size	Date Attached
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**ATTACHMENT D:  
FY 2023 ALLOCATIONS AND SERVICE PROVIDERS**



Aliya Roman, Project Director  
 Newark EMA Ryan White Program  
 110 William Street, Room 209  
 Tel.: (973) 733-4402  
 Email: [romana@ci.newark.nj.us](mailto:romana@ci.newark.nj.us)

## FY2023 Allocations Report

**Public Burden Statement:** OMB Control Number (0915-0318) Valid Until 09/30/2023

### Budget Year 03/01/2023 - 02/29/2024 Award Information

Budget Year Award Information	Award Amount
RWHAP Part A Formula Award Amount	\$7,243,226
RWHAP Part A Supplemental Award Amount	\$4,247,289
RWHAP Part A MAI Award Amount	\$1,153,514
<b>Total RWHAP Part A Funds:</b>	<b>\$12,644,029</b>

### Allocation Categories

	RWHAP Part A Formula and Supplemental Allocation Amounts		RWHAP Part A MAI Allocation Amounts		Total RWHAP Part A Allocation Amounts	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>Non Services</b>						
<b>a. Clinical Quality Management</b>	\$504,035		\$57,675		\$561,710	4.44 %
<b>b. Administrative</b>	\$1,149,051		\$115,351		\$1,264,402	10.00 %
<b>Non-services Subtotal</b>	<b>\$1,653,086</b>		<b>\$173,026</b>		<b>\$1,826,112</b>	<b>14.44 %</b>
<b>c. Core Medical Services</b>	\$7,164,475		\$905,488		\$8,069,963	
<b>d. Support Services</b>	\$2,672,954		\$75,000		\$2,747,954	
<b>Total Service Allocations</b>	<b>\$9,837,429</b>		<b>\$980,488</b>		<b>\$10,817,917</b>	<b>85.56 %</b>
<b>Total Allocations (Service+Non-service)</b>	<b>\$11,490,515</b>		<b>\$1,153,514</b>		<b>\$12,644,029</b>	



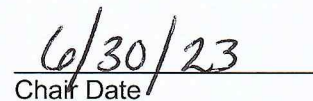
Services	RWHAP Part A Formula and Supplemental Allocation Amounts		RWHAP Part A MAI Allocation Amounts		Total RWHAP Part A Allocation Amounts	
	Amount	Percent	Amount	Percent	Amount	Percent
<b>Core Medical Services</b>						
a. AIDS Drug Assistance Program Treatments	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
b. AIDS Pharmaceutical Assistance	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
c. Early Intervention Services (EIS)	\$23,457	0.24 %	\$0	0.00 %	\$23,457	0.22 %
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	\$50,775	0.52 %	\$0	0.00 %	\$50,775	0.47 %
e. Home and Community-Based Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
f. Home Health Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
g. Hospice	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
h. Medical Case Management, including Treatment Adherence Services	\$3,322,037	33.77 %	\$765,488	78.07 %	\$4,087,525	37.78 %
i. Medical Nutrition Therapy	\$96,709	0.98 %	\$0	0.00 %	\$96,709	0.89 %
j. Mental Health Services	\$847,101	8.61 %	\$0	0.00 %	\$847,101	7.83 %
k. Oral Health Care	\$779,915	7.93 %	\$0	0.00 %	\$779,915	7.21 %
l. Outpatient/Ambulatory Health Services	\$1,358,421	13.81 %	\$140,000	14.28 %	\$1,498,421	13.85 %
m. Substance Abuse Outpatient Care	\$686,060	6.97 %	\$0	0.00 %	\$686,060	6.34 %
<b>1. Core Medical Services Subtotal</b>	<b>\$7,164,475</b>	<b>72.83 %</b>	<b>\$905,488</b>	<b>92.35 %</b>	<b>\$8,069,963</b>	<b>74.60 %</b>
<b>Support Services</b>						
a. Child Care Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
b. Emergency Financial Assistance	\$174,060	1.77 %	\$0	0.00 %	\$174,060	1.61 %
c. Food Bank/Home Delivered Meals	\$177,788	1.81 %	\$0	0.00 %	\$177,788	1.64 %
d. Health Education/Risk Reduction	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
e. Housing	\$935,700	9.51 %	\$75,000	7.65 %	\$1,010,700	9.34 %

Services	RWHAP Part A Formula and Supplemental Allocation Amounts		RWHAP Part A MAI Allocation Amounts		Total RWHAP Part A Allocation Amounts	
	Amount	Percent	Amount	Percent	Amount	Percent
f. Linguistic Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
g. Medical Transportation	\$208,433	2.12 %	\$0	0.00 %	\$208,433	1.93 %
h. Non-Medical Case Management Services	\$781,512	7.94 %	\$0	0.00 %	\$781,512	7.22 %
i. Other Professional Services	\$353,022	3.59 %	\$0	0.00 %	\$353,022	3.26 %
j. Outreach Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
k. Psychosocial Support Services	\$42,439	0.43 %	\$0	0.00 %	\$42,439	0.39 %
l. Referral for Health Care and Support Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
m. Rehabilitation Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
n. Respite Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
o. Substance Abuse Services (residential)	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
<b>2. Support Services Subtotal</b>	<b>\$2,672,954</b>	<b>27.17 %</b>	<b>\$75,000</b>	<b>7.65 %</b>	<b>\$2,747,954</b>	<b>25.40 %</b>
<b>3. Total Service Allocations</b>	<b>\$9,837,429</b>	<b>100.00 %</b>	<b>\$980,488</b>	<b>100.00 %</b>	<b>\$10,817,917</b>	<b>100.00 %</b>

Recipient received waiver for 75% core medical services requirement.

On behalf of the Newark EMA HIV Health Planning Council, I am honored to endorse the City of Newark's FY2023 Ryan White Part A and MAI program funding allocations.

  
 Joann McEniry, Planning Council

  
 Chair Date

FY23	Essex County Providers	Total Award	Housing & Related Services	Medical Case Mgmt.	Outpatient Ambulatory Healthcare Services	Outpatient Substance Abuse	Emergency Financial Assistance	Residential Substance Abuse	Psychosocial Support	Nutritional Therapy	Mental Health	Transportation	Nutritional Services	Case Management	Other Prof Services	Dental	Health Insurance Premium	Early Intervention Services	Total	Contract Not to Exceed
	AIDS Resource Foundation						X					X	X	X						
	Apostles House		X				X						X	X						
	Broadway House			X		X			X	X	X									
	Comm. Hlth. Law Project														X					
	East Orange General Hospt./ Smith Center			X	X						X	X								
	Hyacinth			X	X	X	X		X		X			X	X					
	Isaiah House		X											X						
	Catholic Charities of Newark		X			X					X	X		X						
	Newark Beth Israel			X	X		X				X					X	X			
	Newark Community Health			X	X					X	X					X		X		
	DHCW Special Care Clinic			X	X		X										X	X	X	
	New Jersey Community Research Initiative			X	X	X	X		X		X		X			X	X			
	Positive Health Care					X	X		X					X						
	Urban Renewal		X						X					X						
	La Casa de Don Pedro												X	X						
	St. James Social Services						X						X	X						
	St. Michael's- Peter Ho Clinic			X	X	X					X					X	X	X	X	
	Team Management					X	X		X		X	X		X						
	Rutgers (Dental)															X				
	Rutgers (FXB)			X	X															
	Rutgers (HIV Clinic)			X	X	X	X			X	X	X					X	X	X	
	Rutgers (START)			X	X		X		X		X						X	X		
	<b>Union County Providers</b>																			
	Central Jersey Legal														X					
	Iris House								X			X	X	X						
	Meals on Wheels												X			X				
	Neighborhood Health			X	X	X				X	X					X				
	PROCEED		X				X		X		X			X						
	Trinitas Regional Medical Center EIP			X	X				X		X	X								
	<b>Tri-County Providers</b>																			
	NJ AIDS Services		X	X	X	X	X		X		X	X		X			X			
	Morristown Memorial Hospital			X	X		X				X	X				X	X	X		
	CFCS Hope House			X			X		X		X		X	X						
	Zufall Health Center			X	X		X			X	X	X				X	X	X		

**ATTACHMENT E:  
2023 QUESTIONNAIRE**

**Recipient Questionnaire**



**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL ASSESSMENT OF  
THE ADMINISTRATIVE MECHANISM – FY 2023 RECIPIENT SURVEY**

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**Assessment of Ryan White Part-A Administrative Mechanism  
in the Newark EMA Recipient Survey (2023)**

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

**Instructions:** Please complete all sections on this word document. Once completed, return by email to Planning Council Support Staff [roberto.benoit@unitedwayguc.org](mailto:roberto.benoit@unitedwayguc.org).

All survey responses should be submitted on or before July 31, 2023, 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 survey. Your assistance is greatly appreciated.



## **RFP PROCESS AND SELECTION OF PROVIDERS**

1. In the last fiscal year (FY 2022), 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 FY 2022 for FY 2023.

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.
- (e) due date for FY 2023 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 2023)? 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 2023 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 2023) 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 2023) 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 2023?
  
10. If yes, how did this/these partial NOAs affect the procurement process?

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL  
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM  
FY 2023 RECIPIENT SURVEY**

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11. On what date did the Newark EMA receive its final Notification of Award (NOA) from the federal government (HRSA) for FY 2023 funding?

12. On what date were award letters sent to funded agencies for FY 2023?

13. On what date were the FY 2023 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 2023:

<b>FY 2023 CONTRACT STATUS</b>		
<b>DATE:</b>	<b># Of contracts ADOPTED</b>	<b># Of contracts EXECUTED</b>
<i>By March 31, 2023</i>		
<i>By April 30, 2023</i>		
<i>By May 31, 2023</i>		
<i>By June 30, 2023</i>		
<i>By July 31, 2023</i>		
<i>By August 31 2023</i>		
<i>By September 30, 2023</i>		

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

16. What was the due date in 2023 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 2023) in comparison to last year (FY 2022), 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.

**USE OF VIDEO-CONFERENCING AND/OR ELECTRONIC SIGNATURES ON FY 2023 PROCUREMENT AND CONTRACTING**

20. Does the Newark Ryan White Unit use any videoconferencing in any portion of FY 2023 procurement and contracting?
  
21. Does the Newark Ryan White Unit use electronic signatures in any portion of FY 2023 procurement and contracting?
  
22. Please describe the status of the use of digital technology for facilitating contract processing.

**SERVICE PROVIDER REIMBURSEMENT**

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

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24. When (month/date) were providers first able to submit invoices for reimbursement in FY 2023?
25. 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?
26. 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?
27. List/describe any obstacles contributing to the delay in reimbursement to providers.
28. What steps are being taken to speed up the reimbursement process?
29. 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**

30. 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?
31. In the last fiscal year (FY 2022), how many Programmatic site visits did each service provider receive? (Please give range and average)

32. In the last fiscal year (FY 2022), how many fiscal site visits did each service provider receive? (Please give range and average)

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

34. 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.

35. 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.)?

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

**CHAMP**

37. What objectives (including program improvements) do you have for CHAMP for the current fiscal year (FY 2023)?

38. What is the status of these objectives as of February 28, 2023?

**PROCUREMENT/ALLOCATION REPORT** (in comparison to PC percentages for FY 2022)

39. What percent of the overall award (for FY 2022) was used for Recipient Support, Planning Council support, CHAMP, and Quality Management? Please indicate the percentages for each category.

Item	Amount	Percentage
<b>Administration</b>		
Recipient Support		
CHAMP		
Planning Council Support		
<b>Quality Management</b>		
<b>Total</b>		

40. What percent of formula funds were unexpended, and why, at the end of FY 2022?

41. What percent of supplemental funds were unexpended, and why, at the end of FY 2022?

42. What percent of MAI funds were unexpended, and why, at the end of FY 2022?

43. What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2022?

44. Please provide the final Spending Report for FY 2022.

45. Please provide the Allocation Report for FY 2023 using the table on the following page.

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**FY 2023 ALLOCATION REPORT**

SERVICE CATEGORY  (BY PRIORITY)	PLANNING COUNCIL				RECIPIENT		
	PERCENT AND DOLLAR		+/-25%		PERCENT AND DOLLAR		VARIANCE FROM COUNCIL
<b>CORE SERVICES (9)</b>							
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							
<b>SUPPORT SERVICES (7)</b>							
HOUSING SERVICES							
MEDICAL TRANSPORTATION SERVICES							
CASE MANAGEMENT SERVICES (NON-MEDICAL)							
EMERGENCY FINANCIAL ASSISTANCE							
FOOD BANK/HOME-DELIVERED MEALS							
LEGAL SERVICES							
PSYCHOSOCIAL SUPPORT SERVICES							



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RESIDENTIAL SUBSTANCE ABUSE							
TOTAL AMOUNT OF FUNDING							

**LISTING OF SERVICE PROVIDERS**

46. 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 2023.

**MINORITY AIDS INITIATIVE**

47. For FY 2022, 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.

<b>FY 2022 Providers</b>	<b>Primary Medical Care</b>	<b>Medical Case Management</b>	<b>Transitional Housing</b>	<b>Total</b>
<b>Essex County</b>				
<b>Union County</b>				
<b>Tri-County</b>				
<b>Total Direct Service Dollars</b>				
<b>Quality Management</b>				
<b>Administration</b>				
<b>FY 2022 Total MAI Funding</b>				

48. Please provide a list of the organizations in receipt of MAI funds in FY 2023

**CONDITIONS OF AWARD**

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

<b>DATE OF RECIPIENT REPORT (OR EXPECTED DATE)</b>	<b>CONTENT OF REPORT</b>
xx/xx/xx	FY 2022 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
Xx/xx/xx	FY 2022 Annual Progress Report.
xx/xx/xx	FY 2022 final Federal Financial Report (FFR)
xx/xx/xx	FY 2022 Expenditure Rate (as documented in the final FY 2022 FFR)
xx/xx/xx	Budgeted allocation of FY 2022 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2022 Implementation Plan.

**ADDITIONAL COMMENTS**

Please provide any additional comments below: