NEWARK EMA
HIV HEALTH SERVICES PLANNING COUNCIL

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

FY 2017

(March 1, 2017 – February 28, 2018)

October 2017

NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM
FY 2017

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I. INTRODUCTION

A. PURPOSE

The purpose of Newark EMA Assessment of the Part A Administrative Mechanism for FY 2017 is to fulfill the federal mandate of the Ryan White Part A program. 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 in the Public Health Service Act.

> **"Assessment of the Administrative Mechanism and Effectiveness of Services**
> 2602(b)(4)(E) of the Public Health Service 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."

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 **Grantee, now termed Recipient,** and all providers, and the updates survey only the recipient. The Council completed a full assessment in 2014, followed by two updates in 2015 and 2016. The Assessment for 2017 was to be the full assessment of the Recipient and providers. However, due to a change in Planning Council support staff agency and the transition involved, it was decided that the 2017 assessment would also be an update by the Recipient to the 2014 full assessment. The Assessment of the Administrative Mechanism for 2018 will be a full assessment of the Recipient and Provider agencies.

B. METHODOLOGY

The assessment was completed by the Planning Council through its Research and Evaluation Committee (REC). In 2017 the committee reviewed and updated the assessment tool used in 2016 for the **Recipient** to reflect current agency responsibilities. The Committee prepared final survey instruments. The Recipient Survey was computer fillable in Microsoft Word.

On August 25, 2017 the Council e-mailed the 2017 Recipient Survey to the City of Newark AIDS Director (RWU Manager) with a completion date of September 8, 2017.

The Council reviewed results from the Recipient as shown in this report and has made recommendations to the Recipient.

C. GENERAL FINDINGS

The Recipient section evidenced continued implementation of new processes related to the RFP, contracting and reimbursement in response to the FY 2016 survey. The RWU noted the impact of a partial and final grant award from HRSA for FY 2017. The RWU continues to feel the impact of fewer staff to handle the additional [10-11] Union County contracts and processing of payments.

D. RECOMMENDATIONS

In reviewing the recipient's response to the Assessment of the Administration Mechanism, we applaud the improvements that have been initiated. However, the REC committee notes that only 64% of the contracts were executed before July 1. We continue to be concerned that contracts are not executed until 3 months into the grant year. We understand the explanations and the processes outlined in the survey, but want to continue to encourage the recipient to execute contracts closer to the start of the grant year.

E. LIST OF ABBREVIATIONS

The following abbreviations and acronyms are used in this report.

EIRC	Early Intervention and Retention Collaborative
EFT	Electronic Funds Transfer
EMA	Eligible Metropolitan Area
HRSA	Health Resources and Services Administration
NEMA	Newark Eligible Metropolitan Area
NGA	Notification of Grant Award
PO	Purchase Order
RFP	Request For Proposals
RW	Ryan White
RWU	Ryan White Unit
UC	Union County

II. RECIPIENT SURVEY

A. RFP PROCESS AND SELECTION OF PROVIDERS

1. In the last fiscal year (FY 2017), what work was undertaken by the Recipient to encourage new providers to apply for Ryan White Part A funds?

The Recipient continues to advertise the Newark EMA's Request for Proposals (RFP) in the Star Ledger (which covers the entire EMA), as well as other newspapers in the service area: Courier News (Union), Daily Record (Morris), NJ Herald (Sussex), Express Times (Warren) and the City of Newark's website.

Ryan White program information is also distributed at health fairs and other community events attended by non-Ryan White Providers.

Non-Ryan White Providers who show an interest in the program are given a copy of the most recent Request for Proposal (RFP) Manual, and may also be scheduled for a face to face meeting with the NEMA Project Director for a formal introduction to the program.

It is important to note that the Recipient will not be taking any specific action to bring on new Providers. The Ryan White Unit is not adequately staffed and has recently taken on the responsibility of monitoring 10 additional sub-recipients (previously monitored by the Union County Health Department). With funding steadily decreasing, and administrative dollars becoming more and more strained, it is necessary for the Recipient to strengthen its infrastructure so that it may properly and effectively program and fiscal monitor all of its sub-recipients. Currently, the EMA has 39 funded providers, 23 in Essex County, 8 in Union County, 4 in the Tri-County region, and 4 Vendors.

2. How many proposals were received for the current fiscal year (FY 2017)? Of these proposals how many were awarded contracts for Ryan White Part A funds?

A total of 39 applications were received and 39 received awards.

3. Please describe the process used to review proposals requesting FY 2017 Ryan White Part A funds; including the external review panel (including a demographic description of peer reviewers, number of peer reviewers, where they are from geographically, professional background and HIV status), criteria used to assess proposals and how peer reviewers' comments are considered in the final determinations.

External Review Process
Applications are subjected to an External Peer Review process in order to eliminate conflict of interest and assure a fair and objective evaluation. Peer reviewers are chosen from a large pool of medical and public health providers, administrators and professionals serving the state of New Jersey, but with no direct relationship/affiliation with current and potential Ryan White providers. All peer reviewers are required to submit a Conflict of Interest/Disclosure Form. Members of the 2016 panel (total of 28) were from New York and New Jersey (22 women, 6 men, 75% black, 14% white, 9% Hispanic, and 9% MSM).

Each proposal is assigned to two peer reviewers, who must complete an evaluation packet for each of their assigned proposals, outlining areas of strength and weakness. The evaluation

packet allows for scoring of each section of the proposal and an overall performance score. A two to three day conference is held at the Recipient's office. All reviewers must attend and present their findings in a panel-like discussion, which is later transcribed. The average of the two scores from each reviewer is the "External Score" for the proposal.

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

Allocation Process
The average of the Internal and External Scores represents the Overall Score for the proposal. Scores are used to determine eligibility for funding. A score of less than 65 points will disqualify you, 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.

4. Did the selection process this year (FY 2017) identify new providers? *If so, please identify the County/Region and services of the new provider.*

There was one (1) new provider in FY2017. The United Way of Greater Union County is the one new provider. The United Way is located in the County of Union, State of New Jersey, and services the entire Ryan White Eligible Metropolitan Area as the Planning Council Support entity for the Newark EMA Planning Council.

5. Did the selection process this year (FY 2017) 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: Substance abuse, gay/lesbian/transgender people, youth, older adults and Latinos)? If so, How?

The Newark EMA has made access to health care a top priority since implementation of the Core Services Model ten years ago. In accordance with the Core Service Provision, core medical services continue to receive 75% or more of direct service dollars. Despite the challenges and complexities of the Newark EMA epidemic, FY16 client level data on utilization of Part A medical care by race/ethnicity, gender, age, exposure category, and geography indicates that no populations are underrepresented in our continuum of care. As part of the application process, providers must be able to describe their experience and success in working with hard to reach populations, bringing them into care, keeping them in care and achieving viral load suppression.

Mentally ill- The EMA currently funds 19 mental health programs, including 12 in Essex County, 4 in Union County and 3 Tri-County. 18% of clients receiving mental health services also received psychiatric care at a Part A funded site.

Substance users- The EMA currently funds 13 substance abuse programs, including 9 in Essex County, 3 in Union County and 1 Tri-County. The EMA also provides funds for 1 Residential Substance Abuse program in Essex County.
** 11 sites are funded for both Mental Health and Substance Abuse services to support clients

who are dually-diagnosed with mental and substance use issues.

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

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

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

B. PLACEMENT OF CONTRACTS

6. On what date did the Newark EMA receive its Notification of Award (NOA) from the federal government (HRSA) for FY 2017 funding?

The Newark EMA received a partial Notice of Award dated January 17, 2017 in the amount of $5,745,788.00. The balance of award ($7,079,918.00) was date June 28, 2017.

7. On what date were award letters sent to funded agencies for FY 2017?

Award partial letters were distributed to 39 sub-recipients on March 1, 2017, and the final award letters were distributed August 1, 2017.

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

Funds were accepted by the Newark Municipal Council on March 1, 2017. See comments sections regarding change in Intergovernmental Agreement with Union County.

9. In the chart below, please indicate the number of contracts adopted and executed for FY 2017:

FY'2017 CONTRACT STATUS		
DATE:	**# of contracts ADOPTED**	**# of contracts EXECUTED**
Before April 1, 2017	**0**	**0**
Before May 1, 2017	**0**	**0**
Before June 1, 2017	**25**	**0**
Before July 1, 2017	**7**	**25**
Before August 1, 2017	**2**	**8**
Before September 1, 2017	**3**	**4**
Before October 1, 2017	**2**	****2 (projection)**

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

As of 9/1/17, 37 or 95% of the 39 FY2017 contracts are fully executed. One sub-recipient is a City of Newark entity, and therefore does not receive a contract, but rather an interdepartmental agreement between the Recipient and the Provider (Mary Eliza Mahoney Health Center- Special Care Clinic). There is 1 contract still pending adoption.

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

- The contracting process cannot begin until a receipt of award from the Funding Source, which typically occurs in February.
- Upon receipt of award, the Recipient completes the Allocation of Funds using the guidance and recommendations from the Planning Council PSRA report.
- Once allocations are finalized, the RWU prepares and distributes the sub-recipient letters of award.
- The Recipient prepares the Apply/Accept resolution for adoption by Municipal Council.
- The Recipient notifies OMB to prepare Budget Insertion resolution for adoption by Municipal Council.
- Sub-recipients are typically given three weeks to prepare contract documents, which are then reviewed by the (1) program monitoring team, (2) fiscal team, and (3) manager.
- Once contract documents have completed the internal review process, they are packaged and entered into Legistar, which is the legislative data base for the City of Newark.
- Each contract must successfully pass 11 points of review within four Municipal departments: Health and Community Wellness, the Law Department, Business Administration, and City Clerk. Once it has completed the review process, it will be marked "agenda ready" for the next municipal council meeting.
- During the months of June, July and August, the Municipal Council meets only once a month. They meet 2 – 3 times a month during the rest of the year.
- Once adopted, the City Clerk prepares the certifying resolution which is then returned to the Recipient for execution of the contract.
- Contract packages are reviewed internally to ensure that all required forms are included, and insurance coverage is still active.
- It is then submitted to the Law Department for final review.
- Upon completion of review by the Law Department, the contract is forwarded to the City Clerk's office for signature and final execution.

See **Attachment A** for Contract Process Timeline.

11. Please comment on the content of the contracts this year (FY 2017) in comparison to last year (FY 2016), for example were any new HRSA policies/ guidelines or Planning Council directives/specifications/standards etc. included?

In October 2015, HRSA released PCN 15-01 on the Treatment of Costs under the 10% Administrative Cap, applicable to all Ryan White Program Parts. The policy guidance acknowledges that the "changing healthcare environment", the increased monitoring requirements of the Recipient, and the expectation of coordination across federal, state, and local funding streams, places new and increased administrative burden on Recipients and Providers. In an effort to be as flexible as the law allows, HRSA/HAB has reexamined the classification of costs so that certain "administrative expenses" can be counted as direct service and not against the 10% administrative cap. The following costs are no longer required to be included in the 10% limit on administrative costs and may be charged to the relevant service category directly associated with such activities:

- The portion of direct facilities expenses such as rent, maintenance, and utilities for areas primarily utilized to provide core medical and support services for eligible Ryan White clients (e.g., clinic, pharmacy, food bank, substance abuse treatment facilities)
- RWHAP client re-certification every six months.
- Staff time for data entry related to RWHAP clinical care and support services
- The portion of the receptionist's time scheduling appointments and other intake activities
- The portion of medical billing staff related to RWHAP services
- The portion of a supervisor's time devoted to providing professional oversight and direction to clinicians, case managers, and other individuals providing RWHAP services
- The portion of malpractice insurance related to RWHAP clinical care
- The portion of fees and services for electronic medical records maintenance, licensure, and annual updates
- The portion of medical waste removal and linen services related to the provision of RWHAP services
- RWHAP clinical quality management (CQM) activities

With guidance from the HRSA site visit, contract guidelines for preparing the line item budget and allocation of funds table were revised to ensure that all expenses include a cost allocation methodology that explains the rationale for how expenses are charged to the grant. Sub-recipients are also now required to provide clear information on **time and effort** of funded staff to the Ryan White program.

C. SERVICE PROVIDER REIMBURSEMENT

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

Service Providers must input service into CHAMP within 5 days of service delivery. Program/Fiscal reports must be submitted to the Recipient's office by the 15th of the following

month and reviewed by the assigned Program Monitor within a week. The Program Monitor completes a "Monthly Monitoring Report" which documents their review of the reimbursement request and approval/denial of payment. Approval notification is sent electronically to the Grant Accountant and Administrative Assistant. Grant Accountant completes a final review of the monthly reports, and requests a Purchase Order for the approved reimbursement amount. Once the PO is signed by the Provider, it is attached to a payment package and submitted to our Finance Dept. A check is cut or an EFT payment is processed within 5 - 10 business days.

13. 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 wait time for payment once an accurate invoice/report is received is 2-3 weeks. The City of Newark has vastly improved its payment process by upgrading its payment management system and implementing policies to streamline the payment review process down from the previous 4 to 6 week turnaround time. Contracts must be fully executed before payments can be submitted for reimbursement.

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

Contracts must be fully executed before payments can be submitted for reimbursement. Sometimes the payments are delayed due to the provider submitting monthly reports in a timely manner.

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

The Recipient works closely with the administrative departments of the City (Law, BA and City Clerk) to expedite the execution of contracts. Monthly reports submitted prior to contract execution are approved by the Program Monitor so the payment process can made upon fully executed contracts.

D. RECIPIENT SITE VISIT AND TECHNICAL ASSISTANCE

14. In the last fiscal year (FY 2016), how many programmatic site visits did each service provider receive (please give range and average)?

As part of the Corrective Action issued by HRSA, site visit tools and protocols were redesigned. As a result of these changes, Site Visits for FY 2016 were suspended. HRSA reviewed the new materials, staff was trained, and site visits will resume for FY 2017.

15. In the last fiscal year (FY 2016), how many fiscal site visits did each service provider receive (please give range and average)?

Each sub-recipient is scheduled to receive at least one fiscal site visit during the year. Prior to FY 2016 program and fiscal monitoring was completed simultaneously. However last year, the Recipient implemented changes to the monitoring process to separate the program and fiscal review of sub-recipients.

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

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

The Site Visit Report Tool is attached (**Attachment B**).

17. What changes are being made to monitor service providers in response to the HRSA National Monitoring Standards? Please list and describe the changes.

The Recipient received HRSA-sponsored TA to improve its site visit and monitoring tools. TA placed an emphasis on compliance-testing per the service standards developed by the EMA, and the allowable use of funds as prescribed by HRSA. The Recipient has been notified that the NMS are under revision; therefore it will postpone any further modifications to its monitoring protocol until the updated NMS are released by HRSA.

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

There are four primary steps to a corrective action or finding:

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

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

Other technical assistance is provided through Annual Provider Meetings, face to face meetings, conference calls, and webinars as needed. To be fair, providers can only ask questions regarding the RFP at the annual technical assistance meeting.

E. CHAMP

20. What objectives (including program improvements) do you have for CHAMP for the current fiscal year (FY 2017)?

Due to administrative constraints of the budget, there are no major upgrades planned for CHAMP this year. The Recipient will focus on "cleaning up" the system to remove antiquated

and obsolete reports and improve current reporting features that monitor ACA enrollment and coverage. There have been some minor modifications to service category menus. The subtype options under HIPCS were expanded to include prescription copays. Under Outpatient Ambulatory Health Services, medical visits have been refined so that nurse encounters can be counted separately from medical visits.

There has been some discussion around name-based reporting in the system, per HRSA's recommendation, which would allow future alignment with other data systems or possible migration of multiple data sources into one shared system. The Data to Care initiative sponsored by HRSA encourages Part A and B Recipients to improve data collection and collaboration among state partners (possibly through data use agreements) in order to connect surveillance data to treatment data, as a means of identifying and reducing unmet need.

21. What is the status of these objectives as of July 31, 2017?

Historically, CHAMP has used unique identifiers to protect the identity and privacy of its patient population. There are reservations on the administrative and provider level around the use of names in CHAMP. The Recipient will continue to explore this opportunity but will not move forward without consumer, planning council, and provider buy-in.

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

22. What percent of the overall award (for the last fiscal year) was used for Recipient support, Planning Council support, CHAMP, case management training, and quality management?

Category	Cost	Percent
Recipient Administrative Costs	$779,938	6.0%
CHAMP	$351,000	2.7%
Planning Council	$338,303	2.6%
Quality Management	$218,889	1.7%
Total	**$1,688,130**	**13.0%**

23. What percent of formula funds were unexpended at the end of FY 2016?

All formula dollars were expended by the end of FY2016 ($7,478,083).

24. What percent of supplemental funds were unexpended, and why, at the end of FY 2016?

A balance of $6,173.70 (0.15%) remained in the administrative portion of the budget. A sub-recipient of Ryan White was unable to expend 100% of the funds awarded due to staffing changes within its program.

The balance of $378.24 is the accumulated balance of all 49 recipients of 2011 funding ($178.24), plus $200 left unspent from the 2011 RFP and Peer Review Session.

25. What percent of MAI funds were unexpended, and why, at the end of FY 2016?

A balance of $23,324.42 (1.8%) was unexpended in MAI. $13,291.13 of these funds were unexpended due to a sub-recipient of Ryan White was unable to expend 100% of the funds awarded due to staffing changes within their program.

The remaining unexpended funds of $10,033.29 were a result of reassigning contractual staff to Newark Works; the City of Newark's Staffing Agency. This reassignment resulted in a savings of administrative fees.

26. Please provide the final Spending Report for FY 2016.

The Final FY16 Part-A & MAI Expenditure Report is attached (**Attachment C**).

27. Please provide the Allocation Report for FY 2017 using the table on the following page.

FY 2017 PROCUREMENT REPORT

SERVICE CATEGORY (BY PRIORITY)	PLANNING COUNCIL				RECIPIENT		
	PERCENT AND DOLLAR		+/-25%		PERCENT AND DOLLAR		VARIANCE FROM COUNCIL
CORE SERVICES (9)							
PRIMARY MEDICAL CARE	16.0%	1,744,296	2,108,370	1,308,222	16.17%	1,763,001	within range
EARLY INTERVENTION SERVICES	0.50%	54,509	68,137	40,882	0.50%	54,186	within range
MENTAL HEALTH SERVICES	9.90%	1,079,283	1,349,104	809,462	9.37%	1,021,358	within range
SUBSTANCE ABUSE SERVICES (OUTPATIENT)	7.70%	839,442	1,049,303	629,582	6.74%	735,105	within range
ORAL HEALTH CARE	7.00%	763,130	953,912	572,347	6.45%	702,680	within range
MEDICAL NUTRITION THERAPY	1.20%	130,822	163,528	98,117	1.36%	147,975	within range
MEDICAL CASE MANAGEMENT	31.20%	3,401,377	4,251,722	2,551,033	34.06%	3,713,531	within range
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE	1.50%	163,528	204,410	122,646	0.31%	34,035	below minimum
SUPPORT SERVICES (7)							
HOUSING SERVICES	9.00%	981,167	1,226,458	735,875	7.81%	851,307	within range
MEDICAL TRANSPORTATION SERVICES	2.55%	277,997	347,496	208,498	2.33%	254,129	within range
CASE MANAGEMENT SERVICES (NON-MEDICAL)	6.50%	708,620	885,775	531,465	6.77%	737,994	within range
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)	1.35%	147,175	183,969	110,381	1.06%	157,086	within range
EMERGENCY FINANCIAL ASSISTANCE	0.75%	81,764	102,204	61,323	1.57%	170,657	above maximum
FOOD BANK/HOME-DELIVERED MEALS	1.60%	174,430	218,037	130,822	1.54%	168,074	within range
LEGAL SERVICES	2.95%	321,605	402,006	241,203	3.07%	334,956	within range
PSYCHOSOCIAL SUPPORT SERVICES	0.30%	32,706	40,882	24,529	0.27%	29,833	within range
TOTAL AMOUNT OF FUNDING	**100%**	**10,901,851**			**100%**	**10,875,907**	

G. LISTING OF SERVICE PROVIDERS

28. 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.

The Ryan White Service Directory is attached (**Attachment D**).

H. MINORITY AIDS INITIATIVE

29. For FY 2016, 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.

FY16 PROVIDERS	Primary Medical Care	Medical Case Management	Transitional Housing	Medical Transport	Total
Essex County					
Rutgers IDP	141,300	700,000			**841,300**
St. Michael's Peter Ho	100,000	100,000			**200,000**
Newark Beth Israel Medical Center	34,460				**34,460**
Support Services					
FutureBridge					**0**
NJ AIDS Services					**0**
Hope House					**0**
Total Direct Service Dollars	**275,760**	**800,000**			**1,075,760**
				Quality Management	**63,375**
				Administration	**126,465**
				FY17 Total MAI FUNDING	**1,265,600**

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

1. Rutgers Infectious Disease Practice- Outpatient Ambulatory Health Services and Medical Case Management
2. St. Michael's Medical Center Peter Ho Clinic- Outpatient Ambulatory Health Services and Medical Case Management
3. Newark Beth Israel Medical Center – Primary Medical Care

4. Public Strategies, Inc. – Quality Management Planning
5. Future Bridge Business Solutions – Quality Management, Program Support

I. CONDITIONS OF AWARD

31. Please state whether or not the following reports have been mailed. 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.

Table 1: Recipient Report on Conditions of Award

DATE OF RECIPIENT REPORT	CONTENT OF REPORT
March 26, 2012	FY 2011 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
May 2, 2012	Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY 2012 funding level.
July 28, 2012	FY 2011 Annual Progress Report.
May 29, 2012 and July 1, 2012	• FY 2011 final Financial Status Report(FSR) • FY 2011 Expenditure Rate(as documented in the final FY 2011 FSR) • Budgeted allocation of FY 2012 Part A funds by service category, letter of endorsement by Planning Council and revised FY 2012 Implementation Plan
May 29, 2012	• Report on Minority AIDS Initiative for FY 2012. ***** The MAI 2011 report is due on January 31, 2013*** • Categorical budget for each grant-funded contract, Contract Review Certifications and Attachment E, other sources of funds for FY 2012.

Additional Comments:

The Notification of Grant Award (NGA) from HRSA is normally received on or around March 1st. Once received, the Recipient (and Sub-Recipient) must complete a series of legislative steps before a contract can be executed. Therefore, I think it would be appropriate to modify Question #8 to look at the period of April through September (as opposed to March through August). It is impossible for a contract to be placed in March.

DATE OF RECIPIENT REPORT	CONTENT OF REPORT
03/28/2017	• FY2016 Ryan White Services Report (RSR) to HRSA or HRSA contractor.
08/19/2016	• Revised budget and narrative justification for administration, including Planning Council Support and program support based on actual FY2016 funding level.
05/30/2017	• FY2016 Annual Progress Report.
07/30/2017 *05/30/2017* *09/30/2017*	• FY2016 final Financial Status Report(FSR) • FY2016 Expenditure Report (as documented in the final FY2016 FSR) • Budgeted allocation of FY'2017 Part A funds by service category, letter of endorsement by Planning Council and revised FY'2017 Implementation Plan
05/30/2017 *09/30/2017*	• Report on Minority AIDS Initiative for FY2016 • Categorical budget for each grant-funded contract, Contract Review Certifications and Attachment E, Other Sources of Funds for FY2016

J. ADDITIONAL COMMENTS

Please provide any additional comments below:

- ***Placement of Contracts*:** In March 2016, the Union County Coordinator resigned from the Union County Health Department. Meetings were held between the Union County and Newark Health Departments to determine the best course of action. It was determined that there was no adequate candidate within the UC Department of Human Services to fill the vacated position and assume the responsibility of program and fiscal monitoring to the ten Union County sub-recipients. Therefore, the Intergovernmental Agreement (IGA) with Union County was modified effective FY2016, to reflect that the City of Newark would directly manage all sub-recipients in all regions of the EMA. This includes contract negotiation, execution, monitoring and evaluation. All other terms of the IGA remain as is. The IGA between the City of Newark and the County of Union is attached (**Attachment E**).

- ***FY2016 Procurement Report:*** Three service categories did not meet the minimum PSRA level of funding: EIS (88% of newly diagnosed clients are linked to care within 90 days); HIPCS (funded at full request of providers in all regions); and Psychosocial Services (Union Co funded at full request of providers but did not meet minimum PSRA level of funding).

- ***Conditions of Award:*** The FY16 Annual Progress Report was due (and submitted) on 05/30/2017.

- ***Conditions of Award:*** The Financial Service Report (FSR) was replaced by the Federal Financial Report (FFR) after the 2009 reauthorization.