



October 30, 2017

Monique Richards
Lieutenant Commander, U.S. Public Health Service
Division of Metropolitan HIV/AIDS Programs
Western Branch, HAB/HRSA
5600 Fishers Lane, 09W05B
Rockville, MD 20857

RE: Letter of Assurance for FY 2018 Minneapolis-St. Paul TGA Part A Application

Dear LCDR Richards:

This letter serves as an assurance that the Minnesota Council for HIV/AIDS Care and Prevention (MCHACP) has fulfilled its responsibilities in partnership with the Part A grant recipient. The following occurred in Fiscal Year 2017:

- a) The FY 2017 Formula, Supplemental, and MAI funds are being expended according to the priorities established by the Minnesota Council for HIV/AIDS Care and Prevention. Using the biennial priorities set in 2016 and council's Guiding Values for the 2016-2017 Allocations Process, the council determined the FY 2017 application allocations for Formula, Supplemental, and MAI funding in August 2016 assuming FY 2017 would be the same as the FY 2016 Part A grant award. The March 14, 2017 council meeting included a community input session for the Part A grantee to present information on submitting a request for a core medical services expenditure waiver and secure input from consumers and providers. The waiver request was submitted in May 2017 with support from the council and other stakeholders. In June 2017 the waiver was granted and Hennepin County received the Part A grant award with a 2% increase. In July 2017, the council used their Guiding Values for the 2016-2017 Allocations Process to allocate the additional funds to support services. In August 2017, the council allocated carryover funds. Based on expenditures through August 31, 2017, 45% of Part A were expended and expenditures on each service category are proportionally in line with the council's FY 2017 allocations of Part A funds to their priorities.
- b) The FY 2017 Conditions of Award were met by the council in the following ways:
 - The council prioritizes services biennially, this occurred in 2016 for FY 2017-2018;
 - The council allocates funding annually and makes adjustments throughout the year based on the actual amount of the grant award, carryover funds and underspending at 6-months, this occurred in August, 2016; July, 2017; and August 2017;
 - The council conducts a comprehensive needs assessment of Minnesotans living with HIV/AIDS every five years; this occurred in 2015 and informs prioritization, service delivery and the goals of the integrated plan from 2016 – 2021;



Minnesota Council for HIV/AIDS Care and Prevention

- The council completed the assessment of the administrative mechanism in August 2017 using an evaluation instrument developed by the Needs Assessment and Evaluation Committee;
 - Of the 15 required planning council membership categories, the council met 13 and worked to recruit members to fill the vacancies. The vacancies were one African American or African-born consumer male and a representative of the state Medicaid agency.
- c) In FY 2016, the Community Voices Committee, which engages people living with HIV/AIDS who are not full council members, gathered input from the community for the priority setting of RWHAP services. Based on the response from the community, the council used a paired comparison methodology developed by the Planning and Allocations Committee and prioritized all 28 RWHAP services, including services not previously funded. Using the paired comparison methodology each member compares each core medical service to each of the other core medical services which results in a ranking of core medical services. The same process is used to rank support services. The council used the prioritization ranking for the FY 2017 and FY 2018 allocations.
- d) The annual membership trainings for the council took place on March 3, 2017 and September 1, 2017. All council members were asked to complete the new member orientation eLearning module in September 2017.

The Minnesota Council for HIV/AIDS Care and Prevention strongly endorses Hennepin County's application for Part A FY 2018 funds in order to meet the complex needs of the individuals living with HIV disease in the Minneapolis-St. Paul TGA.

Sincerely,

Roger Ernst
MCHACP Co-Chair

Lesla Nelson
MCHACP Co-Chair

McKinzie Woelfel
MCHACP Co-Chair