NEWARK EMA
HIV HEALTH SERVICES PLANNING COUNCIL

ASSESSMENT OF THE ADMINISTRATIVE MECHANISM

NEWARK EMA RYAN WHITE HIV/AIDS PROGRAM - PART A

FY 2022

October 2022

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TABLE OF CONTENTS

List of Tables

List of Abbreviations/Acronyms

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

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I.   INTRODUCTION

A.   PURPOSE

The purpose of Newark Eligible Metropolitan Area (EMA) Assessment of the Administrative Mechanism for FY 2022 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 2022 Notice of Funding Opportunity (NOFO):

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

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

B.   METHODOLOGY

The assessment was completed by the Planning Council through its Research and Evaluation Committee (REC). The committee reviewed and updated the assessment tool used in 2021 for the Recipient to reflect current agency responsibilities, changes made for FY 2022 procurement following a site visit by HRSA/HAB to the Recipient in July 2021, and to reflect the return to normal following the coronavirus (COVID-19) pandemic and its restrictions on gatherings and work at home mandates during 2020.

On August 15, 2022 the Council e-mailed the FY 2022 Recipient Survey to the City of Newark AIDS Director (RWU Program Manager) with a completion date of August 31, 2022. This would allow for review and approval of results at the Planning Council meeting on September 21,

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

2022 to ensure timely inclusion in the FY 2023 non-competing continuation grant application. Response was received on October 18, 2022.

C.   GENERAL FINDINGS

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

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

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

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

New for FY 2022. New this year was implementation of a three-year Project Period for RWHAP contracting. This change in the Newark EMA followed a change in the HRSA HAB RWHAP Part A award which covers a three year period from March 1, 2022 through February 28, 2025 or FY 2022, 2023, 2024. For the current FY 2022, contracting and billing proceeded as in FY 2021 and 2020. The full impact on "rapidly allocating funds to areas of greatest need" will be felt in FY 2023 starting March 1, 2023. This change has no impact on the speed with which the City of Newark processes requests for reimbursement (Purchase Orders - PO's) or issues checks or electronic funds deposits for payment of services.

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

II.   RECIPIENT SURVEY

A.   RFP PROCESS AND SELECTION OF PROVIDERS

1.   In the last fiscal year (FY 2021), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White HIV/AIDS Program (RWHAP) Part A funds?

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

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

Additional activities to bring on new providers will not be undertaken by the Recipient. As noted by our HRSA Project Officer, the Newark EMA has a significant number of sub-recipients (33 in total - 23 in Essex County, 6 in Union County and 4 in the counties of Morris, Sussex and Warren) compared to other EMA's of similar size and HIV prevalence. In addition, as administrative dollars becoming more and more strained, the Recipient wants to ensure that its administrative burden is kept to a manageable level.

2.   Please provide an update of any changes in the procurement process in 2021 for FY 2022. Please describe those changes in terms of the following five questions (a)-(e).

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

(a)   Date of notification of federal award amount for the upcoming fiscal year, which is required for procurement.
The Health Resources and Services Administration (HRSA) provided the Recipient an estimated funding letter for the FY22 grant year on 11/5/2021. 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 5/20/2022. Receiving the estimated funding letter allows the Recipient's office the ability to initiate the contracting process, allows the Newark Finance Department to apply/accept grant funds into the City's financial system, processes which are required for contracting with sub-recipients prior to receiving their final award.

(b)   Timeframe for procurement including steps in the process – publication of Request for Proposals, where notice of availability of funds was published (newspaper, city website, etc.),
The City of Newark's procurement process takes approximately 2 ½ months from contract entry into Legistar through contract execution under. During this time, the contracts undergo a 13-point admistrative/legal review and approval process. Steps in the FY22 process were halted after contract adoption, resulting from Munincipal clerical and administrative matters beyond the Recipient's authority and control.

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

(c)   Date of Technical Assistance session.
Technical Assistance Meeting was held on Thursday, October 28, 2021.

(d)   Due date for Letter of Intent.
The Letter of Intent was due Tuesday, November 10, 2021.

(e)   Due date for FY 2022 proposal to the City of Newark.
Applications for FY22 funding were due Friday, November 19, 2021.

3.   How many proposals were received for the current fiscal year (FY 2022)? Of these proposals how many were awarded contracts for Ryan White Part-A funds?

The Ryan White Unit received 37 applications. Of that total 37 applicants received a grant award for FY2022.

4.   Please describe the process used to review proposals requesting FY 2022 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.

Applications are subject to an External Peer Review and Internal Review process before a consideration of an award is made.

External Review Process
In our External Review process, each proposal is assigned to two reviewers for comparison of perspectives. To prevent conflicts of interest and ensure a fair and objective evaluation, all peer reviewers are required to submit a Conflict of Interest/Disclosure Form. Peer Reviewers are chosen from a large pool of medical and public health providers, administrators and professionals serving the state of New Jersey, but with no direct relationship/affiliation with current and potential Ryan White providers. For FY 2022 the panel consisted of 26 reviewers, 3 were from New York, 1 from North Carolina, 1 from Maryland, 1 from Massachusetts and 20 from New Jersey (20 women, 6 men, 73% black, 16% white, 11% Hispanic, of which 4% of the total reviewers were MSM).

Peer Review sessions were held by virtual discussion over a two-day period on December 14, 2021 and December 15, 2021. Reviewers presented their evaluations in a recorded panel-like discussion of the strengths and weaknesses of each applicant agency. The evaluation packet allows for scoring of each section of the proposal where reviewers can document their assessments. The average of the two scores from each reviewer is considered the "External Score" for the proposal.

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

accomplishments, fiscal diligence and adherence to reporting requirements. The Program Monitor's score represents the "Internal Score" for the proposal.

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

5.   Did the selection process this year (FY 2022) identify new providers? If so, please identify the County/Region and services of the new provider.

No new providers were identified for this fiscal year.

6.   Did the selection process for this year (FY 2022) 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, FY22 client level data on utilization of Part A medical care by race/ethnicity, gender, age, exposure category, and geography indicate that no populations are underrepresented in our continuum of care. As part of the application process, providers must be able to describe their experience and success in working with hard to reach populations, bringing them into care, keeping them in care and achieving viral load suppression.

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

Substance users. The EMA currently funds 11 substance abuse programs, including 9 in Essex County, 1 in Union County and 1 Tri-County. It also funded a Residential Substance Abuse program in Essex County from March 1, 2022 – August 31, 2022. (This agency asked the Recipient to remove RWHAP Part A funding for its residential substance use treatment program because Medicaid funding is sufficient for program services - Part A funds are no longer needed for its low income patient population. Its program services remain available to people living with HIV (PLWH) in need of residential substance abuse treatment.)

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

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

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

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

B.   PLACEMENT OF CONTRACTS

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

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

The City received a Newark, New Jersey Award Estimate Letter on November 5, 2021

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 FY2022. This document provided the Recipient the ability to issue partial awards for a period of six (6) months from March 1, 2022 through August 31, 2022. This document was entered into LEGISTAR on January 3, 2022, and adopted by the City Council on February 16, 2022, 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 2022?

The partial award for FY2022 in the amount of $3,906,434.00 was issued by HRSA/HAB on January 11, 2022.

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

The procurement process was initiated with the Newark, NJ Estimate of Award Letter discussed above. Therefore, the issuance of the partial award 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 2022 funding?

The final notice of award was received May 20, 2022.

12.   On what date were award letters sent to funded agencies for FY 2022?

FY22 Partial Award letters were sent to RW funded agencies on January 20, 2022 with a funding

period of March 1, 2022 through August 31, 2022. Final Award Letters for the additional period of September 1, 2022 through February 28, 2023 were sent out on June 24, 2022.

13. **On what date were the FY 2022 funds from HRSA accepted by the Municipal Council (City of Newark)?**

The Municipal Council accepted the HRSA funds on February 16, 2022.

14. **In the chart below, please indicate the number of contracts adopted and executed for FY 2022:**

Table 1: FY 2022 Contract Status

FY 2022 CONTRACT STATUS		
DATE:	**# of contracts ADOPTED**	**# of contracts EXECUTED**
By March 31, 2022	**0**	
By April 30, 2022	**0**	
By Mary 31, 2022	**34**	**0**
By June 30, 2022	**1**	**0**
By July 31, 2022	**0**	**0**
By August 31 2022	**0**	**0**
By September 30, 2022	**0**	**In execution 35**
Total Contracts	**35**	**35**

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

Recipient anticipates full execution of contracts by October 31, 2022.

16. **What was the due date in 2022 for agencies to submit contract documents for processing by the City of Newark?**

Partial award contract documents were due on February 4, 2022 for the period of March 1, 2022 through August 31, 2022. The due date for the final contract documents was July 11, 2022 for the period of March 1, 2022 – February 28, 2023.

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

Obstacles contributing to the delay of executing provider contracts were result of from Municipal clerical and administrative matters beyond the Recipient's authority and control. Although 97% or 35 of 36 contracts were adopted by June, 2022, contracts were returned for execution in September 2022.

Additional delays continue to include not receiving requested documents in a timely fashion and sub-recipient's inability to accurately complete the programmatic and fiscal contract documents. The Recipient's office provides a pre-formatted excel workbook with guidance. RWU Monitors work with sub-recipients to revise contract documents, which delays contract entry into LEGISTAR and thus pushes back the adoption/execution dates to the next available Municipal Council Meeting.

18. **Please comment on the content of the contracts this year (FY 2022) in comparison to last year (FY 2021), 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 for FY2022 include new language establishing a multi-year contract period. This change coincides with HRSA's transition to a three-year performance period beginning on March 1, 2022, and ending February 28, 2025. The change caused slight delays, as it was decided by the Newark Law Department to have language modified to prevent barriers with the FY2023 contracting season in absence of a RFP.

Changes in contracts also include sub-recipient services aimed at reaching the EMA's Unmet Need and Sub-populations of focus, in addition to the EMA's EIIHA population.

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

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

19. **Please describe the Newark RWU "work at home" policies including any changes in the policies, the days per week spent in office versus at home, and any other COVID-19 policies impacting FY 2022 contracting.**

The RWU has no work at home policies in place for FY2022. There are no COVID-19 policies impacting contracting.

20. **How did these COVID-19 policies impact (delay, expedite, etc.) the contracting process for FY 2022? What steps took longer or were completed faster?**

There are no COVID-19 policies impacting contracting.

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

The Recipient does not anticipate any COVID-19 policies that will impact future contracting. Comment – the approval of electronic signatures would assist the Recipient and reduce our timeframe for contracting. Changes to this policy are still on the Administration's radar.

D.   SERVICE PROVIDER REIMBURSEMENT

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

   •   Approvals are sent to the RWU Fiscal Section with the completed Monthly Monitoring Report used to approve billing **(Attachment A).**

- RWU Fiscal prepares supporting documents needed to request a Purchase Order (PO) and submits the PO request to the Newark Finance Dept.
- PO is received by RWU Fiscal/ sub-recipient signs PO (in person or by mail)/ RWU Fiscal sends the signed PO Newark Finance Dept.
- Payments are issued by Newark Finance Dept. in the upcoming check run (Electronic Funds Transfer (EFT) or hard copy check mailed to subrecipient/vendor.

23.   When (month/date) were providers first able to submit invoices for reimbursement in FY 2022?

Sub-recipients began submitting reimbursements for FY2022 in April 2022 and Monitors have begun approving reports for payment.

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

25.   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 report is received by the Ryan White Unit.

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

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

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

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

28.   Is the City of Newark considering moving from a manual process to an e-signature process for PO's or other solutions for expediting reimbursement that do not require a visit to DHCW?

An e-signature process must be implemented by the City of Newark Administration, before the Department of Health can utilize this method for contracting and monthly reporting. Discussions between the Mayor, Business Administrator and Department are ongoing.

E.   RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE

29.   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?

Programmatic and Fiscal site visits are no longer suspended by HRSA. Program and Fiscal monitors have begun scheduling virtual site visits for FY2022.

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

30.   In the last fiscal year (FY 2021), how many Programmatic site visits did each service provider receive? (Please give range and average.)

Site visits were suspended by HRSA for FY2021, due to the COVID-19 pandemic.

31.   In the last fiscal year (FY 2021), how many fiscal site visits did each service provider receive? (Please give range and average.)

Site visits were suspended by HRSA for FY2021, due to the COVID-19 pandemic.

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

Programmatic and Fiscal Site Visit protocols (**Attachments A and B, respectively)**.

33.   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.

On April 28, 2022, HRSA hosted a National Monitoring Standards (NMS), Ryan White HIV/AIDS Program (RWHAP) Part A overview to introduce Updated Monitoring Standards. The Recipient plans to re-design the current tools after HRSA releases the revised NMS (no target date yet). The Recipient obtained site visit tools from a RWHAP Part A Program from Virginia, who presented at the National Ryan White Conference, which we may use as a starting point.

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

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

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

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

Corrective Action responses are reviewed internally and discussed during staff meetings. Implementation of the corrective action steps are monitored by the Program Monitor. Follow-up site visits are scheduled as needed to verify progress or completion. Acceptance or rejection of Corrective Action responses must be provided to the agency in writing by the Monitor.

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

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

The Recipient will hold an all provider meeting in the last quarter of FY2022 to introduce the Sub-Recipient Non-Competing Continuation Report and Technical Assistance.

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

F.   CHAMP

36.   What objectives (including program improvements) do you have for CHAMP for the current fiscal year (FY 2022)?

Due to administrative constraints, the Recipient was unable to fund adequate programming hours from the Part A program to aid in the release of CHAMP 4.0 for the current fiscal year.

37.   What is the status of these objectives as of February 28, 2022?

Scope and associated timeline are being re-evaluated. The Recipient is exploring other funding opportunities to continue the project and support a rollout in FY2023.

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

38.   What percent of the overall award (for FY 2021) was used for Recipient Support, Planning Council support, CHAMP, and Quality Management? Please indicate the percentages for each category.

Table 2: FY 2021 Allocations for Administration and Quality Management

Item	Amount	Percentage
Administration Does not include PC	**$902,532.84**	**7.42%**
Recipient Support	$95,590.00	0.79%
CHAMP	$333,814.41	2.75%
Planning Council Support	**$260,356.63**	**2.14%**
Quality Management	**$404,196.58**	**3.34%**
Total	**$1,567,086.05**	**12.9%**

Funding overlaps as vendors are also funded for QM.

39.   What percent of formula funds were unexpended, and why, at the end of FY 2021?

   0%

40.   What percent of supplemental funds were unexpended, and why, at the end of FY 2021?

   1% / $160,394.00 – reflects the return of service dollars

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

   0.0254 / 2.5% reflects the return of service dollars

42.   What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2021?

   0.00317 / 0.3% unexpended admin (staff)
   0.00217 / 0.2% unexpended QM (staff)

43.   Please provide the final Spending Report for FY 2021.

   See Attachment C.

44.   Please provide the Allocation Report for FY 2022 using the table on the following page.

Table 3: FY 2022 ALLOCATION REPORT

SERVICE CATEGORY	PLANNING COUNCIL			RECIPIENT		
(BY PRIORITY)	PERCENT AND DOLLAR		+/-25%	PERCENT AND DOLLAR		VARIANCE FROM COUNCIL
CORE SERVICES (9)						
PRIMARY MEDICAL CARE	12.75%	1,357,507	1,696,883	1,018,130	14.10%	1,501,267	Met
EARLY INTERVENTION SERVICES	0.20%	21,294	26,617.78	15,970.67	0.24%	25,969	Met
MENTAL HEALTH SERVICES	9.00%	958,240	1,197,799.99	718,679.99	7.38%	786,187	Met
SUBSTANCE ABUSE SERVICES (OUTPATIENT)	6.05%	644,150	805,187.77	483,112.66	6.18%	658,290	Met
ORAL HEALTH CARE	7.10%	755,945	944,931.10	566,958.66	7.40%	787,544	Met
MEDICAL NUTRITION THERAPY	1.00%	106,471	133,088.89	79,853.33	1.05%	111,460	Met
MEDICAL CASE MANAGEMENT	35.15%	3,742,460	4,678,074.40	2,806,844.64	37.42%	3,983,861	Met
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSIST	0.50%	53,236	66,544.44	39,926.67	0.49%	51,640	Met
SUPPORT SERVICES (7)						
HOUSING SERVICES	8.50%	905,004	1,131,255.54	678,753.33	9.11%	969,896	Met
MEDICAL TRANSPORTATION SERVICES	2.60%	276,825	346,031.11	207,618.66	1.95%	207,811	Met
CASE MANAGEMENT SERVICES (NON-MEDICAL)	8.00%	851,769	1,064,711.10	638,826.66	7.51%	799,153	Met
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)	1.65%	175,677	219,596.66	131,758.00	0.09%	9,750	Under
EMERGENCY FINANCIAL ASSISTANCE	2.80%	298,119	372,648.89	223,589.33	2.10%	223,760	Met
FOOD BANK/HOME-DELIVERED MEALS	1.40%	149,060	186,324.44	111,794.67	1.33%	141,660	Met
OTHER PROFESSIONAL SERVICES	3.00%	319,413	399,266.66	239,560.00	3.32%	353,022	Met
PSYCHOSOCIAL SUPPORT SERVICES	0.30%	31,941	39,926.67	23,956.00	0.34%	35,841	Met
TOTAL AMOUNT OF FUNDING	**100%**	**10,647,111**			**100%**	**10,647,111**	

H.   LISTING OF SERVICE PROVIDERS

45.   **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 2022.**

See Attachment D.

I.   MINORITY AIDS INITIATIVE

46.   **For FY 2021, please provide the Planning Council with the following information about the Minority AIDS Initiative (MAI) funds, such as the total MAI funds received by the Recipient; the amount of funding allocated in each service category; and the target ethnic group of each program.**

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

Table 4:   FY 2021 MAI Funding Allocations

FY 2021 Providers	Primary Medical Care	Medical Case Management	Transitional Housing	Total
Essex County				**$998,978**
Newark Beth Israel Medical Center	$40,746			$40,746
Saint Michaels Clinics Inc.	$49,139	$112,921		$160,060
Rutgers Infectious Disease Practice	$75,000	$625,640		$700,640
Isaiah House			$97,532	$97,532
Union County				**$0**
Tri-County				**$0**
Total Direct Service Dollars	**$164,885**	**$738,561**	**$97,532**	**$1,100,978**
			Quality Management	**$0**
			Administration	**$0**
			FY 2021 Total MAI Funding	**$1,100,978**

47.   **Please provide a list of the organizations in receipt of MAI funds in FY 2022.**

MAI Funding for FY 2022
Newark Beth Israel Medical Center: OAHS ($50,000)
Saint Michaels Clinics Inc.:   OAHS ($40,000)   MCM ($150,000)
Rutgers Infectious Disease Practice: OAHS ($60,000)   MCM ($643,000)
Isaiah House: Housing ($79,254)

J.   CORE MEDICAL SERVICES WAIVER

On January, 2021 the Newark EMA was awarded a waiver of the requirement to provide 75% of

RWHAP-funded Part A services for Core Medical Services for FY 2021 and on June 7, 2022 for FY2022.

48.   **Please outline how the Recipient implemented the FY 2021 service allocations to ensure that the Core Medical and Support Service allocations matched the percentages in the FY 2021 Priority Setting and Resource Allocation Report approved by the Newark EMA Planning Council.**

The Recipient enters the priorities and percentages from the recommendations of the approved Priority Setting and Resource Allocation Report. This guides funding allocations for all funded service categories. The Planning Council President receives an allocations report and signs a Letter of Endorsement approving the Recipient's funding allocations.

K.   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.**

DATE OF RECIPIENT REPORT	CONTENT OF REPORT
3/28/22	FY 2021 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
8/4/22	FY 2021 Annual Progress Report.
7/2822	FY 2021 final Federal Financial Report (FFR)
8/24/22	FY 2021 Expenditure Rate (as documented in the final FY 2021 FFR)
7/16/21	Budgeted allocation of FY 2021 Part A funds by service category, (allocation's report) letter of endorsement by Planning Council and revised FY 2021 Implementation Plan.

L.   ADDITIONAL COMMENTS

Please provide any additional comments below:

None.

ATTACHMENT A:

FY 2022 MONTHLY MONITORING REPORT TEMPLATE

DEPARTMENT OF HEALTH AND COMMUNTIY WELLNESS
RYAN WHITE UNIT

FY22 MONTHLY MONITORING REPORT

PROVIDER: Click here to enter text.

MONITOR:

REPORTING MONTH: Click here to enter text.

DATE RECEIVED Click here to enter text.

DATE REVIEWED Click here to enter text.

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

GENERAL

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

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

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

FY22 MONTHLY MONITORING REPORT

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

Unit Cost Revision	Budget Revision	Budget Reduction	Additional Award

What is the status? (pending, proposed or completed) **Click here to enter text.**

If completed, does the report for this period reflect these changes? **Click here to enter text.**
If not, why? **Click here to enter text.**

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

funded	
Does the HIPCS expenses report match CHAMP?	Y ☐ N ☐
Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.**	
Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken:	
Click here to enter text.	

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

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

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

SUBSTANCE ABUSE	☐ **Includes MAI**	☐ **Not funded**

Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.** Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken: Click here to enter text.	

ORAL HEALTH	☐ **Includes MAI**	☐ **Not funded**

Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.** Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken: Click here to enter text.	

MEDICAL NUTRITIONAL THERAPY	☐ **Includes MAI**	☐ **Not funded**

Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.** Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken: Click here to enter text.	

CASE MANAGEMENT	☐ **Includes MAI**	☐ **Not funded**

Does the billing reflect a comprehensive array of services? (i.e. no excessive use of any particular subtype)	Y ☐ N ☐
Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.** Is the cumulative LOS on track to exhaust the allocation for this service?	Y ☐ N ☐
If no, what action will be taken: Click here to enter text.	

TRANSPORTATION	☐ **Includes MAI**	☐ **Not funded**

Did the agency provide a Transportation Log and/or other supporting documents (ie. invoices) to validate services were provided for allowable uses only?	Y ☐ N ☐

Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.**	Y ☐ N ☐
Is the cumulative LOS on track to exhaust the allocation for this service?	
If no, what action will be taken:	
Click here to enter text.	

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

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

EMERGENCY FINANCIAL ASSISTANCE	☐ **Not funded**
Does the service provided comply with the allowable use of funds for this service category? (refer to Contract Agreement or PCN 16-02)	Y ☐ N ☐
Does the supporting documents reflect the expenditures reported in CHAMP?	Y ☐ N ☐
Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? **Click here to enter text.**	
	Y ☐ N ☐

Does service comply with limitations for **emergency assistance**? (use CHAMP Look-up) - No more than $3,000.00 per individual/household annually - No more than two encounters per individual/household annually - No more than three months of unpaid utility charges per encounter - The use of sub-type "Other" was pre-approved and will be used for - Click here to enter text.	Y ☐ N ☐
Does service comply with limitations for **first month's rent or back rent assistance**? (use CHAMP Look-up) - Assistance in acquiring housing (initial rent up to 1 or 2 months / no security) is limited to one encounter annually. - Emergency assistance with rent is limited to three months of back rent and two encounters annually.	Y ☐ N ☐ n/a ☐
A written request is on file and approved by Grantee for any assistance provided to client that exceeds Grantee limits.	Y ☐ N ☐
Is the cumulative LOS on track to exhaust the allocation for this service? If no, what action will be taken: Click here to enter text.	

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

PSYCHOSOCIAL SERVICES ☐ **Includes MAI**	☐ **Not funded**
Does report contain unbillable units due to missing required fields or late data entry?	Y ☐ N ☐
If yes, how many? Click here to enter text.	Y ☐ N ☐

| Is the cumulative LOS on track to exhaust the allocation for this service?

If no, what action will be taken:

Click here to enter text. | |

DIRECT SERVICES DELIVERED

| Does the review of the Direct Services Delivered Report show any of the following?
• Duplicated billing – more than 1 visit per day, per service
• Excessive billing – overuse of one particular subtype or 'other'
• Incorrect billing – billing inconsistent with encounter

Was the billing issue addressed with agency?

Reporting will need to be resubmitted ☐ / Report was corrected in-house and reprinted ☐ | Y ☐ N ☐
Y ☐ N ☐
Y ☐ N ☐
Y ☐ N ☐ n/a☐ |

CHAMP CLIENT LEVEL DATA

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

STAFFING

| Are there any staffing changes that affect the programs level of service or budget? | Y ☐ N ☐ |

If yes, what positions are affected? Click here to enter text. What is the program doing to address the changes? Click here to enter text.	

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

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

	# USEFUL MONITORING TOOLS

Supporting Documents for Emergency Financial Assistance may include-
Initial Rent (up to 3 months) - lease agreement, cancelled check
Back Rent – eviction notice, notarized delinquency notice or letter of intent to evict from property owner, cancelled check
Utilities Assistance – copy of bill and cancelled check

Medication Assistance – copy of bill and cancelled check
Food Assistance – Proof of groceries or voucher issued

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

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

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

Allowable uses for Ryan White funds- HRSA Policy Clarification Notice 16-02
https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

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

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ATTACHMENT B:

FISCAL REVIEW QUESTIONNAIRE TEMPLATE

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

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

A. Audit History and Resolution

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

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

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

Was the audit firm independently commissioned?

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

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

Were these deficiencies resolved? Yes ☐   No ☐

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

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

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

What are the plans to implement the recommendations?

B. Budget Preparation

Do 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 you 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. <u>Accounting Policies & Procedures</u>

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

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

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

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

K. Imposition & Assessment of Client Charges

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

Agency Name: Click here to enter text.
Completed by: Click here to enter text.

Print Name

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

Signature:
Date: Click here to enter a date.

Agency Name: Click here to enter text.   Date: Click here to enter a date.
Please have available for review the following original source documents that reflect the period of: through   and   through
Required Documents:

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

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

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

ATTACHMENT C:

FY 2021 FINAL SPENDING REPORT

Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2021 - 2/28/2022

Report Status: Review

Report ID: 119543

Last Modified Date: 07/15/2022 03:54 PM

Recipient Information

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

EIN: 122600213

UEI: S8WPZXYXGWV5

Preparer's Name: Aliya Onque-Roman

Preparer's Title: Program Coordinator

Preparer's Phone: 9737337505

Preparer's Fax: 9737335444

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

Budget Year Award Information

	Carryover	Current FY	Total
1. RWHAP Part A Formula Award Amount	$0	$10,978,893	$10,978,893
2. RWHAP Part A MAI Award Amount	$0	$1,177,621	$1,177,621
3. RWHAP Part A Supplemental Award Amount	■	$0	$0
4. Total RWHAP Part A Funds	**$0**	**$12,156,514**	**$12,156,514**

Part A Program Total

	RWHAP Part A Formula Award Amount						RWHAP Part A MAI Award Amount						RWHAP Part A Supplemental Award Amount Reporting FY		Aggregate Total	
	Prior FY Carryover		Reporting FY		Total		Prior FY Carryover		Reporting FY		Total					
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
Non-Services																
a. Clinical Quality Management	$0	0.00%	$347,316	3.20%	$347,316	3.20%	$0	0.00%	$58,881	5.13%	$58,881	5.13%	$0	0.00%	$406,197	3.39%
b. Administration	$0	0.00%	$1,075,061	9.91%	$1,075,061	9.91%	$0	0.00%	$87,829	7.65%	$87,829	7.65%	$0	0.00%	$1,162,890	9.69%
Non-services Subtotal	**$0**	**0.00%**	**$1,422,377**	**13.11%**	**$1,422,377**	**13.11%**	**$0**	**0.00%**	**$146,710**	**12.78%**	**$146,710**	**12.78%**	**$0**	**0.00%**	**$1,569,087**	**13.08%**
c. Core Medical Services	$0	0.00%	$6,902,426	63.62%	$6,902,426	63.62%	$0	0.00%	$903,446	78.72%	$903,446	78.72%	$0	0.00%	$7,805,872	65.07%
d. Support Services	$0	0.00%	$2,524,113	23.27%	$2,524,113	23.27%	$0	0.00%	$97,532	8.50%	$97,532	8.50%	$0	0.00%	$2,621,645	21.85%
Total Service Expenditures	**$0**	**0.00%**	**$9,426,539**	**86.89%**	**$9,426,539**	**86.89%**	**$0**	**0.00%**	**$1,000,978**	**87.22%**	**$1,000,978**	**87.22%**	**$0**	**0.00%**	**$10,427,517**	**86.92%**
Total Expenditures (Service + Non-service)	**$0**	**0.00%**	**$10,848,916**	**100.00%**	**$10,848,916**	**100.00%**	**$0**	**0.00%**	**$1,147,688**	**100.00%**	**$1,147,688**	**100.00%**	**$0**	**0.00%**	**$11,996,604**	**100.00%**

Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2021 - 2/28/2022

Report Status: Review

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Last Modified Date: 07/15/2022 03:54 PM

Part A Expenditure Categories

	RWHAP Part A Formula Award Amount						RWHAP Part A MAI Award Amount						RWHAP Part A Supplemental Award Amount Reporting FY		Aggregate Total	
	Prior FY Carryover		Reporting FY		Total		Prior FY Carryover		Reporting FY		Total					
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
Core Medical Services																
a. AIDS Drug Assistance Program Treatments	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
b. AIDS Pharmaceutical Assistance	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
c. Early Intervention Services (EIS)	$0	0.00%	$16,031	0.17%	$16,031	0.17%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$16,031	0.15%
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	$0	0.00%	$47,272	0.50%	$47,272	0.50%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$47,272	0.45%
e. Home and Community-Based Health Services	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
f. Home Health Care	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
g. Hospice	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
h. Medical Case Management, including Treatment Adherence Services	$0	0.00%	$3,149,841	33.41%	$3,149,841	33.41%	$0	0.00%	$782,523	78.18%	$782,523	78.18%	$0	0.00%	$3,932,364	37.71%
i. Medical Nutrition Therapy	$0	0.00%	$102,524	1.09%	$102,524	1.09%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$102,524	0.98%
j. Mental Health Services	$0	0.00%	$837,227	8.88%	$837,227	8.88%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$837,227	8.03%
k. Oral Health Care	$0	0.00%	$788,564	8.37%	$788,564	8.37%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$788,564	7.56%
l. Outpatient/Ambulatory Health Services	$0	0.00%	$1,335,328	14.17%	$1,335,328	14.17%	$0	0.00%	$120,923	12.08%	$120,923	12.08%	$0	0.00%	$1,456,251	13.97%
m. Substance Abuse Outpatient Care	$0	0.00%	$625,639	6.64%	$625,639	6.64%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$625,639	6.00%
1. Core Medical Services Total	**$0**	**0.00%**	**$6,902,426**	**73.22%**	**$6,902,426**	**73.22%**	**$0**	**0.00%**	**$903,446**	**90.26%**	**$903,446**	**90.26%**	**$0**	**0.00%**	**$7,805,872**	**74.86%**
Support Services																
a. Child Care Services	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
b. Emergency Financial Assistance	$0	0.00%	$178,500	1.89%	$178,500	1.89%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$178,500	1.71%

Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2021 - 2/28/2022

Report Status: Review

Report ID: 119543

Last Modified Date: 07/15/2022 03:54 PM

Part A Expenditure Categories

| | RWHAP Part A Formula Award Amount | | | | | | RWHAP Part A MAI Award Amount | | | | | | RWHAP Part A Supplemental Award Amount Reporting FY | | Aggregate Total | |
| | Prior FY Carryover | | Reporting FY | | Total | | Prior FY Carryover | | Reporting FY | | Total | | | | | |
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
c. Food Bank/Home Delivered Meals	$0	0.00%	$169,109	1.79%	$169,109	1.79%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$169,109	1.62%
d. Health Education/Risk Reduction	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
e. Housing	$0	0.00%	$788,381	8.36%	$788,381	8.36%	$0	0.00%	$97,532	9.74%	$97,532	9.74%	$0	0.00%	$885,913	8.50%
f. Linguistic Services	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
g. Medical Transportation	$0	0.00%	$184,377	1.96%	$184,377	1.96%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$184,377	1.77%
h. Non-Medical Case Management Services	$0	0.00%	$827,704	8.78%	$827,704	8.78%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$827,704	7.94%
i. Other Professional Services	$0	0.00%	$330,610	3.51%	$330,610	3.51%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$330,610	3.17%
j. Outreach Services	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
k. Psychosocial Support Services	$0	0.00%	$29,382	0.31%	$29,382	0.31%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$29,382	0.28%
l. Referral for Health Care and Support Services	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
m. Rehabilitation Services	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
n. Respite Care	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%
o. Substance Abuse Services (residential)	$0	0.00%	$16,050	0.17%	$16,050	0.17%	$0	0.00%	$0	0.00%	$0	0.00%	$0	0.00%	$16,050	0.15%
2. Support Services Total	**$0**	**0.00%**	**$2,524,113**	**26.78%**	**$2,524,113**	**26.78%**	**$0**	**0.00%**	**$97,532**	**9.74%**	**$97,532**	**9.74%**	**$0**	**0.00%**	**$2,621,645**	**25.14%**
3. Total Service Expenditures	**$0**	**0.00%**	**$9,426,539**	**100.00%**	**$9,426,539**	**100.00%**	**$0**	**100.00%**	**$1,000,978**	**100.00%**	**$1,000,978**	**100.00%**	**$0**	**100.00%**	**$10,427,517**	**100.00%**

Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

	RWHAP Part A Award	Expenditure	Balance
1. RWHAP Part A Formula Award Amount	$10,978,893	$10,848,916	$129,977
2. RWHAP Part A Formula Carryover Amount	$0	$0	$0
3. RWHAP Part A MAI Award Amount	$1,177,621	$1,147,688	$29,933
4. RWHAP Part A MAI Carryover Amount	$0	$0	$0
5. RWHAP Part A Supplemental Award	$0	$0	$0
6. Total	**$12,156,514**	**$11,996,604**	**$159,910**

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

Legislative Requirements Checklist	
At least 75% of your total award (less CQM and Recipient Administration) must be spent on core medical services.	
When reporting Core Medical Services expenses, the Current FY totals in Section C, Row 1 of the Expenditure Report for PART A Award and MAI Award columns do not necessarily need to be 75% of each individual award as long as the combined total meets the 75% minimum requirement. The exception to this requirement is only for those recipients that requested, and were approved by HRSA, for a Part A core Medical Services Waiver. To the right is the percentage of your Current Fiscal Year Core Medical Services Expenditures divided by your Total Part A and MAI Expenditures. Please check to make sure this percentage is 75% or greater	**74.86%**

No more than 5% of your total award or $3 million (whichever is smaller) can be spent on Clinical Quality Management.	
When reporting Clinical Quality Management expenses, the Current FY totals for Part A AWARD and MAI AWARD columns do not necessarily need to meet this requirement as long as the combined total meets the 5% or $3 million (whichever is smaller) requirement. Below is the maximum (Capped Amount) you can spend on Clinical Quality Management (the lesser of Total Part A Funds for Current FY * .05 or $3 million) as well as the amount of Current Fiscal Year dollars spent (CQM Expenditures) on Clinical Quality Management (Current FY Clinical Quality Management for Part A + Current FY Clinical Quality Management for MAI). Please check to make sure your Expenditures do not exceed your Capped Amount.	
Expenditures	**Amount**
Capped Amount	**$607,826**
Clinical Quality Management	**$406,197**

Expenditures Report

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

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

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

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

Expenditures	Amount	Percent
Recipient Administration	**$1,162,890**	**9.57%**

Public Burden Statement:

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

File Upload

H89HA00003 - NEWARK CITY HEALTH AND HUMAN SERVICES

Budget Year: 3/1/2021 - 2/28/2022

Report Status: Review

Report ID: 119543

Last Modified Date: 07/15/2022 03:54 PM

Submission Components

Document Name	Description	Uploaded File	Size	Date Attached

ATTACHMENT D:

PART A FUNDED SERVICE PROVIDERS

Essex County Providers	Address	Housing & Related Services	Medical Case Mgmt	Primary Medical Care	Primary Medical Care (LABS)	Outpatient Substance Abuse	Outpatient Substance Abuse (GROUP)	Emergency Financial Assistance	Residential Substance Abuse	Psychosocial Support	Nutritional Therapy	Mental Health	Trans.	Nutritional Services	Case Management	Other Prof Services	Dental	Health Insurance Premium	Early Intervention Services
AIDS Resource Foundation	77 Academy Street Newark, New Jersey 07102 (973) 643 – 0400					X		X					X	X	X				
Apostle House	24 Grant Street Newark, New Jersey 07104 (973) 482-0625	X						X								X			
Broadway House	298 Broadway Newark, New Jersey 07104 (973) 268 – 9797		X			X				x	X	X							
C.U.R.A.	35 Lincoln Park Newark, New Jersey 07101 (973) 645 – 4218							X	X	X			X			X			
Comm. Hlth. Law Project	650 Bloomfield Avenue, Suite 210 Bloomfield, New Jersey 07108 (973) 680 – 5599																X		
Smith Center	310 Central Avenue, Suite 307 East Orange, New Jersey 07018 (862) 772 – 7822		X	X								X	X						x
Hyacinth	194 Clinton Avenue Newark, New Jersey 07108 (862) 240 – 1461		X	X	X	X		X		X		X			X	X			
Isaiah House	238 North Munn Avenue East Orange, New Jersey 07017 (973) 678 – 5882 ext. 3019, 3027	X														X			
Catholic Charities of Newark	404 University Avenue Newark, New Jersey 07102 (973) 799-0484	X				X	X					X	X			X			
Newark Beth Israel	166 Lyons Avenue Newark, New Jersey 07112 (973) 926 – 5212		X	X	X			X				X					X	X	
Newark Community Health Center	101 Ludlow Street Newark, New Jersey 07114 973-483-1300 x 1250		X	X	X						X	X				X			X
DHCW Special Care Clinic	394 University Avenue Newark, New Jersey 07102 (973) 877 – 6150		X	X	X			X									X		X
New Jersey Comm. Research Initiative (NJCRI)	393 Central Avenue Newark, New Jersey 07107 (973) 483 – 3444		X	X	X	X		X		X		X		X			X	X	
Positive Health Care, Inc.	333 Washington Street Newark, New Jersey 07102 (973) 596 – 9667					X		X		X						X			
Urban Renewal	521 Washington Street Newark, New Jersey 07103 (973) 220 – 6337	X								X						X			
La Casa de Don Pedro	76 Clinton Avenue Newark, New Jersey 07114 (973) 624 – 4222							X						X	X				
St. James Social Services	588 Martin Luther King Blvd Newark, New Jersey 07102 (973) 624 - 4007							X						X	X				
St. Michael's- Peter Ho Clinic	268 Martin Luther King Blvd Newark, New Jersey 07102 (973) 877 – 5649		X	X	X	X				X		X					X	X	X
Team Management	972 Broad Street, 3rd Floor Newark, New Jersey 07102 (973) 273 - 0425					X		X		X			X	X		X			
Rutgers (Dental)	110 Bergen Street, Rm# D880 Newark, New Jersey 07103 (973) 972 – 6613																X		

12/16/2022

Provider	Address	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	C16	C17	C18
Rutgers (FXB)	150 Bergen Street, Rm# G102 Newark, New Jersey 07101 (973) 972 – 0380		X	X															
Rutgers (HIV Clinic)	185 South Orange Avenue, MSBI-689 Newark, New Jersey 07103 (973) 972 – 6214		X	X	X	X					X	X	X					X	X
Rutgers (START)	65 Bergen Street, GA -177 Newark, New Jersey 07101 (973) 972 – 1347 / 1348		X	X				X		X		X	X					X	X
Union County Providers																			
Central Jersey Legal	60 Prince Street Elizabeth, New Jersey 07208 (908) 354 – 4340																X		
Iris House	630 East Front Street Plainfield, NJ 07060 (908) 561-5057									X				X	X	X			
Meals on Wheels	1025 Pennsylvania Avenue Linden, New Jersey 07036 (908) 486 -5100													X					
Neighborhood Health	1700 Myrtle Avenue Plainfield, New Jersey 07060 (908) 753 – 6401 ext. 1405		X	X		X					X	X					X		
PROCEED	1126 Dickinson Street Elizabeth, New Jersey 07201 (908) 469 - 3244	X						X		X		X			X				X
Trinitas Regional Medical Center EIP	655 Livingston Street 2nd Floor Elizabeth, New Jersey 07206 (908) 994 – 7060		X	X	X					X		X		X				X	
Tri-County Providers																			
NJ AIDS Services	44 South Street Morristown, New Jersey 07960 (973) 285 - 0006		X	X		X		X		X		X	X		X			X	
Morristown Memorial Hospital	200 South Street Morristown, New Jersey 07960 (973) 889 – 6812		X	X	X			X				X	X				X	X	X
CFCS Hope House	19 – 21 Belmont Avenue Dover, New Jersey 07801 (973) 361 – 5555		X					X		X		X	X	X					
Zufall Health Center	18 West Blackwell Street Dover, New Jersey 07801 (973) 328 – 3344		X	X	X			X			X	X	X				X	X	X

ATTACHMENT E:

2022 QUESTIONNAIRE

Recipient Questionnaire

Assessment of Ryan White Part-A Administrative Mechanism in the Newark EMA Recipient Survey (2022)

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 victor.peralta@uwguc.org

All survey responses should be submitted on or before July 31, 2022, 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.

Approved by the REC on March 15, 2021

RFP PROCESS AND SELECTION OF PROVIDERS

1. In the last fiscal year (FY 2021), 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 2021 for FY 2022. Please describe those changes in terms of:

   (a) Data of notification of federal award amount for the upcoming fiscal year, which is required for procurement,

   (b) timeframe for procurement including steps in the process – publication of Request for Proposals, where notice of availability of funds was published (newspaper, city website, etc.),

   (c) date of Technical Assistance session,

   (d) due date for Letter of Intent, and

   (e) due date for FY 2022 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 2022)? 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 2022 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 2022) 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 2022) 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 2022?

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 2022 funding?

12. On what date were award letters sent to funded agencies for FY 2022?

13. On what date were the FY 2022 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 2022:

FY 2022 CONTRACT STATUS		
DATE:	# Of contracts ADOPTED	# Of contracts EXECUTED
By March 31, 2022		
By April 30, 2022		
By May 31, 2022		
By June 30, 2022		
By July 31, 2022		
By August 31 2022		
By September 30, 2022		

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

16. What was the due date in 2022 for agencies to submit contract documents for processing by the City of Newark?

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

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

19. Please comment on the content of the contracts this year (FY 2022) in comparison to last year (FY 2021), 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.

IMPACT OF COVID-19 ON FY 2022 PROCUREMENT AND CONTRACTING

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

20. Please describe the Newark RWU "work at home" policies including any changes in the policies, the days per week spent in office versus at home, and any other COVID-19 policies impacting FY 2022 contracting.

21. How did these COVID-19 policies impact (delay, expedite, etc.) the contracting process for FY 2022? What steps took longer or were completed faster?

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

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 2022?

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

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

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

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

29. Is the City of Newark considering moving from a manual process to an e-signature process for PO's or other solutions for expediting reimbursement that do not require a visit to DHCW?

RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE

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

31. In the last fiscal year (FY 2021), how many Programmatic site visits did each service provider receive? (Please give range and average)

32. In the last fiscal year (FY 2021), 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 2022)?

38. What is the status of these objectives as of February 28, 2022?

PROCUREMENT/ALLOCATION REPORT (in comparison to PC percentages for FY 2021)

39. What percent of the overall award (for FY 2021) was used for Recipient Support, Planning Council support, CHAMP, and Quality Management? Please indicate the percentages for each category.

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

40. What percent of formula funds were unexpended, and why, at the end of FY 2021?

41. What percent of supplemental funds were unexpended, and why, at the end of FY 2021?

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

43. What percent of administration (including CHAMP and Planning Council Support) and quality management funds were unexpended, and why, at the end of FY 2021?

44. Please provide the final Spending Report for FY 2021.

45. Please provide the Allocation Report for FY 2022 using the table on the following page.

FY 2022 ALLOCATION REPORT

SERVICE CATEGORY	PLANNING COUNCIL			RECIPIENT	
(BY PRIORITY)	PERCENT AND DOLLAR	+/-25%		PERCENT AND DOLLAR	VARIANCE FROM COUNCIL
CORE SERVICES (9)					
PRIMARY MEDICAL CARE					
EARLY INTERVENTION SERVICES					
MENTAL HEALTH SERVICES					
SUBSTANCE ABUSE SERVICES (OUTPATIENT)					
ORAL HEALTH CARE					

MEDICAL NUTRITION THERAPY								
MEDICAL CASE MANAGEMENT								
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE								
SUPPORT SERVICES (7)								
HOUSING SERVICES								
MEDICAL TRANSPORTATION SERVICES								
CASE MANAGEMENT SERVICES (NON-MEDICAL)								
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)								
EMERGENCY FINANCIAL ASSISTANCE								
FOOD BANK/HOME-DELIVERED MEALS								
LEGAL SERVICES								
PSYCHOSOCIAL SUPPORT SERVICES								
TOTAL AMOUNT OF FUNDING	100%				100%			

LISTING OF SERVICE PROVIDERS

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 2022.

MINORITY AIDS INITIATIVE

47. For FY 2021, please provide the Planning Council with the following information about the Minority AIDS Initiative (MAI) funds, such as the total MAI funds received

by the Recipient; the amount of funding allocated in each service category; and the target ethnic group of each program.

FY 2021 Providers	Primary Medical Care	Medical Case Management	Transitional Housing	Total
Essex County				
Union County				
Tri-County				
Total Direct Service Dollars				
			Quality Management	
			Administration	
			FY 2021 Total MAI Funding	

48. Please provide a list of the organizations in receipt of MAI funds in FY 2022.

CORE MEDICAL SERVICES WAIVER

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

49. Please outline how the Recipient implemented the FY 2021 service allocations to ensure that the Core Medical and Support Service allocations matched the percentages in the FY 2021 Priority Setting and Resource Allocation Report approved by the Newark EMA Planning Council.

CONDITIONS OF AWARD

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

DATE OF RECIPIENT REPORT (OR EXPECTED DATE)	CONTENT OF REPORT
x/x/22	FY 2021 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
x/x/22	FY 2021 Annual Progress Report.
x/x/22	FY 2021 final Federal Financial Report (FFR)
x/x/22	FY 2021 Expenditure Rate (as documented in the final FY 2021 FFR)
x/x/22	Budgeted allocation of FY 2021 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2021 Implementation Plan.

ADDITIONAL COMMENTS

Please provide any additional comments below: