

**NEWARK EMA  
HIV HEALTH SERVICES PLANNING  
COUNCIL**



**ASSESSMENT OF THE  
ADMINISTRATIVE MECHANISM**

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

**FY 2024**

**August 2024**

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL  
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM  
FY 2024**

**TABLE OF CONTENTS**

<b>I.</b>	<b>INTRODUCTION.....</b>	<b>1</b>
	A. PURPOSE.....	1
	B. METHODOLOGY.....	1
	C. GENERAL FINDINGS.....	2
	D. RECOMMENDATIONS FOR FUTURE RECIPIENT AND PROVIDER SURVEYS (2022 AND BEYOND).....	4
<b>II.</b>	<b>PROVIDER/AGENCY SURVEY.....</b>	<b>5</b>
	A. RFP PROCESS AND SELECTION OF PROVIDERS.....	5
	B. PLACEMENT OF CONTRACTS.....	7
	C. SERVICE PROVIDER REIMBURSEMENT.....	9
	D. CITY OF NEWARK RYAN WHITE UNIT - SITE VISIT AND TECHNICAL ASSISTANCE (TA).....	10
	E. CHAMP (COMPREHENSIVE HIV/AIDS MANAGEMENT PROGRAM).....	13
	F. PLANNING COUNCIL.....	17
	G. OTHER COMMENTS.....	21
<b>III.</b>	<b>RECIPIENT SURVEY.....</b>	<b>22</b>
	A. RFP PROCESS AND SELECTION OF PROVIDERS.....	22
	B. PLACEMENT OF CONTRACTS.....	24
	C. USE OF VIDEO-CONFERENCING AND/OR ELECTRONIC SIGNATURES ON FY 2024 PROCUREMENT AND CONTRACTING.....	27
	D. SERVICE PROVIDER REIMBURSEMENT.....	27
	E. RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE.....	28
	F. CHAMP.....	30
	G. PROCUREMENT/ALLOCATION REPORT (IN COMPARISON TO PLANNING COUNCIL PERCENTAGES).....	31
	H. LISTING OF SERVICE PROVIDERS.....	33
	I. MINORITY AIDS INITIATIVE.....	33
	J. CONDITIONS OF AWARD.....	34
	K. ADDITIONAL COMMENTS.....	34
	<b>ATTACHMENT A: MONTHLY MONITORING TOOL.....</b>	<b>35</b>
	<b>ATTACHMENT B: PROGRAMMATIC AND FISCAL MONTHLY MONITORING TOOL.....</b>	<b>36</b>
	<b>ATTACHMENT C: FY 2023 FINAL SPENDING REPORT.....</b>	<b>37</b>
	<b>ATTACHMENT D: PART A FUNDED SERVICE PROVIDERS.....</b>	<b>38</b>
	<b>ATTACHMENT E: 2024 QUESTIONNAIRES.....</b>	<b>39</b>

**List of Tables**

Table 1:	FY 2024 Contract Status .....	26
Table 2:	FY 2023 Allocations for Administration and Quality Management .....	31
Table 3:	FY 2024 ALLOCATION REPORT .....	32
Table 4:	FY 2023 MAI Funding Allocations .....	33

**List of Figures**

None.

**List of Abbreviations/Acronyms**

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

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

**FY 2024**

**August 2024**

## I. INTRODUCTION

### A. PURPOSE

The purpose of Newark Eligible Metropolitan Area (EMA) Assessment of the Administrative Mechanism for FY 2024 for the Ryan White HIV/AIDS Program (RWHAP) Part A is to fulfill the federal mandate of the RWHAP. This mandate was initially set forth in the Ryan White CARE Act, as amended, and has been incorporated into the Ryan White HIV/AIDS Treatment Modernization Act (RWTMA) of 2006 and the Ryan White HIV/AIDS Treatment Extension Act (RWTEA) of 2009. This requirement was summarized in the HRSA/HAB Ryan White CARE Act Part A Manual and reiterated in the FY 2025 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>

Planning councils are required to complete the assessment annually. It has been the practice of the Newark EMA HIV Health Services Planning Council to complete one “full” assessment followed by two annual updates. The full assessment includes surveys of both the Recipient and all RWHAP-funded providers/agencies. The two annual updates survey only the Recipient. The Council completed a full assessment in 2021 and two annual updates in 2022 and 2023. This 2024 report is a full assessment.

### B. METHODOLOGY

The assessment was completed by the Planning Council through its Research and Evaluation Committee (REC). The committee reviewed and updated the assessment tool used in 2023 for the Recipient to reflect current agency responsibilities. The committee also reviewed the Provider/Agency Survey tool used in 2021 which was updated and compiled into a 2024 tool to assess the provider/agency responses. (The 2024 tool incorporates the Council recommendations of 2010 that, for subsequent administrative assessments, agency names be required for provider surveys instead of anonymous submission. This would help address the problem of low response rates due to anonymous submittal of surveys and no means of follow up for non-responding agencies.) The Committee prepared final survey instruments which are

---

<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>

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

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

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

On June 4, 2024 the Council e-mailed the FY 2024 Provider/Agency Survey to 30 Part A service providers (subrecipients) with a completion date of June 30, 2024. On June 4, 2024 the Council e-mailed the 2024 Recipient Survey to the City of Newark Ryan White Program Director with a completion date of July 15, 2024, which was extended to July 31, 2024. Agency results were received by August 27, 2024 and Recipient results received on August 28, 2024 .

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

## **C. GENERAL FINDINGS**

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

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

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

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

### **Agencies/Providers:**

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

### **Recipient:**

(1) Request for proposals (RFP) process and selection, and technical assistance, (2) Placement of Contracts, (3) Use of Video-Conferencing and/or Electronic Signatures on FY 2024 Procurement and Contracting, (4) Service Provider Reimbursement, (5) Recipient Site Visits and Technical Assistance, (6) CHAMP client level data system (CLD), (7) Procurement Allocation Report, (8) Listing of Service Providers, (9) Minority AIDS Initiative, and (10) Conditions of Award.

**Response Rate of Provider/Agency surveys.** The FY 2024 response rate was very good at 93% (28 of 30 agencies responding). The FY 2021 response rate was nearly perfect at 97% (35 of 36 agencies responding). This greatly exceeded the FY 2018 response rate of 59% (20 of 34) from providers/agencies which was lower than in previous years. (In comparison to FY 2011 and FY 2008. Results for FY 2014 could not be located among PC records. Furthermore, some of these 20 responses were incomplete.)

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

- Agencies were generally pleased with the performance of RWU Monitors and the monitoring process. Response time to questions from RWU was good to excellent, with same day response widely experienced.
- Most agencies were pleased with CHAMP, its features, and responsiveness of CHAMP staff to questions. There were some issues re the slowness of the system.
- Agencies were mostly pleased with the new HRSA 3-year RWHAP grant award process which allowed for one full RFP and two subsequent Non-Competing Continuation (NCC) grants. The Newark EMA NCC for FY 2023 and FY 2024 gave agencies enough time for completion.
- **Agencies found no deficiencies in the administration of the Newark EMA RWHAP program as related to procurement, contracting, reimbursement, and monitoring/technical assistance during the program year.**
- **Recommendations by Agencies:** These recommendations for the procurement process would be helpful to agencies:
  - **RFP Timeline:** It is recommended that the RFP be issued at the same time every year with up to two (2) months allowed for completion of proposals/applications, with a due date in October.
  - **RFP Page Limitations:** Some allowances (exemptions) for page limitations should be considered for standard documentation, MOUs, 990's, audit reports, etc., that are outside of the control of the agency.
  - **TA Session:** The virtual TA session is an option that can be continued.

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

beneficial. It enables agencies to start providing services and billing for services immediately. Implementation of DocuSign in 2024 helped in contracting and reimbursement.

#### **D. RECOMMENDATIONS FOR FUTURE RECIPIENT AND PROVIDER SURVEYS (2024 AND BEYOND)**

**Online survey tool considerations.** The online survey tool is an effective way for the Council to compile information from respondents. However, the survey must be completed in one sitting – it cannot be saved and returned to at a later time. The information requested in Assessment of the Administrative Mechanism (AAM) surveys requires considerable research offline within the agency and Recipient’s office. Therefore, **agencies and the Recipient must complete answers in the Word AAM survey document and then copy and paste into the online survey.** Agencies are accustomed to this method and it has worked well for the FY 2024 AAM.

There are a few recommendations based on feedback from respondents.

- (1) **Online Survey Tool:** The tool is good for capturing information in line-by-line questionnaires but not in capturing information that is traditionally shown in tables. This means that the online survey tool must add questions to gather information in table format, which changes the numbering of questions and delays analysis comparing the REC-approved Word survey tool and online survey results. The tables also do not allow decimal places either in dollar amounts or percentages.
- (2) **Agencies:** In the survey instructions, advise agencies of the need to complete the online survey in one sitting, and recommend that they complete the Word document version completely, review and approve it, and then copy and paste responses into the online AAM survey tool. This method was used in the FY 2024 AAM and all responses were completed in Survey Monkey.
- (3) **Recipient:** There is no need for the Recipient to complete the online survey tool since there is only one respondent. Therefore, the Word document is sufficient and was used effectively for the FY 2024 AAM.

## II. PROVIDER/AGENCY SURVEY

**Total Agencies responding:** 28

**Is your agency new to Ryan White in Fiscal Year 2024?** 28 No

### A. RFP PROCESS AND SELECTION OF PROVIDERS

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

# Agencies	%	
8	28.6%	Email from RWU
20	71.4%	No ans.
28	100.0%	

**2. Did the RFP:**

**2.1 Clearly describe the application requirements?**

# Agencies	%	
27	96.4%	Yes
1	3.6%	No ans.
28	100.0%	

**2.2 Clearly describe eligibility requirements?**

27	96.4%	Yes
1	3.6%	No ans.
28	100.0%	

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

26	92.9%	Yes
2	7.1%	No ans.
28	100.0%	

**2.4 Describe the criteria and procedures for reviewing proposals?**

25	89.3%	Yes
1	3.6%	No
2	7.1%	No ans.
28	100.0%	

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

6	21.4%	Clarity in requirements and formatting.
1	3.6%	Some items were repetitive
21	75.0%	No Comments/None.
28	100.0%	



**3. How would you rate the Technical Assistance Meeting held on September 9, 2023 in clarifying proposal requirements and any other questions you had about the RFP or your proposal?**

11	39.3%	Excellent
11	39.3%	Good
4	14.3%	Average
1	3.6%	Fair
0	0.0%	Poor
1	3.6%	No Ans.
28	100.0%	

**Comments:**

1	3.6%	The meeting was clear.
27	96.4%	None/No Ans.
28	100.0%	

**4. Last year the RFP was available starting on September 6, 2023 and the proposals were due on October 6, 2023. Was this enough time to prepare and submit your proposal?**

22	78.6%	Yes
5	17.9%	No
1	3.6%	No ans.
28	100.0%	

**What suggestions do you have?**

1	3.6%	Time and timing was good.
6	21.4%	More time and better timing.
21	75.0%	None/No answer.
28	100.0%	

**5. Were the RFP page limitations appropriate?**

27	96.4%	Yes
1	3.6%	No ans.
28	100.0%	

**Comments:**

1	3.6%	Clarify page limits
27	96.4%	None/No ans.

The page limits are appropriate as long as financial statements and 990 are not counted. That should be stated more clearly.

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

14	50.0%	Yes
12	42.9%	No
2	7.1%	No ans.
28	100.0%	

**Comments:**

1	3.6%	Want feedback/score.
27	96.4%	None/No ans.

Would like to see the actual scoring of our proposal to determine which sections need strengthening.

**B. PLACEMENT OF CONTRACTS**

**7. For the current fiscal year (which started March 1, 2023), when were you notified that you would be receiving Ryan White Part-A funding?**

#	%	Date
7	25.0%	January 12, 2024
10	35.7%	January 18, 2024
4	14.3%	February 1, 2024
1	3.6%	Unsure
3	10.7%	Yes
3	10.7%	No answer
28	100.0%	

**7.1 How were you notified?**

24	85.7%	Email (& hard copy)
4	14.3%	No answer
28	100.0%	

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

# Services	# Agencies	% Agencies
1	4	14.3%
2	3	10.7%
3	0	0.0%
4	8	28.6%
5	2	7.1%
6	3	10.7%
7	0	0.0%
8	1	3.6%
9	1	3.6%
10	3	10.7%
No Ans	3	10.7%
	28	100.0%

# Svcs	# Agencies	%
4-6	13	46.4%

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

1	3.6%	January 12, 2024
1	3.6%	January 18, 2024
1	3.6%	March 4, 2024
1	3.6%	April 1, 2024
1	3.6%	Mid-July or early
8	28.6%	Not received yet
1	3.6%	Still waiting
7	25.0%	Unsure
2	7.1%	Unknown
5	17.9%	No answer
28	100%	

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

2	7.1%	Excellent. Smooth process.
5	17.9%	Takes too long (5-6 months). Timeframes are not consistent. Not timely.
1	3.6%	Please do a full award instead of partial.
20	71.4%	No Comment/None.
28	100%	

**11. Was your FY 2023 (March 1, 2023 - February 29, 2024) contract augmented/amended during the year?**

15	53.6%	Yes
10	35.7%	No
3	10.7%	No ans.
28	100.0%	

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

4	14.3%	Excellent. Smooth process. Handled well.
3	10.7%	Time-consuming. Cumbersome.
1	3.6%	Please do a full award instead of partial.
1	3.6%	Received additional funding.
19	67.9%	No Comment/None.
28	100.0%	

**C. SERVICE PROVIDER REIMBURSEMENT**

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

# Agencies	%	
8	28.6%	Before 1995
3	10.7%	1995-1999
0	0.0%	2000-2005
0	0.0%	2006-2009
2	7.1%	2010-2014
1	3.6%	2015-To Date
14	50.0%	Unknown/No answer
<b>28</b>	<b>100.0%</b>	

**13. In FY 2023, what was the approximate amount of time between submission of an accurate invoice/end of month report and receipt of reimbursement check?**

# Agencies	%	
5	17.9%	< 30 Days
10	35.7%	1-2 Months
1	3.6%	Up to 3 Months
5	17.9%	More than 3 months
4	14.3%	Unknown (Handled by institution Finance Dept.)
3	10.7%	No answer
<b>28</b>	<b>100.0%</b>	

**14. When (date or month) did your agency receive your first reimbursement check for FY 2023 services?**

# Agencies	%	
2	7.1%	May 2023
0	0.0%	June 2020
3	10.7%	July 2020
4	14.3%	August 2023
3	10.7%	September 2020
0	0.0%	October 2020
10	35.7%	Unsure/Do not Know. EFT.
6	21.4%	No answer
<b>28</b>	<b>100.0%</b>	

**15. Have your reimbursement checks been accurate?**

10	35.7%	Excellent
12	42.9%	Good
2	7.1%	Average
0	0.0%	Fair
0	0.0%	Poor
4	14.3%	No Answer
<b>28</b>	<b>100.0%</b>	

**Comments**

1	3.6%	Accurate
1	3.6%	Minor adjustments.
1	3.6%	Need to contain identifiers so they can applied to the correct program
1	3.6%	The electronic transfer is for all of the Rutgers Part A providers.
24	85.7%	No Comment.
28	100.0%	

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

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

13	46.4%	Excellent
10	35.7%	Good
1	3.6%	Average
1	3.6%	Fair
0	0.0%	Poor
3	10.7%	No Answer
28	100.0%	

**Comments**

1	3.6%	The RW Unit is very responsive and very helpful.
27	96.4%	No Answer. None.
28	100.0%	

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

14	50.0%	Excellent
6	21.4%	Good
4	14.3%	Average
0	0.0%	Fair
0	0.0%	Poor
4	14.3%	No Answer
28	100.0%	

**Comments**

None.

**18. In your experience during FY 2023, how would you rate the communication between your agency and the Ryan White Unit?**

17	60.7%	Excellent
7	25.0%	Good
1	3.6%	Average
0	0.0%	Fair
0	0.0%	Poor
3	10.7%	No Answer
28	100.0%	

**Comments**

1	3.6%	Very responsive.
27	96.4%	No Answer. None.
28	100.0%	

**19. How many site visits (in-person or virtual) from the Ryan White Unit for the purposes of monitoring Part-A funds did your agency have during FY 2020 (March 1, 2023-February 29, 2024). {please include all scheduled site visits, unscheduled visits and special technical assistance visits. Do not include visits from the CHAMP staff}.**

**19.1 Programmatic Site Visits**

17	60.7%	One (1)
3	10.7%	Two (2)
8	28.6%	No Answer
28	100.0%	

**19.2 Fiscal Site Visits**

18	64.3%	One (1)
1	3.6%	Two (2)
2	7.1%	None
7	25.0%	No Answer
28	100.0%	

**19.3 Quality Management Site Visits (including chart reviews)**

16	57.1%	One (1)
3	10.7%	Two (2)
1	3.6%	None
8	28.6%	No Answer
28	100.0%	

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

# Agencies	%	
13	46.4%	Excellent
10	35.7%	Good
2	7.1%	Average
0	0.0%	Fair
0	0.0%	Poor
3	10.7%	No Answer
28	100.0%	

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

2	7.1%	None they are very to the point with everything. Works well.
1	3.6%	Overall the monitoring process goes smoothly. We are satisfied with the virtual visit. Dealing with the submission of requested materials is sometimes challenging. Deadlines for the submission of items is stated in the monitoring visit instructions, but then we are called and told that they are needed earlier. Just state a deadline and we will meet it. Another concern is the transfer of confidential items such as client records. We have experienced technical problems with providing the records in an acceptable manner that ensures client confidentiality.
1	3.6%	number of services provided and the time needed in past years to complete the process.
1	3.6%	The quantity of paperwork that needs to be submitted for programmatic virtual site visits is burdensome.
23	82.1%	None. No answer.
28	100.0%	

**22. How would you rate the Ryan White Unit in providing your agency with (1) programmatic, (2) fiscal, (3) Quality Management technical assistance (TA) or training during FY 2023 (this may include recommendations from the site visit or a special technical assistance training? For each of the following.**

**22A (1) Programmatic TA**

# Agencies	%	
9	32.1%	Excellent
9	32.1%	Good
2	7.1%	Average
0	0.0%	Fair
0	0.0%	Poor
5	17.9%	Not Applicable (our agency has not required TA in FY 2023)
0	0.0%	Not Applicable (our requests for TA in FY 2023 have not been met)
0	0.0%	Not Applicable (we had no site visits/ TA in FY 2023)
3	10.7%	No Answer
28	100.0%	

**22B (2) Fiscal TA**

# Agencies	%	
10	35.7%	Excellent
7	25.0%	Good
2	7.1%	Average
0	0.0%	Fair
0	0.0%	Poor
6	21.4%	Not Applicable (our agency has not required TA in FY 2023)
0	0.0%	Not Applicable (our requests for TA in FY 2023 have not been met)
0	0.0%	Not Applicable (we had no site visits/ TA in FY 2023)
3	10.7%	No Answer
28	100.0%	

**22C (3) Quality Management TA**

# Agencies	%	
9	32.1%	Excellent
3	10.7%	Good
7	25.0%	Average
0	0.0%	Fair
0	0.0%	Poor
6	21.4%	Not Applicable (our agency has not required TA in FY 2023)
0	0.0%	Not Applicable (our requests for TA in FY 2023 have not been met)
0	0.0%	Not Applicable (we had no site visits/ TA in FY 2023)
3	10.7%	No Answer
28	100.0%	

**E. CHAMP (COMPREHENSIVE HIV/AIDS MANAGEMENT PROGRAM)**

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

# Agencies	%	
4	14.3%	Excellent
7	25.0%	Good
9	32.1%	Average
2	7.1%	Fair
2	7.1%	Poor
4	14.3%	No Answer
28	100.0%	

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

# Agencies	%	
5	17.9%	Good
3	10.7%	Good. Needs work
1	3.6%	Use internal tracking system.
5	17.9%	Challenges. Speed. Integrate with EMR.
14	50.0%	No Answer. None.
28	100.0%	



**Comments**

1	3.6%	Good
1	3.6%	CHAMP is very easy to work with.
1	3.6%	It achieves its goals.
1	3.6%	The system is effective in the sense that we can monitor the movement of clients and track information.
1	3.6%	The program is good, but we have to be careful in not duplicating client ID #'s with the ones using 9999.
1	3.6%	It is a decent system. Sometimes it is not very user friendly, especially when special reports are needed. Not very easy to navigate.
1	3.6%	Overall, it is an acceptable tool for the recording of client level information, although at times the system is so slow that it impedes on staff efficiency.
1	3.6%	I feel the Champ System should at least provide an address for clients. When reviewing Clients referrals to be certain it is the right person is
1	3.6%	Our organization uses our own management application to track client information and levels of service in addition to complying with CHAMP
1	3.6%	It would help to speed up the system
1	3.6%	Inputting the CHAMP information is redundant. An integrated system between EMRs and the EMA's tool to record client level information would
1	3.6%	Champs has limited capabilities. Challenges faced: updating information, told that may be in the next update. Running queries are tedious. Unsure
1	3.6%	CHAMP feels outdated
1	3.6%	CHAMP is an outdated system. It would more efficient to have an online system and not one that needs to be locally installed on equipment.

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

**25A Service reports?**

<b># Agencies</b>	<b>%</b>	
1	3.6%	Service reports are very helpful.
5	17.9%	Good. Good for generating reports.
1	3.6%	Efficient
1	3.6%	Look up report is useful.
1	3.6%	Sufficient
1	3.6%	Accuracy in question.
1	3.6%	System is exceedingly slow.
17	60.7%	None/No Answer
28	100.0%	

**25B Fiscal reports?**

# Agencies	%	
5	17.9%	Good - Very Good
1	3.6%	Efficient
1	3.6%	Helpful
1	3.6%	Fiscal reports are satisfactory.
1	3.6%	Sufficient
1	3.6%	Finance reviews the fiscal reports that are generated in CHAMPS
1	3.6%	We re-enter fiscal information from our application to populate the CHAMP report
17	60.7%	None/No Answer
28	100.0%	

**25C Quality management reports?**

# Agencies	%	
3	10.7%	Good - Very Good
1	3.6%	Helpful
1	3.6%	Quality Management reports provide useful information.
1	3.6%	CHAMP does not always pull the information we need
1	3.6%	Difficult to navigate
1	3.6%	Some of the data entry is so tedious that we are unable to keep up with entries. The reports are not always meaningful. For a large clinic-the exception reports are hard to manage and review. The exception reports only show the CHAMP ID - it would be much better if the report pulled up the additional information so we could go directly in the medical chart instead of through our master list to identify the client. Future Bridge does not always respond expeditiously to make corrections or review data that we have questions or concerns about.
20	71.4%	None/No Answer/Not Applicable.
28	100.0%	

**26. How would you rate the on-going support that you/your staff received in using CHAMP during FY 2023? (please consider responses to any questions including assistance through**

# Agencies	%	
7	25.0%	Excellent
10	35.7%	Good
5	17.9%	Average
2	7.1%	Fair
1	3.6%	Poor
3	10.7%	No Answer
28	100.0%	

**Comments:**

1	3.6%	Great response time and if no response they call right back or email.
1	3.6%	QA team gives good feedback and learning from other recipients. CHAMP administration not very responsive
1	3.6%	The feedback is not always timely.
1	3.6%	Difficult to reach people to address questions and concerns.
1	3.6%	Future Bridge does not always respond expeditiously to make corrections or review data that we have questions or concerns about. This delays our program.
23	82.1%	None.
28	100.0%	

**27. Please rate the timeliness of their response.**

# Agencies	%	
6	21.4%	Excellent
6	21.4%	Good
9	32.1%	Average
2	7.1%	Fair
2	7.1%	Poor
3	10.7%	No Answer
28	100.0%	

**Comments:**

1	3.6%	Future Bridge does not always respond expeditiously to make corrections or review data that we have questions or concerns about.
1	3.6%	Staff have had to reach out to contract monitor staff to try to get answers as their CHAMP questions are not answered by other means.
26	92.9%	No Answer
28	100.0%	

**28. Did you receive any training on CHAMP in FY 2023 (March 1,2023-February 29, 2024)?**

# Agencies	%	
11	39.3%	Yes
14	50.0%	No
3	10.7%	No ans.
28	100.0%	

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

# Agencies	%	
1	3.6%	In person ongoing trainings would be ideal. Zooms have a tendency to miss the mark.
1	3.6%	Timely response from Champ support and ease to navigate reports.
1	3.6%	The ability to check a box for recertification if nothing has changed. The system also runs very slow.
1	3.6%	Add treatment (yes/no) to chlamydia and gonorrhea's section.
1	3.6%	The system is extremely slow. Need to figure out how to increase its responsiveness.
1	3.6%	A more robust system is needed. The data entry should be based on current guidelines. (for example CD4 less than 200 with und VL does not need PCP prophylaxis. Adhoc reports are not at all easy to run.
1	3.6%	Speed up the system.
21	75.0%	No answer.
28	100.0%	

**F. PLANNING COUNCIL**

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

# Agencies	%	
15	53.6%	Very familiar
9	32.1%	Somewhat knowledgeable
1	3.6%	I have a vague understanding (skip to question 37)
0	0.0%	I never heard of the Planning Council (skip to question 38)
3	10.7%	No ans.
28	100.0%	

**31. In general, how would you rate the work of the Planning Council during FY 2023?**

# Agencies	%	
9	32.1%	Excellent
13	46.4%	Good
3	10.7%	Average
0	0.0%	Fair
0	0.0%	Poor
3	10.7%	No Answer
28	100.0%	

**Comments:**

# Agencies	%	
1	3.6%	I have not had a lot of exposure with the council
27	96.4%	No Answer
28	100.0%	

**32. Have you attended any Planning Council or Committee meetings in FY 2023?**

# Agencies	%	
16	57.1%	Yes
8	28.6%	No
4	14.3%	No ans.
28	100.0%	

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

**A. Newark EMA Needs Assessments?**

# Agencies	%	
24	85.7%	Yes
1	3.6%	No
3	10.7%	No ans.
28	100.0%	

**B. Newark EMA 2012-2026 Integrated Health Plan?**

# Agencies	%	
18	64.3%	Yes
7	25.0%	No
3	10.7%	No ans.
28	100.0%	

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

# Agencies	%	
12	42.9%	Very High quality, the information is accurate and recommendations "on target"
8	28.6%	Somewhat high quality
3	10.7%	The quality is average
1	3.6%	The quality is fair
4	14.3%	No ans.
28	100.0%	

**35. Please explain your response to 34.**

1	3.6%	It's very thorough and data driven.
1	3.6%	The publications are concise and presented well. The only concern is with the Needs Assessment Updates. They tend to be too focused on particular aspects (2023 Newly diagnosed linkage to care; 2021 Telehealth) rather than giving an broader picture of populations and needs within the EMA.
26	92.9%	No ans.
28	100.0%	

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

# Agencies	%	
3	10.7%	Often. As often as I need.
3	10.7%	Occasionally
3	10.7%	Regularly. Quarterly. Several times during the contract year.
1	3.6%	As needed.
4	14.3%	Sometimes. Not often. Don't use regularly.
1	3.6%	Annually.
1	3.6%	Not used (for providing legal services)
5	17.9%	For grant preparations and/or reporting. Quality improvement projects.
7	25.0%	No ans.
<b>28</b>	<b>100.0%</b>	

**37. What comments do you have on the Planning Council's priorities and/or priority setting process?**

# Agencies	%	
1	3.6%	It reflects HRSA and community priorities well.
1	3.6%	Good process.
26	92.9%	No ans.
<b>28</b>	<b>100.0%</b>	

**38. This section addresses the FY 2024 application (for this year 2024). How would you rate (in terms of its helpfulness in program development and proposal writing) the Planning Council's "FY 2024 Priority Setting and Resource Allocation (PSRA) Report" (a copy of which was included in the City of Newark's RFP supplement) which sets forth the percentage of the Part-A award allocated to each of the service categories?**

# Agencies	%	
6	21.4%	Excellent
11	39.3%	Good
3	10.7%	Average
0	0.0%	Fair
0	0.0%	Poor
4	14.3%	I am not familiar enough with this document to rate it.
4	14.3%	No Answer
<b>28</b>	<b>100.0%</b>	

**38A Do you have any suggestions for improving future "Priority Setting and Resource Allocation (PSRA) reports?**

No Comments.

**39. How would you rate Planning Council staff in responding to questions and requests for information during FY2023 (March 1, 2023-February 29, 2024)?**

# Agencies	%	
6	21.4%	Excellent
5	17.9%	Good
3	10.7%	Average
0	0.0%	Fair
0	0.0%	Poor
11	39.3%	I have never called the Council offices with a question or request
3	10.7%	No Answer
28	100.0%	

**Comments:**

None.

**40. Please rate the timeliness of their responses.**

# Agencies	%	
7	25.0%	Excellent
7	25.0%	Good
2	7.1%	Average
0	0.0%	Fair
0	0.0%	Poor
12	42.9%	No Answer
28	100.0%	

**Comments:**

None.

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

**Comments:**

1	3.6%	The work done by the council this far has been very helpful to the service we provide to our clients.
1	3.6%	It's very thorough. They really try to capture all the clients who need assistance and connect them to services. Their research provides a great foundation to providers to meet help meet their goals in assisting consumers.
1	3.6%	The council works hard to bring information to all of us and to assist us with patient advocacy.
1	3.6%	We appreciate the efforts of the Council and their work to coordinate care of those we serve.
1	3.6%	Good.
23	82.1%	No Answer.
28	100.0%	

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

# Agencies	%	
8	28.6%	No Effect
11	39.3%	Makes attendance much easier. More convenient for our agency.
1	3.6%	It's been good so far.
1	3.6%	We attend when we can.
7	25.0%	No Answer
28	100.0%	

**G. OTHER COMMENTS**

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

# Agencies	%	
1	3.6%	They have done an excellent job in managing the program
1	3.6%	The Ryan White Part A program administration does an impressive job. We do not interact much with the Planning Council.
1	3.6%	The new staff, Carla, Erica, have been learning and growing in their positions. If they do not know the answer to a question, they find out the answer. It has been pleasant working with them.
1	3.6%	Staff have expressed concern over the expected timeliness of meeting requests for information or items from the City. While all requests are met as quickly as possible, staff would appreciate more realistic timeframes for their responses as they still need to serve the clients.
24	85.7%	No Answer/None.
28	100.0%	

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

# Agencies	%	
1	3.6%	The survey is very comprehensive.
1	3.6%	Very helpful.
3	10.7%	This is a very long survey.
23	82.1%	No Answer
28	100.0%	



### III. RECIPIENT SURVEY

#### A. RFP PROCESS AND SELECTION OF PROVIDERS

1. **In the last fiscal year (FY 2023), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White Part-A funds?**

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

In addition to advertising in the counties of Morris, Sussex and Warren, advertisement for Essex County includes the City of Newark's website, Star Ledger and [www.nj.com](http://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 (22 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 becoming more and more strained, the Recipient wants to ensure that its administrative burden is kept to a manageable level.

2. **Please provide an update of changes in the procurement process in 2023 for FY 2024. Please answer all five questions (a)-(e). Please describe those changes in terms of:**

In FY2024 the RWU conducted a "Contracting Workshop", where contracts are reviewed, revised and approved in a group setting over the course of 4 days. This process saved a significant amount of time in procurement and will continue in FY2025, where the RFP process is scheduled to begin in September 2024.

- (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 FY24 grant year on 8/1/2023. 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 5/15/2024. Receiving the estimated funding letter allows the Recipient's office the ability to initiate the contracting process, allow finance 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 FY2024. FY2024 is Year Three of our three-year multi-year funding cycle.

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

addition the Request for Proposals were advertised in the Star Ledger and www.NJ.com (which encompasses the entire EMA) and the City of Newark’s website.

Also, In FY2024, the City began utilizing docusign to execute contracts, which saved approx. 2 weeks in our procurement processes.

**(c) date of the Technical Assistance session**

Technical Assistance Meeting was held on Tuesday, September 7, 2023.

**(d) due date for Letter of Intent**

Non-Competing Continuation (NCC) Reports were submitted as contract renewals for the FY2024 budget period. Letters of Intent were not required.

**(e) due date for FY 2024 proposal to the City of Newark.**

NCC’s were due on October 6, 2023.

**3. How many proposals were received for the current fiscal year (FY 2024)? Of these proposals how many were awarded contracts for Ryan White Part-A funds?**

**Proposals received.** The Ryan White Unit received (36) non-competeting continuation reports for the renewal of the FY2024 grant year

**Proposals awarded.** All 36 agencies submitting NCC reports received funding for FY 2024.

**4. Please describe the process used to review proposals requesting FY 2024 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 FY2024 reflects year three of the three-year budget period. The external review proposals for proposals will resume for FY2025, when sub-recipients respond to the Request for Proposal. Internal review process consist of approving/ assembling budget and legal documents for contracting. Service category allocations are made in accordance with the guidance set forth by the Planning Council in the fiscal year’s Priority Setting and Resource Allocation Report.

**5. Did the selection process this year (FY 2024) identify new providers? If so, please identify the County/Region and services of the new provider.**

There were no new providers were identified for this fiscal year

**6. Did the selection process this year (FY 2024) 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 18 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 indicates that no populations are underrepresented in our continuum of care. As part of the application process, providers must be able to describe their experience and success in working with hard to reach populations, bringing them into care, keeping them in care and achieving viral load suppression.

**Mental Health.** The EMA currently funds 17 mental health programs, including 11 in Essex County, 3 in Union County and 3 Tri-County.

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

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

**LGBTQ.** Three EMA providers (two located in Essex County and 1 in Tri-County) have strong relationships with the LGBTQ population and receive Part A and non-Part A funding to support activities that address the needs of this community. Services include counseling, linkage to PrEP, drop-in centers for peer counseling and other supportive services. Another provider, also located in Essex County, is receiving state funding to manage a transitional housing program for young MSM, lesbians and the transgendered. Participants will reside at the transitional home for up to two years, while they are stabilized (access to medical care, education, job training and employment, mental health and substance abuse services as needed) to become independent and self-sufficient members of society.

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

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

## **B. PLACEMENT OF CONTRACTS**

### **7. On what date did the Newark EMA receive notification from the federal government (HRSA/HAB) on the amount of FY 2024 funding, which enabled the City of Newark to start the procurement process?**

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

The City of Newark received a NJ Award Estimate Letter for FY2024 on August 1, 2023.

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

The Newark, NJ Award Estimate Letter is a projection of the EMA's formula award for FY 2024. This document provided the Recipient the ability to issue partial awards for a period of six (6) months from March 1, 2024 through August 31, 2024. This document was entered into

LEGISTAR on December 20, 2023, and adopted by the by the City Council on January 24, 2024, 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 2024?**

The partial award for FY2024 in the amount of \$3,563,581.00 was issued by HRSA/HAB on January 17, 2024.

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

The procurement process was initiated with the Estimate of Award Letter NJ Award Estimate Letter. Therefore, the issuance of the partial award 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 2024 funding?**

The final notice of award for FY 2024 was received May 15, 2024 in the amount of \$12,598,771.00.

**12. On what date were award letters sent to funded agencies for FY 2024?**

FY24 Partial Award letters were sent to RW funded agencies on January 12, 2024 with a funding period of March 1, 2024 through August 31, 2024. Final Award Letters for the additional period of September 1, 2024 through February 28, 2025 were sent out on August 12, 2024.

**13. On what date were the FY 2024 funds from HRSA accepted by the Municipal Council (City of Newark)?**

The Municipal Council accepted the HRSA funds on January 24, 2024.

---

**14. In the chart below, please indicate the number of contracts adopted and executed for FY 2024:**

**Table 1: FY 2024 Contract Status**

<b>FY 2024 CONTRACT STATUS</b>		
<b>DATE:</b>	<b># of contracts ADOPTED</b>	<b># of contracts EXECUTED</b>
<i>By March 31, 2024</i>	<b>1</b>	<b>1</b>
<i>By April 30, 2024</i>	<b>24</b>	<b>3</b>
<i>By May 31, 2024</i>	<b>8</b>	<b>29</b>
<i>By June 30, 2024</i>	<b>1</b>	<b>0</b>
<i>By July 31, 2024</i>	<b>1</b>	<b>0</b>
<i>y August 31 2024</i>	<b>1</b>	<b>2 anticipated</b>
<i>By September 30, 2024</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?**

By May 31, 2024, 33 or 94% of the RW contracts were executed, it’s an expectation that the remaining contracts (2) will be executed by August 31, 2024.

**16. What was the due date in 2024 for agencies to submit contract documents for processing by the City of Newark?**

The due date for all final award documents was July 17, 2024.

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

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 FY2024.

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

Same as above.

**19. Please comment on the content of the contracts this year (FY 2024) in comparison to last year (FY 2023), 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 FY2022 and will remain the same for the three-year funding cycle through FY2024. 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.

The RWU did not experience any contracting delays for FY2024.

---

**C. USE OF VIDEO-CONFERENCING AND/OR ELECTRONIC SIGNATURES ON FY 2024 PROCUREMENT AND CONTRACTING**

**20. Does the Newark Ryan White Unit use any videoconferencing in any portion of FY 2024 procurement and contracting?**

Yes, Program Monitors use Zoom conferencing to discuss contract revisions and to provide sub-recipient technical assistance.

**21. Does the Newark Ryan White Unit use electronic signatures in any portion of FY 2024 procurement and contracting?**

The City implemented DocuSign in FY2023, contracts now undergo the execution processes electronically. Subrecipients are also able to submit purchase orders with electronic signatures, which saves time in processing payments.

**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.

The appropriate parties (Director of Dept. Health and Community Wellness, Corporation Counsel, Acting City Clerk and Assigned Attorney) sub-recipient signatures are collected prior to uploading contracts in Legistar (City's contracting system).

None.

---

**D. SERVICE PROVIDER REIMBURSEMENT**

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

- Approvals are sent to Fiscal with the completed Monthly Monitoring Report used to approve billing (**Attachment A**).
- Fiscal prepares supporting documents used to request a Purchase Order (PO).
- PO is received/ sub-recipient signs PO/signed PO is sent to Finance.
- Payments are issued in the upcoming check run.

**24. When (month/date) were providers first able to submit invoices for reimbursement in FY 2024?**

Sub-recipients began submitting reimbursements for FY 2024 after April 15, 2024. The first payments were released as early as May 21, 2024.

---

**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 PO from finance after requested. Once received, sub-recipients will be called to sign the document and the PO will be submitted for processing. Typically, it takes 5 days for a PO to process for payment after submitted. With the use of DocuSign, the subrecipient payment process is reduced, as electronic signatures are permitted by the City.

**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 takes 45 days from the date the reimbursement reporting is received by the Ryan White Unit. With the use of DocuSign, the subrecipient payment process is reduced, as electronic signatures are permitted by the City, reducing the reimbursement process by a week+.

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

Obstacles that delay reimbursement to providers continue to include a lack of supporting documents for all dollar for dollar services, such as Emergency Financial Assistance, LABS, Transportation, and Oral Health. Additional obstacles include incorrect (i.e. billing in unfunded categories) billing and un-submitted billing.

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

The use of DocuSign in FY2024 will be used to expedite sub-recipient reimbursements. In addition, monitors are required to review/approve billing within 5 days. Fiscal requests PO upon report receiving approval of billing. Sub-recipients who are delayed in the submission of their billing receive delinquency notices and calls as needed to provide TA and encourage receipt of timely 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?**

In FY2024, the RWU implemented DocuSign for e-signatures for purchase order processing. Subrecipients receive their purchase orders via email, sign and return. The RWU will print and submit PO's for payment.

**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 2023), how many Programmatic site visits did each service provider receive? (please give range and average)**

100% of our sub-recipients received a programmatic site-visits in FY2023.

**32. In the last fiscal year (FY 2023), how many Fiscal site visits did each service provider receive? (please give range and average)**

100% or 31 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 Monitoring Site Visit Protocol – Attachment B**

**Programmatic site visits**

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

**Fiscal site visits**

- Internal desk audit of year to date reports and CHAMP
- Pre-notification letter of Site Visit to the program
- Meet with the Administrators of the program
- Review Fiscal Questionnaire
- Review of Accounting records
- Closing and wrap-up with Administrators
- Site Visits Report (shared with the provider)
- Request a Corrective Action Plan, if needed.

**Quality Management site visits (including “chart review” visits)**

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



**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.**

As a result of HRSA's notification on July 26, 2024, security assistance is an allowable expense for Housing. The RWU will update all associated materials (services standards, RFP, contract documents and agreements to reflect this change). The EMA routinely updates corresponding service standards to remain current with HRSA expectations for service delivery as modified. The Continuum of Care Committee of the Planning Council will revise service standards as needed. Recipient's office communicates all changes EMA-wide.

**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.)?**

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 is 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.

Recipient will hold an all provider meeting in the last quarter of FY2023 to provide Sub-Recipient's with technical assistance for the FY2024 Non-Competing Continuation 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 2024)?**

Completion of CHAMP 4.0 programming (a WEB Based version of the current Data Management System)

**38. What is the status of these objectives as of February 29, 2024?**

Programming is underway, the goal is to have an operational platform by the start of FY2025, March 1, 2025.

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

**39. What percent of the overall award (for FY 2023) was used for Recipient Support, Planning Council Support, CHAMP, and Quality Management? Please indicate the percentages for each category.**

Approximately 13.54% of the FY 2023 award was used for Recipient Support, Planning Council Support, CHAMP and Quality Management.

**Table 2: FY 2023 Allocations for Administration and Quality Management**

<b>Item</b>	<b>Amount</b>	<b>Percentage</b>
<b>Administration</b>	<b>1,251,460.14</b>	<b>10.00%</b>
Recipient Support	783,160.00	6.26%
Planning Council Support	256,836.14	2.05%
CHAMP	211,464.00	1.69%
<b>Quality Management</b>	<b>443,093.94</b>	<b>3.54%</b>
<b>Total</b>	<b>\$1,694,554.08</b>	<b>13.54%</b>

**40. What percent of formula funds were unexpended, and why, at the end of FY 2023?**

100% of our formula funds were spent; 0% were unspent.

**41. What percent of supplemental funds were unexpended, and why, at the end of FY 2023?**

The balance of \$128,353.16 reflects 1.0% of our total award funds which were supplemental funds. Funds were unexpended due to vacancies and staff turnover of the Recipient office and sub-recipient programs.

**42. What percent of MAI funds were unexpended, and why, at the end of FY 2023?**

100% of MAI funds were spent; 0% were unexpended.

**43. What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2023?**

The balance of unexpended \$128,353.16 funds includes quality management (QM) vacancies in the Recipient’s office.

**44. Please provide the final Spending Report for FY 2023.**

See **Attachment C – FY 2023 Final Expenditure Report.**

**45. Please provide the Allocation Report for FY 2024 using the table on the following page.**

**Table 3: FY 2024 ALLOCATION REPORT**

SERVICE CATEGORY  (BY PRIORITY)	PLANNING COUNCIL				RECIPIENT		VARIANCE FROM COUNCIL
	PERCENT AND DOLLAR	+/-25%		PERCENT AND DOLLAR			
<b>CORE SERVICES (8)</b>							
PRIMARY MEDICAL CARE	13.50%	1,459,890	1,824,862	1,094,917	14.49%	1,552,004	Within Range
EARLY INTERVENTION SERVICES	0.25%	27,035	33,793	20,276	0.24%	25,345	Within Range
MENTAL HEALTH SERVICES	9.00%	973,260	1,216,575	729,945	6.85%	733,939	Within Range
SUBSTANCE ABUSE SERVICES (OUTPATIENT)	6.05%	654,247	817,808	490,685	6.15%	658,537	Within Range
ORAL HEALTH CARE	7.50%	811,050	1,013,812	608,287	7.29%	780,717	Within Range
MEDICAL NUTRITION THERAPY	1.00%	108,140	135,175	81,105	0.98%	105,031	Within Range
MEDICAL CASE MANAGEMENT	35.50%	3,838,970	4,798,712	2,879,227	37.62%	4,028,251	Within Range
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE	0.50%	54,070	67,587	40,552	0.42%	44,600	Within Range
<b>SUPPORT SERVICES (8)</b>					0	0	
HOUSING SERVICES	8.50%	919,190	1,148,987	689,392	9.39%	1,005,624	Within Range
MEDICAL TRANSPORTATION SERVICES	2.60%	281,164	351,455	210,873	2.18%	233,636	Within Range
CASE MANAGEMENT SERVICES (NON-MEDICAL)	8.00%	865,120	1,081,400	648,840	7.49%	802,593	Within Range
EMERGENCY FINANCIAL ASSISTANCE	2.20%	237,908	297,385	178,431	1.78%	190,644	Within Range
FOOD BANK/HOME-DELIVERED MEALS	1.75%	189,245	236,556	141,933	1.25%	133,025	Below Range
LEGAL SERVICES	3.15%	340,641	425,801	255,480	3.44%	368,864	Within Range
PSYCHOSOCIAL SUPPORT SERVICES	0.50%	54,070	67,587	40,552	0.43%	46,147	Within Range
<b>TOTAL AMOUNT OF FUNDING</b>	<b>100%</b>	<b>10,465,613</b>			<b>100%</b>	<b>10,708,957</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 2024.**

See Attachment D.

**I. MINORITY AIDS INITIATIVE**

**47. For FY 2023, please provide the Planning Council with the following information about the Minority AIDS Initiative (MAI) funds, such as the total MAI funds received by the Recipient; the amount of funding allocated in each service category; and the target ethnic group of each program.**

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

**Table 4: FY 2023 MAI Funding Allocations**

<b>FY 2023 Providers</b>	<b>Primary Medical Care</b>	<b>Medical Case Management</b>	<b>Transitional Housing</b>	<b>Total</b>
<b>Essex County</b>				
Newark Beth Israel Medical Center	\$50,000	\$0	\$0	\$50,000
Rutgers IDP	\$50,000	\$640,488	\$0	\$690,488
St. Michael’s Clinics, Inc.	\$40,000	\$125,000	\$0	\$165,000
Isaiah House		\$0	\$75,000	\$75,000
<b>Union County</b>				
None				0
<b>Tri-County</b>				
None				0
<b>Total Direct Service Dollars</b>	<b>\$140,000</b>	<b>\$765,488</b>	<b>\$75,000</b>	<b>\$980,488</b>
<b>Quality Management</b>				<b>\$57,675</b>
<b>Administration</b>				<b>\$115,351</b>
<b>FY 2023 Total MAI Funding</b>				<b>\$1,153,514</b>

**48. Please provide a list of the organizations in receipt of MAI funds in FY 2024.**

Newark Beth Israel Medical Center - OAHS (\$50,000.00)  
 Saint Michaels Clinics Inc. - MCM (\$73,000.00), OAHS (\$80,000.00)  
 Rutgers Infectious Disease Practice -MCM (\$645,000.00), OAHS (\$49,306.00)  
 Isaiah House – (\$75,000.00)

**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>
4/9/24	FY 2023 Ryan White Services Report (RSR) to HRSA or HRSA contractor. Submission Accepted by HRSA
7/25/24	FY 2023 Annual Progress Report. Submission Accepted by HRSA
5/29/24	FY 2023 final Federal Financial Report (FFR)
5/29/24	FY 2023 Expenditure Rate (as documented in the final FY 2023 FFR)
9/3/2024	FY 2024 – Final Allocations Report / Part A funds by service category, letter of endorsement by Planning Council
6/22/2023	Budgeted allocation of FY 2023 Part A funds by service category, letter of endorsement by Planning Council, and revised FY 2023 Implementation Plan.

**K. ADDITIONAL COMMENTS**

**Additional Comments:**

None.

**ATTACHMENT A: MONTHLY  
MONITORING TOOL**



**DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS  
RYAN WHITE UNIT**

**FYXXXX MONTHLY MONITORING REPORT**

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

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

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

**DATE RECEIVED** Click here to enter text.

**DATE REVIEWED** Click here to enter text.

<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"/> Psychosocial Support	<input type="checkbox"/> Nutritional Services/ Food Bank	<input type="checkbox"/> Housing Related Services
<input type="checkbox"/> Emergency Financial	<input type="checkbox"/> Substance Abuse – Residential	<input type="checkbox"/> Transportation	<input type="checkbox"/> Legal Services

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



**DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS  
RYAN WHITE UNIT**

**FYXXXX MONTHLY MONITORING REPORT**

FISCAL			
Are the actuals current, with no more than three month lag? Program submitted actuals through <a href="#">Click here to enter text..</a> If no, place report on hold, request copy of actuals and approve when received.			Y <input type="checkbox"/> N <input type="checkbox"/>
Does the actuals reflect approved costs in line item budget only? If no, discuss discrepancy and action to be taken: <a href="#">Click here to enter text.</a>			Y <input type="checkbox"/> N <input type="checkbox"/>
Are the cumulative Actuals on track to exhaust the allocation for all funded services? If no, what action will be taken: <a href="#">Click here to enter text.</a>			Y <input type="checkbox"/> N <input type="checkbox"/>
Were any unit cost modifications, budget revisions, budget reductions, or additional awards pending or completed to date? If yes, note the modifications below.			Y <input type="checkbox"/> N <input type="checkbox"/>
Unit Cost Revision	Budget Revision	Budget Reduction	Additional Award
Does the report for this period reflect these changes? If not, why? <a href="#">Click here to enter text.</a>			Y <input type="checkbox"/> N <input type="checkbox"/>

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





**DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS  
RYAN WHITE UNIT**

**FYXXXX MONTHLY MONITORING REPORT**

<b>HEALTH INS. PRE. &amp; COST-SHARING (HIPCS) <input type="checkbox"/> Includes MAI <input type="checkbox"/> Not funded</b>	
Does the HIPCS expenses report match CHAMP?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the report contain unbillable units due to missing required fields or late data entry?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, how many? <a href="#">Click here to enter text.</a>	
Are all expenses allowable under PCN 16-02?	Y <input type="checkbox"/> N <input type="checkbox"/>
If no, what action will be taken: <a href="#">Click here to enter text.</a>	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y <input type="checkbox"/> N <input type="checkbox"/>
If no, what action will be taken: <a href="#">Click here to enter text.</a>	
<b>MEDICAL CASE MANAGEMENT <input type="checkbox"/> Includes MAI <input type="checkbox"/> Not funded</b>	
Does the billing reflect a comprehensive array of services? (i.e. no excessive use of any particular subtype)	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the report contain unbillable units due to missing required fields or late data entry?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, how many? <a href="#">Click here to enter text.</a>	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y <input type="checkbox"/> N <input type="checkbox"/>
If no, what action will be taken: <a href="#">Click here to enter text.</a>	
<b>EARLY INTERVENTION SERVICES (EIS) <input type="checkbox"/> Not funded</b>	
Number of EIS clients. <a href="#">Click here to enter text.</a>	
Number of EIS clients linked to Medical Care this month. <a href="#">Click here to enter text.</a>	
Were any clients not linked to Medical Care this month?	Y <input type="checkbox"/> N <input type="checkbox"/>
If any client was not linked to care, what was the reason? <a href="#">Click here to enter text.</a>	
Please identify areas that require follow-up below: <a href="#">Click here to enter text.</a>	
<b>MENTAL HEALTH <input type="checkbox"/> Includes MAI <input type="checkbox"/> Not funded</b>	
Does the report contain unbillable units due to missing required fields or late data entry?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, how many? <a href="#">Click here to enter text.</a>	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y <input type="checkbox"/> N <input type="checkbox"/>
If no, what action will be taken: <a href="#">Click here to enter text.</a>	
<b>SUBSTANCE ABUSE <input type="checkbox"/> Includes MAI <input type="checkbox"/> Not funded</b>	



**DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS  
RYAN WHITE UNIT**

**FYXXXX MONTHLY MONITORING REPORT**

<p>Does report contain unbillable units due to missing required fields or late data entry? If yes, how many? <a href="#">Click here to enter text.</a></p> <p>Is the cumulative LOS on track to exhaust the allocation for this service?</p> <p>If no, what action will be taken: <a href="#">Click here to enter text.</a></p>	<p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>   <p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p><b>ORAL HEALTH</b> <span style="float:right"><input type="checkbox"/> Includes MAI</span> <span style="float:right"><input type="checkbox"/> Not funded</span></p>	
<p>Does the report contain unbillable units due to missing required fields or late data entry? If yes, how many? <a href="#">Click here to enter text.</a></p> <p>Is the cumulative LOS on track to exhaust the allocation for this service?</p> <p>If no, what action will be taken: <a href="#">Click here to enter text.</a></p>	<p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>   <p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p><b>MEDICAL NUTRITIONAL THERAPY</b> <span style="float:right"><input type="checkbox"/> Includes MAI</span> <span style="float:right"><input type="checkbox"/> Not funded</span></p>	
<p>Does the report contain unbillable units due to missing required fields or late data entry? If yes, how many? <a href="#">Click here to enter text.</a></p> <p>Is the cumulative LOS on track to exhaust the allocation for this service?</p> <p>If no, what action will be taken: <a href="#">Click here to enter text.</a></p>	<p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>   <p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p><b>CASE MANAGEMENT</b> <span style="float:right"><input type="checkbox"/> Includes MAI</span> <span style="float:right"><input type="checkbox"/> Not funded</span></p>	
<p>Does the billing reflect a comprehensive array of services? (i.e. no excessive use of any particular subtype)</p> <p>Does the report contain unbillable units due to missing required fields or late data entry? If yes, how many? <a href="#">Click here to enter text.</a></p> <p>Is the cumulative LOS on track to exhaust the allocation for this service?</p> <p>If no, what action will be taken: <a href="#">Click here to enter text.</a></p>	<p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>   <p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>   <p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p><b>TRANSPORTATION</b> <span style="float:right"><input type="checkbox"/> Includes MAI</span> <span style="float:right"><input type="checkbox"/> Not funded</span></p>	
<p>Did the agency provide a Transportation Log and/or other supporting documents? (ie. invoices) to validate services were provided for allowable uses only?</p> <p>Does the report contain unbillable units due to missing required fields or late data entry? If yes, how many? <a href="#">Click here to enter text.</a></p> <p>Is the cumulative LOS on track to exhaust the allocation for this service?</p> <p>If no, what action will be taken: <a href="#">Click here to enter text.</a></p>	<p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>   <p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>   <p align="center">Y <input type="checkbox"/> N <input type="checkbox"/></p>



**DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS  
RYAN WHITE UNIT**

**FYXXXX MONTHLY MONITORING REPORT**

<b>LEGAL SERVICES</b>		<input type="checkbox"/> Includes MAI	<input type="checkbox"/> Not funded
Does the report contain unbillable units due to missing required fields or late data entry? If yes, how many? <a href="#">Click here to enter text.</a>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Is the cumulative LOS on track to exhaust the allocation for this service?  If no, what action will be taken: <a href="#">Click here to enter text.</a>		Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>HOUSING AND RELATED SERVICES</b>		<input type="checkbox"/> Includes MAI	<input type="checkbox"/> Not funded
<ul style="list-style-type: none"> <li><b>Transitional</b></li> </ul> A written request is on file and approved by the Grantee for any client with a stay longer than 24 consecutive months.		Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	
Does the report contain unbillable units due to missing required fields or late data entry? If yes, how many? <a href="#">Click here to enter text.</a>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Is the cumulative LOS on track to exhaust the allocation for this service?  If no, what action will be taken: <a href="#">Click here to enter text.</a>		Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>EMERGENCY FINANCIAL ASSISTANCE</b>		<input type="checkbox"/> Not funded	
Does the service provided comply with the allowable use of funds for this service category? (refer to Contract Agreement or PCN 16-02)		Y <input type="checkbox"/> N <input type="checkbox"/>	
Do the supporting documents reflect the expenditures reported in CHAMP?		Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the report contain unbillable units due to missing required fields or late data entry? If yes, how many? <a href="#">Click here to enter text.</a>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the service comply with limitations for <b>emergency assistance</b> ? (use CHAMP Look-up) <ul style="list-style-type: none"> <li>No more than \$3,000.00 per individual/household annually</li> <li>No more than two encounters per individual/household annually</li> <li>No more than three months of unpaid utility charges per encounter</li> <li>The use of sub-type "Other" was pre-approved and will be used for - <a href="#">Click here to enter text.</a></li> </ul>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the service comply with limitations for the <b>first month's rent or back rent assistance</b> ? (use CHAMP Look-up)		Y <input type="checkbox"/> N <input type="checkbox"/>	



**DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS  
RYAN WHITE UNIT**

**FYXXXX MONTHLY MONITORING REPORT**

<ul style="list-style-type: none"> <li>Assistance in acquiring housing (initial rent up to 1 or 2 months / no security) is limited to one encounter annually.</li> <li>Emergency assistance with rent is limited to three months of back rent and two encounters annually.</li> </ul> <p><b>A written request is on file and approved by the Grantee for any assistance provided to the client that exceeds Grantee limits.</b></p> <p>Is the cumulative LOS on track to exhaust the allocation for this service?</p> <p>If no, what action will be taken: <a href="#">Click here to enter text.</a></p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p><b>NUTRITIONAL SERVICES</b> <input type="checkbox"/> Includes MAI <input type="checkbox"/> Not funded</p>	
<p>Does the report contain unbillable units due to missing required fields or late data entry?</p> <p>If yes, how many? <a href="#">Click here to enter text.</a></p> <p>Is the cumulative LOS on track to exhaust the allocation for this service?</p> <p>If no, what action will be taken: <a href="#">Click here to enter text.</a></p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p><b>PSYCHOSOCIAL SERVICES</b> <input type="checkbox"/> Includes MAI <input type="checkbox"/> Not funded</p>	
<p>Does the report contain unbillable units due to missing required fields or late data entry?</p> <p>If yes, how many? <a href="#">Click here to enter text.</a></p> <p>Is the cumulative LOS on track to exhaust the allocation for this service?</p> <p>If no, what action will be taken: <a href="#">Click here to enter text.</a></p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>

<p><b>DIRECT SERVICES DELIVERED</b></p>	
<p>Does the review of the Direct Services Delivered Report show any of the following?</p> <ul style="list-style-type: none"> <li>Duplicated billing – more than 1 visit per day, per service</li> <li>Excessive billing – overuse of one particular subtype or ‘other’</li> <li>Incorrect billing – billing inconsistent with encounter</li> </ul> <p>Was the billing issue addressed with the agency?</p> <p>Reporting will need to be resubmitted <input type="checkbox"/> / Report was corrected in-house and reprinted <input type="checkbox"/></p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>



**DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS  
RYAN WHITE UNIT**

**FYXXXX MONTHLY MONITORING REPORT**

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

<b>STAFFING</b>	
Are there any staffing changes that affect the program's level of service or budget? If yes, what positions are affected? <a href="#">Click here to enter text.</a>  What is the program doing to address the changes? <a href="#">Click here to enter text.</a>	Y <input type="checkbox"/> N <input type="checkbox"/>

<b>REVISIONS</b>	
Monitor is recommending a Budget Revision effective <a href="#">Click here to enter a date.</a> , for the following funded service(s) - <a href="#">Click here to enter text.</a>  Include details- <div style="text-align: right;">n/a <input type="checkbox"/></div>	
Monitor is recommending a Unit Cost Revision effective <a href="#">Click here to enter a date.</a> , for the following funded service(s) - <a href="#">Click here to enter text.</a>  Include details - <div style="text-align: right;">n/a <input type="checkbox"/></div>	





DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS  
RYAN WHITE UNIT

**FYXXXX MONTHLY MONITORING REPORT**



**USEFUL MONITORING TOOLS**

**Supporting Documents for Housing and Related Services may include -**

Back Rent – eviction notice, notarized delinquency notice or letter of intent to evict from the property owner, and the invoice or canceled check

Security Deposits – a copy of the lease, and the invoice or canceled check

**Supporting Documents for Emergency Financial Assistance may include-**

Back Rent – eviction notice, notarized delinquency notice or letter of intent to evict from property owner, invoice or canceled check

Utilities Assistance – copy of bill and invoice or canceled check

Medication Assistance – copy of bill and invoice or canceled check

Food Assistance – Proof of groceries or voucher issued

**Provider Landscape**

Ad HOC Reporting – customizable reporting

Client Profile Report – complete summary of provider client base, demographics, and services delivered

**Level of Service**

Contract Monitor – units of service/ YTD activity / estimated projections

Provider Services Detail – services and client encounters by staff

Provider Services Summary – services performed by staff

**Client Data**

Client Lookup – services by the client for a custom period

Client Recertification – clients who require a recertification (6 month or annual)

Client Referral List – a snapshot of the program’s referral activity

Client Status Follow-Up (*9mo Pop-Up*) – clients who need an updated status

EIS Linkage Report – clients identified as EIS, and status of linkage

Required Fields Expiration – clients who have missing fields/resulting in unbillable units

Direct Services Delivered – monthly report of client, encounter type, program staff, service date, and date entered into CHAMP

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

[https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

**National Monitoring Standards/ Universal Monitoring Standards-**

<https://careactarget.org/category/topics/program-monitoring>

**ATTACHMENT B:  
PROGRAMMATIC AND FISCAL  
SITE VISIT TOOL**



**CITY OF NEWARK – RYAN WHITE UNIT  
FY2023 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  
FY2023 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  
FY2023 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  
 FY2023 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?

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?

<b>Name:</b> Click here to enter text.	<b>Telephone Number:</b> 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.





**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>  <b>*If EHE funded client selection must reflect both programs.</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 2023**

<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 2023 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"/> HOPP Ambassador	<input type="checkbox"/> Psychosocial Support	<input type="checkbox"/> Nutritional Services/ Food Bank	<input type="checkbox"/> Housing Related Services <input type="checkbox"/> HOPP Housing
<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</p> <p>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>)</p> <p>Program submits CHAMP and actual expense reports monthly by the 15<sup>th</sup>. Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>CHAMP billing is supported by client records (i.e. progress notes, care plan, etc.) Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Assessment period(s) –</b></p> <p>Month(s) _____, Year _____</p>	
<p>Discuss the agency's compliance with CHAMP data entry requirements, timeliness of report submission, frequency of need to open CHAMP portal, etc.</p>		
<p><b>Program provides services as outlined/ described in their contract / service agreement.</b></p> <p>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</p> <p style="text-align: right;">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>		
<p><b>Program has no reporting discrepancies to report.</b></p>	<p><b>Met</b> <input type="checkbox"/></p>	<p><b>Unmet</b> <input type="checkbox"/></p>
<p>Justification for Assessment:</p>		
<p>Recommendation:</p>		

**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.

<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.	<b>Service Measure:</b> Allowable therapies: <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> Provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.
---	--

<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 / COMMUNITY HEALTH WORKER  
HOPP CASE MANAGER / HOPP AMBASSADOR**

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

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



behavioral and physical health concerns		<ul style="list-style-type: none"> <li>• Bereavement counseling</li> <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

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

- Contracts with providers of transportation services documented through the activity type, level of assistance/ # of trips, destination for

HIV related health and support services.		<p>service provided in relation to health or support 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:		

<b>EMERGENCY FINANCIAL SERVICES</b>	
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> </ul>

		<ul style="list-style-type: none"> <li>• Continuous provision of Continued</li> </ul> <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:		

<b>OTHER PROFESSIONAL SERVICES (LEGAL)</b>	
<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>	
<b>Legislative Standard:</b> The provision of professional and consultant services rendered by	<b>Service Measure:</b> Allowable Legal Activities <ul style="list-style-type: none"> <li>• Assistance with public benefits such as Social</li> </ul>

<p>members of particular professions licensed and/or qualified to offer such services by local governing authorities.</p>	<p>Security Disability Insurance (SSDI)</p> <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>	
<p><b>Legislative Standard:</b></p>	<p><b>Met</b> <input type="checkbox"/></p>	<p><b>Unmet</b> <input type="checkbox"/></p>
<p><b>Program has met all service standards measured</b></p>	<p><b>Met</b> <input type="checkbox"/></p>	<p><b>Unmet</b> <input type="checkbox"/></p>
<p>Justification for Assessment:</p>		
<p>Recommendation:</p>		

**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 C: FY 2023 FINAL SPENDING REPORT**

# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2023 - 2/28/2024

Report ID: 135999

Report Status: Submitted

Last Modified Date: 05/28/2024 10:31 AM

## 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

	Current FY	Prior FY Carryover	Total
1. RWHAP Part A Formula Award Amount	\$7,243,226	\$0	\$7,243,226
2. RWHAP Part A Supplemental Award Amount	\$4,247,289		\$4,247,289
3. RWHAP Part A MAI Award Amount	\$1,153,514	\$0	\$1,153,514
<b>4. Total RWHAP Part A Funds</b>	<b>\$12,644,029</b>	<b>\$0</b>	<b>\$12,644,029</b>

## RWHAP Part A Expenditure Totals

	RWHAP Part A Formula and Supplemental Expenditure Amounts						RWHAP Part A MAI Expenditure Amounts						Total RWHAP Part A Expenditure Amounts	
	Current FY		Prior FY Carryover		Total		Current FY		Prior FY Carryover		Total			
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
<b>Non-Services</b>														
a. Clinical Quality Management	\$385,419	3.39%	\$0		\$385,419	3.39%	\$57,675	5.00%	\$0		\$57,675	5.00%	\$443,094	3.54%
b. Administration	\$1,136,110	10.00%	\$0		\$1,136,110	10.00%	\$115,351	10.00%	\$0		\$115,351	10.00%	\$1,251,461	10.00%
<b>Non-services Expenditures Subtotal</b>	<b>\$1,521,529</b>	<b>13.39%</b>	<b>\$0</b>		<b>\$1,521,529</b>	<b>13.39%</b>	<b>\$173,026</b>	<b>15.00%</b>	<b>\$0</b>		<b>\$173,026</b>	<b>15.00%</b>	<b>\$1,694,555</b>	<b>13.54%</b>
c. Core Medical Services	\$7,186,819	63.25%	\$0		\$7,186,819	63.25%	\$905,488	78.50%	\$0		\$905,488	78.50%	\$8,092,307	64.66%
d. Support Services	\$2,653,813	23.36%	\$0		\$2,653,813	23.36%	\$75,000	6.50%	\$0		\$75,000	6.50%	\$2,728,813	21.80%
<b>Service Expenditures Subtotal</b>	<b>\$9,840,632</b>	<b>86.61%</b>	<b>\$0</b>		<b>\$9,840,632</b>	<b>86.61%</b>	<b>\$980,488</b>	<b>85.00%</b>	<b>\$0</b>		<b>\$980,488</b>	<b>85.00%</b>	<b>\$10,821,120</b>	<b>86.46%</b>
<b>Total Expenditures (Service + Non-service)</b>	<b>\$11,362,161</b>	<b>100.00%</b>	<b>\$0</b>		<b>\$11,362,161</b>	<b>100.00%</b>	<b>\$1,153,514</b>	<b>100.00%</b>	<b>\$0</b>		<b>\$1,153,514</b>	<b>100.00%</b>	<b>\$12,515,675</b>	<b>100.00%</b>



# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2023 - 2/28/2024

Report ID: 135999

Report Status: Submitted

Last Modified Date: 05/28/2024 10:31 AM

RWHP Part A and MAI Service Category Expenditures														
	RWHP Part A Formula and Supplemental Expenditure Amounts						RWHP Part A MAI Expenditure Amounts						Total RWHP Part A Expenditure Amounts	
	Current FY		Prior FY Carryover		Total		Current FY		Prior FY Carryover		Total			
	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	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
b. AIDS Pharmaceutical Assistance	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
c. Early Intervention Services (EIS)	\$21,202	0.22%	\$0		\$21,202	0.22%	\$0	0.00%	\$0		\$0	0.00%	\$21,202	0.20%
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	\$38,477	0.39%	\$0		\$38,477	0.39%	\$0	0.00%	\$0		\$0	0.00%	\$38,477	0.36%
e. Home and Community-Based Health Services	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
f. Home Health Care	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
g. Hospice Services	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
h. Medical Case Management, including Treatment Adherence Services	\$3,261,382	33.14%	\$0		\$3,261,382	33.14%	\$777,387	79.29%	\$0		\$777,387	79.29%	\$4,038,769	37.32%
i. Medical Nutrition Therapy	\$105,482	1.07%	\$0		\$105,482	1.07%	\$0	0.00%	\$0		\$0	0.00%	\$105,482	0.97%
j. Mental Health Services	\$751,296	7.63%	\$0		\$751,296	7.63%	\$0	0.00%	\$0		\$0	0.00%	\$751,296	6.94%
k. Oral Health Care	\$774,257	7.87%	\$0		\$774,257	7.87%	\$0	0.00%	\$0		\$0	0.00%	\$774,257	7.16%
l. Outpatient/Ambulatory Health Services	\$1,580,841	16.06%	\$0		\$1,580,841	16.06%	\$128,101	13.07%	\$0		\$128,101	13.07%	\$1,708,942	15.79%
m. Substance Abuse Outpatient Care	\$653,882	6.64%	\$0		\$653,882	6.64%	\$0	0.00%	\$0		\$0	0.00%	\$653,882	6.04%
<b>1. Core Medical Services Expenditures Subtotal</b>	<b>\$7,186,819</b>	<b>73.03%</b>	<b>\$0</b>		<b>\$7,186,819</b>	<b>73.03%</b>	<b>\$905,488</b>	<b>92.35%</b>	<b>\$0</b>		<b>\$905,488</b>	<b>92.35%</b>	<b>\$8,092,307</b>	<b>74.78%</b>
<b>Support Services</b>														
a. Child Care Services	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
b. Emergency Financial Assistance	\$165,872	1.69%	\$0		\$165,872	1.69%	\$0	0.00%	\$0		\$0	0.00%	\$165,872	1.53%
c. Food Bank/Home Delivered Meals	\$158,163	1.61%	\$0		\$158,163	1.61%	\$0	0.00%	\$0		\$0	0.00%	\$158,163	1.46%
d. Health Education/Risk Reduction	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
e. Housing	\$896,034	9.11%	\$0		\$896,034	9.11%	\$75,000	7.65%	\$0		\$75,000	7.65%	\$971,034	8.97%
f. Linguistic Services	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
g. Medical Transportation	\$231,601	2.35%	\$0		\$231,601	2.35%	\$0	0.00%	\$0		\$0	0.00%	\$231,601	2.14%
h. Non-Medical Case Management Services	\$803,353	8.16%	\$0		\$803,353	8.16%	\$0	0.00%	\$0		\$0	0.00%	\$803,353	7.42%
i. Other Professional Services	\$353,022	3.59%	\$0		\$353,022	3.59%	\$0	0.00%	\$0		\$0	0.00%	\$353,022	3.26%

# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2023 - 2/28/2024

Report ID: 135999

Report Status: Submitted

Last Modified Date: 05/28/2024 10:31 AM

## RWHAP Part A and MAI Service Category Expenditures

	RWHAP Part A Formula and Supplemental Expenditure Amounts						RWHAP Part A MAI Expenditure Amounts						Total RWHAP Part A Expenditure Amounts	
	Current FY		Prior FY Carryover		Total		Current FY		Prior FY Carryover		Total			
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
j. Outreach Services	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
k. Psychosocial Support Services	\$45,768	0.47%	\$0		\$45,768	0.47%	\$0	0.00%	\$0		\$0	0.00%	\$45,768	0.42%
l. Referral for Health Care and Support Services	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
m. Rehabilitation Services	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
n. Respite Care	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
o. Substance Abuse Services (residential)	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%	\$0		\$0	0.00%	\$0	0.00%
<b>2. Support Services Expenditures Subtotal</b>	<b>\$2,653,813</b>	<b>26.97%</b>	<b>\$0</b>		<b>\$2,653,813</b>	<b>26.97%</b>	<b>\$75,000</b>	<b>7.65%</b>	<b>\$0</b>		<b>\$75,000</b>	<b>7.65%</b>	<b>\$2,728,813</b>	<b>25.22%</b>
<b>3. Service Expenditures Total</b>	<b>\$9,840,632</b>	<b>100.00%</b>	<b>\$0</b>		<b>\$9,840,632</b>	<b>100.00%</b>	<b>\$980,488</b>	<b>100.00%</b>	<b>\$0</b>		<b>\$980,488</b>	<b>100.00%</b>	<b>\$10,821,120</b>	<b>100.00%</b>

	RWHAP Part A Award	Expenditures	Unobligated Balance
1. RWHAP Part A Formula Award Amount	\$7,243,226	\$7,243,226	\$0
2. RWHAP Part A Formula Carryover Amount	\$0	\$0	\$0
3. RWHAP Part A Supplemental Award Amount	\$4,247,289	\$4,118,935	\$128,354
4. RWHAP Part A MAI Award Amount	\$1,153,514	\$1,153,514	\$0
5. RWHAP Part A MAI Carryover Amount	\$0	\$0	\$0
<b>6. Total</b>	<b>\$12,644,029</b>	<b>\$12,515,675</b>	<b>\$128,354</b>

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

### Legislative Requirements Checklist

**Core Medical Services (CMS) Expenditure Requirement: At least 75% of your total service expenditures must be spent on core medical services (unless a Core Medical Services waiver has been approved).**

When reporting CMS expenditures, the Total RWHAP Part A Expenditure Amounts for CMS must be at least 75% of Total Service Expenditures unless a CMS waiver was approved.

To the right is the percentage of your Current Fiscal Year (FY) CMS Expenditures divided by your Total Part A Formula, Supplemental, and MAI service expenditures.

**74.78%**

# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2023 - 2/28/2024

Report ID: 135999

Report Status: Submitted

Last Modified Date: 05/28/2024 10:31 AM

## Clinical Quality Management (CQM) Expenditure Requirement: No more than 5% of your Current FY total award or \$3 million (whichever is smaller) can be expended on CQM.

When reporting CQM expenditures, the Total RWHAP Part A Expenditure Amounts for CQM must not exceed 5% of the Current FY total award amount or \$3 million (whichever is smaller).

Below is the maximum amount (Capped Amount) you can expend on CQM. The capped amount will be 5% of the Current FY total award or \$3 million, whichever is smaller. Please check to make sure your CQM expenditures do not exceed your Capped Amount.

Recipient Clinical Quality Management Capped Amount	\$632,201
Recipient Clinical Quality Management Expenditure Amount	\$443,094

## Administration Expenditure Requirement: No more than 10% of your Current FY total award can be expended on recipient administration.

When reporting recipient administration expenditures, the Total RWHAP Part A Expenditure Amounts for Administration must not exceed 10% of the Current FY total award amount.

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

Recipient Administration Expenditure Amount	\$1,251,461	9.90%
---	-------------	-------

## Certification of Subrecipient Aggregate Administrative Expenditures

Certification that the actual amount of funds expended on administrative costs by subrecipients does not exceed 10% of the aggregate total of all Current FY HIV service dollars expended. The financial officer responsible for the RWHAP Part A funds must attest that the aggregate administrative expenditures is under the 10% administrative cap.

Final Certification of Subrecipient Aggregate Administrative Expenditure Amount	\$795,220	7.35%
---	-----------	-------

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts were for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

Yes

Financial Officer or Designee Signature Aliya Roman

## Public Burden Statement:

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 project is 0915-0390, and the expiration date is 07/31/2026. Public reporting burden for this collection of information is estimated to average four hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 14N-39, Rockville, MD 20857.

# Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2023 - 2/28/2024

Report ID: 135999

Report Status: Submitted

Last Modified Date: 05/28/2024 10:31 AM

---

# File Upload

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2023 - 2/28/2024

Report ID: 135999

Report Status: Submitted

Last Modified Date: 05/28/2024 10:31 AM

---

## Submission Components

Document Name	Description	Uploaded File	Size	Date Attached
---------------	-------------	---------------	------	---------------

**ATTACHMENT D: PART A FUNDED SERVICE PROVIDERS**

# Ryan White Part A Program FY' 2024

(MAR. 1, 2024 - FEB. 28, 2025)

## Newark EMA Services Directory

The Newark EMA is comprised of five New Jersey counties including Essex, Union, Morris, Sussex, and Warren



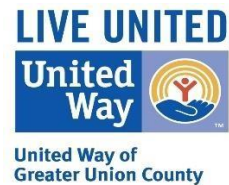
Recipient Office -  
Newark Department of  
Health & Community  
Wellness (DHCW)



Newark EMA HIV Health  
Services Planning Council



Office of Planning  
Council Support



# Essex County

## **AIDS Resource Foundation for Children**

*77 Academy Street  
Newark, New Jersey 07102  
(973) 643 – 0400*

Nutritional Services  
Emergency Financial Assistance

Medical Transportation  
Non-Medical Case Management

---

## **Apostles House**

*24 Grant Street  
Newark, New Jersey 07104  
(973) 482 – 0625*

Housing and Related Services  
Emergency Financial Assistance  
Nutritional Services

Non-Medical Case Management  
Food Bank/Home-Delivered Meals (Nutritional Services)

---

## **Broadway House**

*298 Broadway  
Newark, New Jersey 07104  
(973) 268 – 9797*

Medical Case Management  
Outpatient Care Substance Use - Individual  
Psychosocial Support

Nutritional Therapy  
Mental Health - Individual

---

## **Catholic Charities of the Archdiocese of Newark (Saint Bridget's)**

*404 University Avenue  
Newark, New Jersey 07102  
(973) 799-0484*

Housing & Related Services  
Substance Use Outpatient Care – Individual  
Substance Use Outpatient Care - Group

Mental Health - Individual  
Medical Transportation  
Non-Medical Case Management

---



**Community Health Law Project**

*650 Bloomfield Avenue  
Bloomfield, New Jersey 07108  
(973) 680 – 5599*

Other Professional Services: Advocacy & Legal Services

---

**DHCW Special Care Clinic**

*110 William Street Newark,  
NJ 07102  
(973) 877 – 6150*

Medical Case Management	Emergency Financial Assistance
Outpatient/Ambulatory Health Services	Early Intervention Services
Outpatient/Ambulatory Health Services - LABS	Psychosocial Support
Health Insurance Premium Assistance	

---

**Hyacinth AIDS Foundation**

*194 Clinton Avenue  
Newark, New Jersey 07108  
(973) 240 – 1461*

Medical Case Management	Outpatient/Ambulatory Health Services
Outpatient/Ambulatory Health Services - LABS	Mental Health - Individual
Substance Use Outpatient Care - Individual	Non-Medical Case Management
Emergency Financial Assistance	Other Professional Services
Psychosocial Support	

---

**Isaiah House**

*238 North Munn Avenue  
East Orange, New Jersey 07017  
(973) 678 – 5882 ext. 3019, 3027*

Housing & Related Services	Non-Medical Case Management
----------------------------	-----------------------------

---

**Newark Beth Israel Medical Center**

*166 Lyons Avenue,  
Newark, New Jersey 07112  
(973) 926 – 5212*

Medical Case Management  
Outpatient/Ambulatory Health Services  
Outpatient/Ambulatory Health Services - LABS  
Oral Health Care

Emergency Financial Assistance  
Mental Health - Individual  
Health Insurance Premium Payment Assistance

---

**Newark Community Health Center, Inc.**

*101 Ludlow Street  
Newark, New Jersey 07112  
(973) 483 – 1300*

Medical Case Management  
Outpatient/Ambulatory Health Services  
Outpatient/Ambulatory Health Services - LABS  
Nutritional Services

Mental Health - Individual  
Oral Health Care  
Early Intervention Services

---

**North Jersey Community Research Initiative (NJCRI)**

*393 Central Avenue  
Newark, New Jersey 07107  
(973) 483 – 3444*

Medical Case Management  
Outpatient/Ambulatory Health Services  
Outpatient/Ambulatory Health Services - LABS  
Substance Use Outpatient Care - Individual  
Emergency Financial Assistance

Psychosocial Support  
Mental Health - Individual  
Nutritional Services  
Oral Health Care  
Health Insurance Payment Assistance

---

**Positive Health Care, Inc.**

*395-403 University Avenue  
Newark, NJ 07102  
(973) 596 – 9667*

Substance Use Outpatient Care - Individual  
Emergency Financial Assistance

Psychosocial Support  
Non-Medical Case Management

---

**Rutgers, The State University of New Jersey/Dental School**

*110 Bergen Street, Rm# D880  
Newark, New Jersey 07103  
(973) 972 - 6613*

Oral Health Care

---

**Rutgers, The State University of New Jersey/ FXB Clinic**

*150 Bergen Street, Rm# G102*

*Newark, New Jersey 07101*

*(973) 972 - 0380*

Medical Case Management,

Outpatient/Ambulatory Health Services

---

**Rutgers, The State University of New Jersey/ Infectious Disease Practice**

*185 South Orange Avenue, MSBI-689*

*Newark, New Jersey 07103*

*(973) 972 – 9834*

Medical Case Management

Outpatient/Ambulatory Health Services

Outpatient/Ambulatory Health Services - LABS

Substance Use Outpatient Care – Individual

Emergency Financial Assistance

Psychosocial Support

Medical Nutritional Therapy

Mental Health - Individual

Medical Transportation

Early Intervention

Health Insurance Premium Payment Assistance

---

**Rutgers, The State University of New Jersey/START Program**

*65 Bergen Street, GA -177*

*Newark, New Jersey 07101*

*(973) 972 – 4600*

Medical Case Management

Outpatient/Ambulatory Health Services

Emergency Financial Assistance

Psychosocial Support

Early Intervention Services

Health Insurance Premium Payment Assistance

---

**Smith Center**

*310 Central Avenue Suite*

*East Orange, New Jersey 07018*

*(862) 772 - 7822*

Medical Case Management

Outpatient/Ambulatory Health Services

Mental Health - Individual

Medical Transportation

---

**St. James Social Services**

*588 Martin Luther King Blvd*

*Newark, New Jersey 07102*

*(973) 624 – 4007*

Emergency Financial Assistance

Non-Medical Case Management

Food Bank/Home-Delivered Meals (Nutritional Services)

**St. Michael's – Peter Ho Clinic**

*268 Martin Luther King Blvd*

*Newark, New Jersey 07102*

*(973) 877 – 5649*

Medical Case Management  
Outpatient/Ambulatory Health Services  
Outpatient/Ambulatory Health Services - LABS  
Substance Use Outpatient Care - Individual  
Medical Transportation

Psychosocial Support  
Mental Health - Individual  
Oral Health Care  
Early Intervention Services

---

**Team Management 2000, Inc.**

*744 Broad Street, 24th Floor,*

*Newark, NJ 07102*

*(973) 273 - 0425*

Substance Use Outpatient Care - Individual  
Emergency Financial Assistance  
Psychosocial Support

Mental Health - Individual  
Medical Transportation  
Non-Medical Case Management

---

**Urban Renewal Corporation**

*224 Sussex Avenue Newark,*

*NJ 07103*

*(973) 220 – 6337*

Housing & Related Services  
Psychosocial Support

Non-Medical Case Management

# Morris, Sussex, and Warren Counties

## Catholic Family and Community Services

*(HOPE House)*

*101-103 Bassett Highway*

*Dover, NJ 07801*

*(973) 361 – 5555*

Medical Case Management  
Emergency Financial Assistance  
Psychosocial Support

Medical Transportation  
Food Bank/Home-Delivered Meals (Nutritional Services)  
Non-Medical Case Management

---

## Morristown Memorial Hospital

*200 South Street*

*Morristown, New Jersey 07960*

*(973) 889 – 6800*

Medical Case Management  
Outpatient/Ambulatory Health Services  
Outpatient/Ambulatory Health Services - LABS  
Emergency Financial Assistance  
Mental Health - Individual

Medical Transportation  
Oral Health Care  
Health Insurance Payment Assistance  
Early Intervention Services

---

## NJ AIDS Services (*EDGE*)

*35 Waterview Boulevard, Suite 201,*

*Parsippany, NJ 07054*

*(973) 258 – 0006*

Medical Case Management  
Substance Use Outpatient Care - Individual  
Emergency Financial Assistance  
Psychosocial Support

Mental Health - Individual  
Medical Transportation  
Non-Medical Case Management  
Health Insurance Premium Payment Assistance  
Housing & Related Services

---

## Zufall Health Center

*18 West Blackwell Street*

*Dover, New Jersey 07801*

*(973) 328 – 3344*

Medical Case Management  
Outpatient/Ambulatory Health Services  
Outpatient/Ambulatory Health Services - LABS  
Emergency Financial Assistance  
Medical Nutritional Therapy

Mental Health - Individual  
Medical Transportation  
Oral Health Care  
Health Insurance Premium Payment Assistance  
Early Intervention Services

---

## Union County

---

**Central Jersey Legal**  
*60 Prince Street*  
*Elizabeth, New Jersey 07208*  
*(908) 354 – 4340*

Other Professional Services

---

**Iris House**  
*209 West 8th Street*  
*Plainfield, NJ 07060*  
*(908) 561-5057*

Psychosocial Support  
Medical Transportation

Food Bank/Home-Delivered Meals (Nutritional Services)  
Non-Medical Case Management

---

**Meals on Wheels, Inc.**  
*1025 Pennsylvania Avenue*  
*Linden, New Jersey 07036*  
*(908) 486 -5100*

Food Bank/Home-Delivered Meals (Nutritional Services)

---

**Neighborhood Health Center**  
*1700 Myrtle Avenue*  
*Plainfield, New Jersey 07060*  
*(908) 753 – 6401*

Medical Case Management  
Outpatient/Ambulatory Health Services  
Outpatient/Ambulatory Health Services - LABS  
Substance Use Outpatient Care -Individual

Medical Nutritional Therapy  
Mental Health - Individual  
Oral Health Care

---

RYAN WHITE CLIENT DIRECTORY

**PROCEED**

*1126 Dickinson Street  
Elizabeth, New Jersey 07201  
(908) 351 – 7727*

Housing and related services  
Emergency Financial Assistance  
Psychosocial Support

Mental Health - Individual  
Non-Medical Case Management

---

**Trinitas Regional Medical Center - EIP**

*655 Livingston Street 2nd Floor  
Elizabeth, New Jersey 07206  
(908) 994 – 7600*

Medical Case Management  
Outpatient/Ambulatory Health Services

Mental Health - Individual  
Outpatient/Ambulatory Health Services - LABS

---

## **ATTACHMENT E: 2024 QUESTIONNAIRES**

**Provider/Agency Questionnaire**

**Word Document**

**Recipient Questionnaire**

**Word Document**



**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL ASSESSMENT OF THE ADMINISTRATIVE MECHANISM – FY 2024 AGENCY SURVEY**

---

**Assessment of Ryan White Part-A Administrative Mechanism in the Newark EMA Agency Survey (2024)**

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

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

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

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

OR

Submit your response by filling out the survey [online](https://www.surveymonkey.com/r/KVPZC3V) via SurveyMonkey (<https://www.surveymonkey.com/r/KVPZC3V>).

All survey responses should be submitted on or before June 30, 2024 by 3PM.

If you have any questions, please contact the Planning Council Support at United Way of Greater Union County (UWGUC) at **908-353-7171 ext. 109 or at (732) 259 7868.**

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

**Agency Name: (INSERT)**

**Is your agency new to Ryan White in Fiscal Year 2024? Yes \_\_\_\_\_ No\_\_\_\_\_**

**RFP Process and selection of Providers**

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

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

2.1 Clearly describe application requirements? Yes\_\_\_\_\_ No\_\_\_\_\_

2.2 Clearly describe eligibility requirements? Yes\_\_\_\_\_ No\_\_\_\_\_

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

Yes\_\_\_\_\_ No\_\_\_\_\_

2.4 Describe the criteria and procedures for reviewing proposals?

Yes\_\_\_\_\_ No\_\_\_\_\_

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

3. How would you rate the Technical Assistance Meeting held on **September 7, 2023** in clarifying proposal requirements and any other questions you had about the RFP or your proposal?

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

**COMMENTS:**

4. Last year the RFP was available starting on September 6, 2023 and the proposals were due on October 6, 2023. Was this enough time to prepare and submit your proposal?

Yes\_\_\_\_\_ No\_\_\_\_\_

What suggestions do you have?

5. Were the RFP page limitations appropriate?

Yes\_\_\_\_\_ No\_\_\_\_\_

**COMMENTS:**

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

Yes\_\_\_\_\_ No\_\_\_\_\_

**COMMENTS:**

**Placement of Contracts**

7. For the current fiscal year (which started March 1, 2024), when were you notified that you would be receiving Ryan White Part-A funding?

7.1 How were you notified?

8. How many service categories were you funded for in FY 2024?

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

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

11. Was your FY 2023 (March 1, 2023 - February 29, 2024) contract augmented/amended during the year?

Yes\_\_\_\_\_ No\_\_\_\_\_

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

**Service Provider Reimbursement**

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

13. In FY 2023, what was the approximate amount of time between submission of an accurate invoice/end of month report and receipt of reimbursement check?

14. When (date or month) did your agency receive your first reimbursement check for FY 2023 services? (Insert date)

Date: xx/xx/20xx.

OR Insert month, day and date.

15. Have your reimbursement checks been accurate?

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

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

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

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

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

**COMMENTS:**

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

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

**COMMENTS:**

18. In your experience during FY 2023, how would you rate the communication between your agency and the Ryan White Unit?

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

**COMMENTS:**

19. How many site visits (in-person or virtual) from the Ryan White Unit for the purposes of monitoring Part-A funds did your agency have during FY 2023 (**March 1, 2023-February 29, 2024**). **{please include all scheduled site visits, unscheduled visits and special technical assistance visits. Do not include visits from the CHAMP staff}.**

19.1 How many programmatic site visits?

19.2 How many fiscal site visits?

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

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

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

\_\_\_\_\_ Not Applicable as we have had no site visits in FY 2023 (March 1, 2023-February 29, 2024)

**COMMENTS:**

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

22. How would you rate the Ryan White Unit in providing your agency with (1) programmatic, (2) fiscal, (3) Quality Management technical assistance (TA) or training during FY 2023 (this may include recommendations from the site visit or a special technical assistance training? **For each of the following.**

**22A. Programmatic TA**

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

- \_\_\_\_\_ Fair
- \_\_\_\_\_ Poor
- \_\_\_\_\_ Not Applicable (our agency has not required TA in FY 2023)
- \_\_\_\_\_ Not Applicable (our requests for TA during FY 2023 have not been met)
- \_\_\_\_\_ Not Applicable (we have had no site visits/TA during FY 2023)

**22B. Fiscal TA**

- \_\_\_\_\_ Excellent
- \_\_\_\_\_ Good
- \_\_\_\_\_ Average
- \_\_\_\_\_ Fair
- \_\_\_\_\_ Poor
- \_\_\_\_\_ Not Applicable (our agency has not required TA in FY 2023)
- \_\_\_\_\_ Not Applicable (our requests for TA during FY 2023 have not been met)
- \_\_\_\_\_ Not Applicable (we have had no site visits/TA during FY 2023)

**22C. Quality Management TA**

- \_\_\_\_\_ Excellent
- \_\_\_\_\_ Good
- \_\_\_\_\_ Average
- \_\_\_\_\_ Fair
- \_\_\_\_\_ Poor
- \_\_\_\_\_ Not Applicable (our agency has not required TA in FY 2023)
- \_\_\_\_\_ Not Applicable (our requests for TA during FY 2023 have not been met)
- \_\_\_\_\_ Not Applicable (we have had no site visits/TA during FY 2023)

**COMMENTS:**

**CHAMP (Comprehensive HIV/AIDS Management Program)**

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

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

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

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

25A. **Service reports?**

**COMMENTS:**

25B. **Fiscal reports?**

**COMMENTS:**

25C. **Quality management reports?**

**COMMENTS:**

26. How would you rate the on-going support that you/your staff received in using CHAMP during FY 2023? (please consider responses to any questions including assistance through the CHAMP help desk)

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

**COMMENTS:**



27. Please rate the timeliness of their response.

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

**COMMENTS:**

28. Did you receive any training on CHAMP in FY 2023 (March 1, 2023-February 29, 2024)

Yes\_\_\_\_\_ No\_\_\_\_\_

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

### **Planning Council**

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

\_\_\_\_\_ Very familiar

\_\_\_\_\_ Somewhat knowledgeable

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

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

31. In general, how would you rate the work of the Planning Council during FY 2023?

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

**COMMENTS:**

32. Have you attended any Planning Council or Committee meetings in FY 2023?

Yes\_\_\_\_ No\_\_\_\_

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

33a. Newark EMA Needs Assessments?

Yes\_\_\_\_ No\_\_\_\_

33b. Newark EMA 2022-2026 Integrated Health Plan?

Yes\_\_\_\_ No\_\_\_\_ (if no skip to question 37)

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

\_\_\_\_ Very High

\_\_\_\_ High

\_\_\_\_ Average

\_\_\_\_ Fair

\_\_\_\_ Poor

35. Please explain your response to 34.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

38. This section addresses the FY 2024 application (for this year 2024). How would you rate (in terms of its helpfulness in program development and proposal writing) the Planning Council's "FY 2024 Priority Setting and Resource Allocation (PSRA) Report" (a copy of which was included in the City of Newark's RFP supplement) which sets forth the percentage of the Part-A award allocated to each of the service categories?

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

\_\_\_\_\_ I am not familiar enough with this document to rate it

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

39. How would you rate Planning Council staff in responding to questions and requests for information during FY2023 (March 1, 2023-February 29, 2024)?

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

\_\_\_\_\_ I have never called the Council offices with a question or request

**COMMENTS:**

40. Please rate the timeliness of their responses

\_\_\_\_\_ Excellent

\_\_\_\_\_ Good

\_\_\_\_\_ Average

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

**COMMENTS:**

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

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

How did this change affect you or your agency?

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

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

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

The survey findings will be published after July 2024 on the following website <https://www.nemaplanningcouncil.org/community-reports> for review.

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL ASSESSMENT OF  
THE ADMINISTRATIVE MECHANISM – FY 2024 RECIPIENT SURVEY**

---

**Assessment of Ryan White Part-A Administrative Mechanism  
in the Newark EMA Recipient Survey (2024)**

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 15, 2024, 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 2023), 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 2023 for FY 2024. Please describe those changes in terms of:
  - (a) Date of notification of federal award amount for the upcoming fiscal year, which is required for procurement,
  - (b) timeframe for procurement including steps in the process – publication of Request for Proposals, where notice of availability of funds was published (newspaper, city website, etc.),
  - (c) date of Technical Assistance session,
  - (d) due date for Letter of Intent, and
  - (e) due date for FY 2024 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 2024)? 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 2024 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 2024) 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 2024) 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 2024?
10. If yes, how did this/these partial NOAs affect the procurement process?

11. On what date did the Newark EMA receive its final Notification of Award (NOA) from the federal government (HRSA) for FY 2024 funding?

12. On what date were award letters sent to funded agencies for FY 2024?

13. On what date were the FY 2024 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 2024:

<b>FY 2024 CONTRACT STATUS</b>		
<b>DATE:</b>	<b># Of contracts ADOPTED</b>	<b># Of contracts EXECUTED</b>
<i>By March 31, 2024</i>		
<i>By April 30, 2024</i>		
<i>By May 31, 2024</i>		
<i>By June 30, 2024</i>		
<i>By July 31, 2024</i>		
<i>By August 31 2024</i>		
<i>By September 30, 2024</i>		

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



16. What was the due date in 2024 for agencies to submit contract documents for processing by the City of Newark?

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

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

19. Please comment on the content of the contracts this year (FY 2024) in comparison to last year (FY 2023), 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-CONFERENCEING AND/OR ELECTRONIC SIGNATURES ON FY 2024 PROCUREMENT AND CONTRACTING**

20. Does the Newark Ryan White Unit use any videoconferencing in any portion of FY 2024 procurement and contracting?

21. Does the Newark Ryan White Unit use electronic signatures in any portion of FY 2024 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?

24. When (month/date) were providers first able to submit invoices for reimbursement in FY 2024?

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. Can you provide a progress report on the City of Newark's process of 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 2023), how many Programmatic site visits did each service provider receive? (Please give range and average)
32. In the last fiscal year (FY 2023), 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 2024)?

38. What is the status of these objectives as of February 29, 2024?

**PROCUREMENT/ALLOCATION REPORT** (in comparison to PC percentages for FY 2023)

39. What percent of the overall award (for FY 2023) was used for Recipient Support, Planning Council support, CHAMP, and Quality Management? Please indicate the percentages for each category.

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

40. What percent of formula funds were unexpended, and why, at the end of FY 2023?

41. What percent of supplemental funds were unexpended, and why, at the end of FY 2023?

42. What percent of MAI funds were unexpended, and why, at the end of FY 2023?

43. What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2023?

44. Please provide the final Spending Report for FY 2023.

45. Please provide the Allocation Report for FY 2024 using the table on the following page.

**FY 2024 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)							
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)							
EMERGENCY FINANCIAL ASSISTANCE							
FOOD BANK/HOME-DELIVERED MEALS							
LEGAL SERVICES							
PSYCHOSOCIAL SUPPORT SERVICES							
<b>TOTAL AMOUNT OF FUNDING</b>	<b>100%</b>				<b>100%</b>		

**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 2024.

**MINORITY AIDS INITIATIVE**

47. For FY 2023, 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 2023 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 2023 Total MAI Funding</b>				

48. Please provide a list of the organizations in receipt of MAI funds in FY 2024.

**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.

DATE OF RECIPIENT REPORT (OR EXPECTED DATE)	CONTENT OF REPORT
x/x/24	FY 2023 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
x/x/24	FY 2023 Annual Progress Report.
x/x/24	FY 2023 final Federal Financial Report (FFR)
x/x/24	FY 2023 Expenditure Rate (as documented in the final FY 2023 FFR)
x/x/24	Budgeted allocation of FY 2023 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2023 Implementation Plan.

**ADDITIONAL COMMENTS**

Please provide any additional comments below: