

**Assessment of the Efficiency of the Administrative Mechanism  
Minnesota Council for HIV/AIDS Care and Prevention Evaluation of Part A – FY 2017  
July 2018**

The council is responsible for evaluating how rapidly Ryan White HIV/AIDS Program Part A funds are allocated and made available for care. The Needs Assessment and Evaluation Committee selected the following objectives to be evaluated by each council member. Review each objective and measurement and use the data in the sub-recipient response and recipient response columns to determine if the objective was met. For any objective that you indicate strongly disagree or somewhat disagree, you should also include comments, addressing any strengths, weaknesses and specific recommendations for improvement. The Needs Assessment and Evaluation Committee encourages members to collaborate to fill out this assessment (i.e. providers and consumers).

**Glossary**

<b>Part A</b>	<b>A federal grant awarded under the Ryan White HIV/AIDS Program legislation to hard hit metro areas. Hennepin County Ryan White Program is the grant recipient for the 13-county metro area</b>
<b>Part A funds</b>	<b>Federal funds awarded to Hennepin County Ryan White Program to spend in the 13-county metro area ≈\$6 million</b>
<b>Subrecipient</b>	<b>An agency, provider, or nonprofit organization that receives financial assistance from Hennepin County Ryan White Program to carry out a program</b>
<b>Recipient</b>	<b>Hennepin County Ryan White Program</b>
<b>Request for Proposal (RFP)</b>	<b>An open and competitive process for selecting providers of services</b>
<b>HRSA/HAB</b>	<b>Health Resources and Services Administration/HIV-AIDS Bureau of the U.S. Department of Health and Human Services</b>

	<b>Objective</b>	<b>Measurement</b>	<b>Sub-Recipient Response</b>	<b>Recipient Response</b>	<b>This Objective was Met:</b>	<b>Council Member Comments</b>
1.	Part A funds are contracted quickly to subrecipients.	Hennepin County signs Part A contracts with subrecipients within 90 days of the start of the Part A fiscal year (by May 30, 2017).	Yes (4), No (1)	All initial FY2017 contracts were fully executed (signed by the sub-recipient and County authority) within 30 days of March 1, 2017, the start of the fiscal year.  Summary statistics of days from <u>March 1, 2017 to date of contract execution</u> (signed by provider and Hennepin County) are as follows: Number of contracts = 16 Range = 7 days (shortest) - 30 days (longest) Mean or average = 13 days	Strongly Agree: (15) 58% Somewhat Agree: (9) 35% Somewhat Disagree: (2) 8% Strongly Disagree: 0%	<ul style="list-style-type: none"> <li>Contracts were sent out at the final hour with very little turn-around time for sub-recipients</li> <li>From information above three were 4 Yes and only 1 No. I believe that is good representation of delivery.</li> <li>Don't have this information</li> <li>We have not experienced any obstacles.</li> <li>There needs 2 be extended contracts that include disparities serving minorities and communications</li> </ul>
2.	Subrecipients of Part A funds are selected through an open process.	Hennepin County implements an open, public process to contract for services through a	Strongly Agree (5), Somewhat Agree (1)	Hennepin County's Ryan White Program issues Requests For Proposals (RFP) every four years. All providers funded to deliver Part A funded services from fiscal years 2016-2019, except for one, was selected through an RFP process conducted	Strongly Agree: (16) 59% Somewhat Agree: (9) 33% Somewhat Disagree: (2) 7% Strongly Disagree: 0%	<ul style="list-style-type: none"> <li>Funds should be used to strengthen existing programs rather than fund new initiatives</li> <li>Job was completed.</li> </ul>

	<p>competitive RFP process.</p>		<p>September - November 2015. The RFP is a competitive process open to all qualified agencies.</p> <p>Providers of the following services funded in FY2017 were selected through the <u>2015 RFP</u> process:</p> <ul style="list-style-type: none"> <li>○ Early Intervention Services</li> <li>○ Food Bank/Home Delivered Meals</li> <li>○ Health Education Risk Reduction</li> <li>○ Home and Community-based Health Services</li> <li>○ Housing Services</li> <li>○ Legal Services</li> <li>○ Medical Case Management</li> <li>○ Medical Nutritional Therapy</li> <li>○ Medical Transportation</li> <li>○ Mental Health Services</li> <li>○ Outpatient Healthcare Services</li> <li>○ Outreach Service</li> <li>○ Psychosocial Support Services</li> <li>○ Substance Abuse Services- Outpatient</li> </ul> <p>The provider of the following services funded in 2017 was selected through the <u>2011 RFP</u> process:</p> <ul style="list-style-type: none"> <li>○ Emergency Financial Assistance</li> <li>○ Health Insurance Premium Cost-share Assistance</li> </ul> <p><u>Linguistic services</u> are administered by Hennepin County's Office of Multicultural Services and procured through an RFP issued every five years by Hennepin County Human Services. The most recent RFP for interpretation and translation services was conducted in 2015.</p> <p>Providers selected through the RFP process must meet Hennepin County contract requirements for delivery of health and human services. Provider selection is based on recommendations made by panels of objective reviewers selected by Part A administrative staff. Proposal reviewers include public health and social service subject matter experts, consumers of HIV services and MDH and DHS HIV program staff. None of the proposal reviewers were members of the Minnesota HIV Services Planning Council (the Council operating</p>		<ul style="list-style-type: none"> <li>● The process was transparent and fair</li> <li>● Issues with Greater Minnesota</li> <li>● Important that there are considerations to continue to include new approaches and not just continue to</li> <li>● Only choose established providers. we must follow the need into diverse communities</li> </ul>
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				<p>at the time the RFP was issued) and all must declare any conflicts of interest.</p> <p>No Part A funded services were procured through sole source contracts in 2017.</p>																																						
3.	<p>The recipient secured sufficient subrecipients for all service areas receiving allocations.</p>	<p>Per service area, sufficient number of subrecipients is based on:</p> <ul style="list-style-type: none"> <li>• Number of contracts that can be administered</li> <li>• Amount of funding allocated for each prioritized service area</li> <li>• Allocation requirements for populations with special needs</li> <li>• Availability of qualified providers</li> </ul>	<p>Strongly Agree (2), Somewhat Agree (3)</p>	<p>Overall there were <u>15</u> Part A funded providers in 2017 (not including Linguistic Services) with 9 receiving funding for multiple services. The number of Part A providers funded in FY 2017 was based on the following factors:</p> <ul style="list-style-type: none"> <li>• Amount of funding allocated to the each of the Council prioritized service areas</li> <li>• Number of providers responding to the 2015 and 2011 RFPs</li> <li>• Number of Ryan White Program contracts the County has the capacity to administer within the Ryan White Program’s administration budget cap (10%)</li> <li>• Results of the RFP provider selection process noted under Objective 1.</li> </ul> <p>The number of providers contracted to deliver the services that received Part A funding in 2017 were as follows:</p> <table border="1" data-bbox="983 784 1763 1502"> <thead> <tr> <th><i>Service Area</i></th> <th><i># Part A Providers</i></th> <th><i>2017 Part A<sup>†</sup> Allocation</i></th> </tr> </thead> <tbody> <tr> <td>Early Intervention Services</td> <td>3</td> <td>\$ 233,300</td> </tr> <tr> <td>Emergency Financial Assistance</td> <td>1</td> <td>116,400</td> </tr> <tr> <td>Food Bank / Home Delivered Meals</td> <td>3</td> <td>904,763</td> </tr> <tr> <td>Health Education Risk Reduction</td> <td>4</td> <td>116,900</td> </tr> <tr> <td>Health Ins. Premium/ Cost Sharing Asst.</td> <td>1</td> <td>10,100</td> </tr> <tr> <td>Home and Community-Based Health Services</td> <td>1</td> <td>125,000</td> </tr> <tr> <td>Housing Services</td> <td>1</td> <td>80,800</td> </tr> <tr> <td>Legal Services</td> <td>1</td> <td>96,800</td> </tr> <tr> <td>Linguistic Services*</td> <td>10</td> <td>2,200</td> </tr> <tr> <td>Medical Case Management**</td> <td>7</td> <td>2,217,800</td> </tr> <tr> <td>Medical Nutritional Therapy</td> <td>2</td> <td>44,000</td> </tr> </tbody> </table>	<i>Service Area</i>	<i># Part A Providers</i>	<i>2017 Part A<sup>†</sup> Allocation</i>	Early Intervention Services	3	\$ 233,300	Emergency Financial Assistance	1	116,400	Food Bank / Home Delivered Meals	3	904,763	Health Education Risk Reduction	4	116,900	Health Ins. Premium/ Cost Sharing Asst.	1	10,100	Home and Community-Based Health Services	1	125,000	Housing Services	1	80,800	Legal Services	1	96,800	Linguistic Services*	10	2,200	Medical Case Management**	7	2,217,800	Medical Nutritional Therapy	2	44,000	<p>Strongly Agree: (17) 63% Somewhat Agree: (8) 30% Somewhat Disagree: (2) 7% Strongly Disagree: 0%</p>	<ul style="list-style-type: none"> <li>• I am new to the Council; My understanding is quite new.</li> <li>• Who is being funded is crucial in terms of addressing the needs of disproportionately impacted communities. It would be a step in the right direction to fund providers with non-white leadership -- meaning Black and Latino run organizations. Moreover, six service areas only have one provider. It would be perhaps ideal to include MORE consumers -- PLWHA -- in the RFP process as PLWHA know their needs best. Other jurisdictions include PLWHA in such processes. Minnesota could do the same. An attempt was actually in the works with the Consumer Advisory Committee for Part B; however the change of guard saw an end to this attempt by and for the PLWHA.</li> <li>• Here again there must be inclusion of new data and not just one funded provider in any category. Competition brings quality and improves services'</li> </ul>
<i>Service Area</i>	<i># Part A Providers</i>	<i>2017 Part A<sup>†</sup> Allocation</i>																																								
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Medical Transportation Services	1	24,000
Mental Health Services	3	124,000
Outpatient Healthcare Services**	3	837,900
Outreach Services	2	148,700
Psychosocial Support	4	88,400
Substance Abuse Services/Outpatient	2	139,900
<b>Services Total</b>	<b>15</b>	<b>\$ 5,310,963</b>

\*Service provider contracts administered by Hennepin County Office of Multicultural Services  
 \*\*MAI funded services  
 †Final allocation includes \$178,663 in carryover and reallocation of \$14,000 from mental health to medical case management and redistribution of \$300 from administration to linguistic services following the 6-month expenditure assessment.

*Note: Part B, state and rebate dollars also fund some of these services, so the number of Part A funded providers does not fully reflect the total number of HIV service providers serving the TGA. Part B and rebate funds most of the Medical Transportation providers (8 out of 9 metro area) and Part B, state and rebate dollars fund 6 additional Medical Case Management providers (4 of which are located in the TGA).*

Please refer to the following documents for comparison:  
 1) MN Council for HIV/AIDS Care and Prevention allocations approved at the July 11, 2017 council meeting.  
 2) FY2016 carry over request submitted to HRSA on August 23, 2017 and approved by HRSA on October 18, 2017.

4.	Subrecipients are paid in a timely manner by Hennepin County.	Invoices were paid by Hennepin County within the timetable indicated in contracts.	Yes (5)	<p><u>Hennepin County RWHAP contract language about payment of invoices:</u>          COUNTY will make payment within thirty-five (35) days from receipt of the invoice. If the invoice is incorrect, defective, or otherwise improper, COUNTY will notify PROVIDER within ten (10) days of receiving the incorrect invoice. Upon receiving the corrected invoice from PROVIDER, COUNTY will make payment within thirty-five (35) days. In the event that COUNTY withholds payment for failure to provide service or failure to comply with</p>	<p>Strongly Agree: (19) 73%          Somewhat Agree: (7) 27%          Somewhat Disagree: 0%          Strongly Disagree: 0%</p> <ul style="list-style-type: none"> <li>I don't understand a lot of the details</li> <li>Don't have this information</li> <li>Timely and well done</li> </ul>
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			<p>any of the provisions of this Agreement, then no interest penalty shall accrue against COUNTY. If claims are made by PROVIDER that COUNTY did not act in good faith in withholding payments as provided above, then such claims shall be handled as a dispute by the Contract Manager (pursuant to the Dispute Clause of this Agreement). If an audit is required by COUNTY before an invoice is accepted for payment, then the standard payment period of thirty-five (35) days shall not commence until the audit is completed by COUNTY.</p> <p><u>Analysis of time from invoice receipt to payment:</u> Four Part A providers were selected as a representative sample to determine the time from invoice receipt to invoice payment. Two providers were selected for each of the two full time Hennepin County RWHAP contract managers. Two providers were community-based organizations, and two providers were healthcare organizations.</p> <p>146 invoices from these four providers were evaluated. Ninety-six percent (140/146 = 96%) were paid within the 35 days stipulated in the contracts as the number of days invoices should be paid from when they are received. All six that were not paid within this 35 day period were for the final month (February 2018) of the fiscal year. According to the contract manager involved, a miscommunication resulted in the delay of one payment. With another, there were errors on the original invoice, requiring the contract manager to send it back to the provider for correction before it could be paid. As the contract stipulates, this invoice was paid within 35 days of receipt of the corrected invoice. Additionally, there was a technical issue related to the County's financial management system automatically closing some contracts at the end of the fiscal year preventing payment of invoices submitted after the close of the fiscal year. Before invoice payment could be processed, the closed contracts needed to be reopened in the system. All six invoices were paid once these issues were resolved.</p> <p>Analysis of this sample shows invoices are paid within the contract stipulated time barring miscommunication, invoice correction and technical issues. The RWHAP team has identified</p>		
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	the technical issue to avoid delayed invoice payments in the future for final fiscal year month invoices.																																																														
5. Part A funds are used to pay only services that were identified as priorities by the council.	<p>Award per service area matches the council's <a href="#">2017 service area ranking</a>.</p> <p>n/a</p> <p>The following table presents the MN Council for HIV/AIDS Care and Prevention's 2017-2018 service priorities in rank order along with the Part A FY2017 contract awards to each of the prioritized services.</p> <table border="1" data-bbox="989 311 1763 1518"> <thead> <tr> <th>Council Priority</th> <th>Service Category</th> <th>Total Part A Awards</th> </tr> </thead> <tbody> <tr> <td>CM1</td> <td>ADAP Treatments</td> <td>Part B/rebate funds only</td> </tr> <tr> <td>CM2</td> <td>Medical Case Management</td> <td>\$ 2,217,800^</td> </tr> <tr> <td>CM3</td> <td>Outpatient Health Care Services</td> <td>837,900</td> </tr> <tr> <td>CM4</td> <td>Health Ins. Premium/ Cost Sharing Assist</td> <td>10,100</td> </tr> <tr> <td>CM5</td> <td>Mental Health Services</td> <td>124,000<sup>c</sup></td> </tr> <tr> <td>CM6</td> <td>Early Intervention Services</td> <td>233,300*</td> </tr> <tr> <td>CM7</td> <td>Oral Health Care</td> <td>Part B/rebate funds only</td> </tr> <tr> <td>CM8</td> <td>Substance Abuse Services/Outpatient</td> <td>139,900</td> </tr> <tr> <td>CM9</td> <td>Home and Community-Based Health Srvcs</td> <td>125,000</td> </tr> <tr> <td>CM10</td> <td>Medical Nutritional Therapy</td> <td>44,000</td> </tr> <tr> <td>S1</td> <td>Emergency Financial Assistance</td> <td>116,400</td> </tr> <tr> <td>S2</td> <td>Medical Transportation Services</td> <td>24,000</td> </tr> <tr> <td>S3</td> <td>Housing Services</td> <td>80,800</td> </tr> <tr> <td>S4</td> <td>Non-medical Case Management</td> <td>Part B/rebate funds only</td> </tr> <tr> <td>S5</td> <td>Food Bank/Home Delivered Meals</td> <td>904,763*</td> </tr> <tr> <td>S6</td> <td>Psychosocial Support</td> <td>88,400</td> </tr> <tr> <td>S7</td> <td>Outreach Services</td> <td>148,700</td> </tr> <tr> <td>S8</td> <td>Health Education Risk Reduction</td> <td>116,900</td> </tr> <tr> <td>S9</td> <td>Referral for Health Care/Supportive Srvcs.</td> <td>Part B/rebate funds only</td> </tr> </tbody> </table>	Council Priority	Service Category	Total Part A Awards	CM1	ADAP Treatments	Part B/rebate funds only	CM2	Medical Case Management	\$ 2,217,800^	CM3	Outpatient Health Care Services	837,900	CM4	Health Ins. Premium/ Cost Sharing Assist	10,100	CM5	Mental Health Services	124,000 <sup>c</sup>	CM6	Early Intervention Services	233,300*	CM7	Oral Health Care	Part B/rebate funds only	CM8	Substance Abuse Services/Outpatient	139,900	CM9	Home and Community-Based Health Srvcs	125,000	CM10	Medical Nutritional Therapy	44,000	S1	Emergency Financial Assistance	116,400	S2	Medical Transportation Services	24,000	S3	Housing Services	80,800	S4	Non-medical Case Management	Part B/rebate funds only	S5	Food Bank/Home Delivered Meals	904,763*	S6	Psychosocial Support	88,400	S7	Outreach Services	148,700	S8	Health Education Risk Reduction	116,900	S9	Referral for Health Care/Supportive Srvcs.	Part B/rebate funds only	<p>Strongly Agree (22) 82%  Somewhat Agree: (5) 19%  Somewhat Disagree: 0%  Strongly Disagree: 0%</p>	<ul style="list-style-type: none"> <li>Awards were distributed as the allocation prioritized.</li> <li>There must be more positive members on the council, so that providers do not have controlling vote for allocations.</li> </ul>
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6.	The amounts contracted for each service category are the same as the council's allocations.	Award per service area match the council's allocation plan completed in August 2016 and subsequent adjustments done through post award allocations, carryover plan, and reallocations plans.	n/a	On January 13, 2017, Part A jurisdictions received partial grant award notices that were 46% of the amount awarded in FY2016. Partial awards were issued because Congress had not yet passed appropriation bills for FY 2017. FY 2017 initial provider contract amount totals for each of the service areas were 75% of the allocations approved by the MN Council for HIV/AIDS Care and Prevention on August 9, 2016 for the 2017 Part A grant application. These initial contracts were executed to ensure that funds were available for services by the start of the fiscal year pending passage of federal appropriations and final award notices for FY2017. Hennepin County received its final full grant award of \$5,903,058 on June 16, 2017. The	Strongly Agree: (21) 78% Somewhat Agree: (6) 22% Somewhat Disagree: 0% Strongly Disagree: 0%	<ul style="list-style-type: none"> <li>The notes/explanation above is hard to work through.</li> <li>Hennepin count and other government agencies are on top of their work.</li> <li>Both council allocations and reallocations are carefully observed by Part A Recipient.</li> <li>All the parts keep us updated on a monthly basis, which is greatly appreciated.</li> </ul>												

			<p>County's request for a waiver of the 75% core medical service expenditure requirement was granted by HRSA on June 22, 2017. Following receipt of the final grant award and approval of the core medical services expenditure waiver, the council approved an adjusted FY2017 allocations plan on July 11, 2017 based on the waiver allocations plan and the final grant award. Contract budgets were then increased through ministerial adjustments to align with the council's new allocations plan. Subsequent adjustments to contract program budget amounts through ministerial adjustments corresponded with the Council's carryover plan approved by HRSA/HAB on October 18, 2017; and the reallocation plan approved by the Council on November 14, 2017 based on mid-year expenditures.</p> <p>According to the final FY 2017 expenditure report presented to the Council on June 12, 2018 and updated on July 20, 2018, no Part A expenditures on any service area exceeded the Council's final allocation (including carryover and reallocation) to each of its service priorities. Overall, 96% of Part A funds allocated to services (including carryover) were spent with 14 of the 17 Part A funded service area allocations 95%-100% spent. Allocations to 3 of the services were underspent by between 10 and 26%.</p> <p>Please see the attached updated FY2017 Part A 4<sup>th</sup> quarter expenditure report.</p>		
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Reference Documents:

- 2011 Hennepin County Ryan White Program Request for Proposals
- 2015 Hennepin County Ryan White Program Request for Proposals
- 2017 Part A Subrecipient Contracts
- 2017 Q2 Expenditures (mid-year expenditure report – informs reallocation and redistribution of funds to maximize spending)
- 2017 Q4 Expenditures (final expenditure report for FY2017)
- 2017 Application Allocations
- 2017 Post-Award Allocations
- 2017 Reallocation Plan
- 2017 Carryover Plan
- Minnesota HIV Services Planning Council FY2016 and 2017 meeting minutes
- HRSA/HAB FY2017 Part A Notices of Grant (H89HA00050) Award