

Minnesota Council for HIV/AIDS Care and Prevention
Assessment of the Administrative Mechanism
Evaluation of Part A Grantee – FY2015
August 2016

Outcome	Measurement Objective	Part A Grantee Response	Met	Unmet	Member Comments*
A. The awards to service providers were completed in a timely manner	1. Implementation of a process which utilizes the Planning Council’s priority and allocation decisions as a basis for securing services; 75% of newly awarded funds are initially obligated within 90 days of the notice of grant award, and 100% of such funds are initially obligated within 120 days of the notice of grant award.	<p><u>Reference dates for measures:</u> August 12, 2014 – MN HIV Services Planning Council (Council) FY2015 application allocations plan approved February 9, 2015 - Partial Part A grant award notice issued March 1, 2015 - Fiscal year began May 28, 2015 - Final Part A grant award notice issued June 9, 2015 - Planning Council post-award allocations approved</p> <p>❖ All initial Part A service contracts based on the Council’s FY2015 applications allocations plan were completed by April 14, 2015; <u>within 44 days of the start of the fiscal year and at least 22 days prior to the final notice of grant award</u> received on May 28, 2015.</p> <p>❖ No contract adjustments were needed following the final notice of award since the funding reduction was small enough that the original allocations to services for the FY2015 Part A grant application did not need to be adjusted. The small reduction in funding was absorbed through a reduction in the allocation for Part A administration. The Council approved the allocations based on the final award on June 9, 2015.</p> <p>All contract completion dates are determined by the date the contract was signed by the Hennepin County Board of Commissioners or by the County Administrator if the contract action was through a “ministerial adjustment” which is allowable when only the service budget amount is changed.</p>	<input type="checkbox"/> 27	<input type="checkbox"/> 0	<ul style="list-style-type: none"> • Presentations need to be targeted at council members having enough information to make accurate decisions. • Looks like the data were taken in to consideration when a decision has been made. • My major concern about Assessment of the Administration Mechanism – by us in the council that are unaligned – tend to believe what the Part A Grantee says. Of course they are going to write something the council will want to see, so how are we supposed to know further than this?

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	<p>2. Implementation of a process to monitor spending and reallocate funds which aims to limit the amount of unspent Part A funds to no more than 10% at the end of the fiscal year.</p>	<p>The Part A grantee assessed FY2015 spending through quarterly expenditure reports that were presented to the Council on:</p> <ul style="list-style-type: none"> October 13, 2015 - 1st quarter spending November 10, 2015 - 2nd quarter spending February 9, 2015 – 3rd quarter spending August 9, 2016 - 4th quarter spending (final FY15) <p>All Hennepin County Ryan White funded provider contracts include a reallocation policy that allows the grantee to reduce program budget amounts through contract adjustments if the provider has spent 40% or less of program funds by the end of the first half of the fiscal year (August 31).</p> <ul style="list-style-type: none"> ❖ Based on an assessment of spending and client utilization of services through the first half of the year and anticipated client needs through the end of the fiscal year, the Council approved a reallocation plan at their November 10, 2015 meeting. The plan reallocated \$143,384 from areas of underspending to increase funding for Outpatient/Ambulatory Medical Care (\$25,000 for culturally appropriate targeting Latinos) by \$35,000, Medical Case Management by \$36,384 and Food Bank/Home Delivered Meals by \$72,000. By August 31, 2015, utilization of these services had exceeded expectations. ❖ 97% of the FY2015 Part A grant award, including carryover from FY2014, was expended by the close of the fiscal year. A total of \$162,361 in formula funds were unspent. The grantee will submit a request to carryover these funds into FY2015 by August 23, 2016. 	<input type="checkbox"/> 26	<input type="checkbox"/> 1	<ul style="list-style-type: none"> • With staff openings present, monitoring processes are difficult due lack of timely information presented, no explanation has been given as to these issues except the lack of staff to complete tasks. • I think that every area of the process was looked at very careful and coming up with the measurement objectives.

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<p>B. The awards to service providers were determined according to established criteria.</p>	<p>Description of RFP processes conducted in the last fiscal year, if any.</p>	<p>Hennepin County’s Ryan White Program issues Requests For Proposals every four years. Most providers funded to deliver Part A funded services in FY2015 were selected through an RFP process conducted October – November 2011.</p> <p>Providers of the following services funded in FY2015 were selected through the <u>2011 RFP</u> process:</p> <ul style="list-style-type: none"> ○ Early Intervention ○ Emergency Financial Assistance ○ Health Education/Risk Reduction ○ Health Insurance Premium/Cost Sharing Assistance ○ Home and Community-based Health Services ○ Medical Case Management ○ Medical Nutritional Therapy ○ Medical Transportation ○ Outpatient/Ambulatory Medical Care ○ Outreach Services ○ Substance Abuse Services- Outpatient <p>Providers of the following services funded in 2015 were selected through the <u>2007 RFP</u> process:</p> <ul style="list-style-type: none"> ○ Food Bank/Home Delivered Meals <ul style="list-style-type: none"> – Food Vouchers – Food Shelf – Home Delivered Meals – Congregate Meals <p><u>Linguistic services</u> are administered by Hennepin County’s Office of Multicultural Services and procured through an RFP that is issued every five years.</p> <p>The Council newly prioritized and allocated funds to <u>Psychosocial Support</u> services on March 10, 2014. In response, the grantee solicited interest in providing Psychosocial Support services through a communication sent to currently funded Part A providers. Letters of interest from those providers who responded were reviewed to select the <u>four providers</u> that were funded in FY2014 and 2015.</p>	<p style="text-align: center;"> <input type="checkbox"/> 27 </p>	<p style="text-align: center;"> <input type="checkbox"/> 0 </p>	<ul style="list-style-type: none"> • Some lack of information due staff shortages. Needs for data and timely work reports. • Still I strongly believe that as I have read all the info that the decision making process was done in a very professional way and I am in agreement with the measurement objective of Part A grantee. • I have concerns that the RFPs haven’t been open for several years. Why is this? Are there no other possible grantees? More information/rational e for not opening the RFPs is needed or there should be a plan to open them in the near future.

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<p>C. Appropriate justification was made for service areas/activities sole source contracts for services not included in a Request for Proposal (RFP) process</p>	<p>1. Considerations to determine Non-Competitive Funding Activity</p> <p>A. Provider selected through past RFP process</p> <p>B. Record of quality Ryan White service delivery</p> <p>C. Demonstrated HIV competency</p> <p>D. Established infrastructure</p> <p>E. Cost effective</p> <p>F. Continuity of client care</p>	<p>The following Part A funded services were procured through sole source contracts in 2015:</p> <ul style="list-style-type: none"> ○ Oral Health Care ○ Legal Services ○ Housing Services <p><u>Oral Health Care</u> services are administered by the Minnesota Department of Human Services under Program HH. These programs are centrally administered for the State of Minnesota and any qualified Minnesota Health Care Programs provider can deliver these services. This allows for the wide network of providers and greater choice for those seeking these services. Program HH's customer care staff will assist and Oral Health Care client who needs help accessing a Dentist. Since there is already a statewide established infrastructure for these programs and payment for services is through the State's Medicaid Management Information System (MMIS), clients who are eligible can remain with their provider of choice, administrative costs are minimal and the system assures that Ryan White Program funds are used as a last resort.</p> <p>The <u>Legal Services</u> provider was initially selected through a RFP process conducted in the fall of 2004. This provider has a long history of delivering high quality HIV competent services and exceeded its contractual goals for number of clients to be served in FY2014 by 8%. The provider also successfully leverages capacity by employing a network of pro-bono legal professionals, maximizing cost-effectiveness of the program.</p> <p>The Council newly allocated \$80,800 in Part A funds for <u>Housing Services</u> (rental assistance) for FY2015 and 2016 during the Council's 2014 service prioritization and funding allocations process that concluded in August 2014. Housing Services were sole-sourced to a provider that has been providing housing assistance to PLWH through a transitional housing program funded by Hennepin County property taxes for over 10 years.</p>	<input type="checkbox"/> 27	<input type="checkbox"/> 0	<ul style="list-style-type: none"> • Still needs to be reviewed more thoroughly to determine efficiency. More data needs to be presented. • I have been looking over this information for quite some time now, and feel that all measurement objectives was drafted to fit the Part A grantee response.
	<p>2. Considerations to determine redistribution of funds</p> <p>A. Provider demonstrated ability to utilize redistributed funds</p> <p>B. Capacity of agencies involved to deliver service in the future</p> <p>C. Impact on unmet need</p> <p>D. Sustainability of service after redistribution</p> <p>E. Council Directives</p>	<p>There were no funds redistributed among service providers delivering the same service in FY2015. All mid-year underspending was addressed by the Council's reallocation plan approved at the Council's November 10, 2015 meeting.</p>	<input type="checkbox"/> 27	<input type="checkbox"/> 0	<ul style="list-style-type: none"> • Define these considerations to council. • Same as above, no future comments.

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D. The grantee secured sufficient providers for all service areas receiving allocations.	<p>1. Per service area/activity, sufficient number of providers is based on:</p> <ul style="list-style-type: none"> • number of contracts that can be administered, • amount of funding allocated for each prioritized service area/activity • allocation requirements for populations with special needs • availability of qualified providers 	<p>Overall there were <u>13 Part A funded providers in 2015</u> with 9 receiving funding for multiple services. The number of Part A providers funded in FY 2015 was based on the results of the RFP provider selection processes noted in Outcome B and the decision to sole-source funding for Oral Health Care, Legal and Housing Services as noted in Outcome C. The number of providers contracted to deliver the services that received Part A funding in 2015 were as follows:</p> <table border="1" data-bbox="970 378 1827 1200"> <thead> <tr> <th data-bbox="970 378 1499 462">Service Area</th> <th data-bbox="1499 378 1642 462"># Part A Providers</th> <th data-bbox="1642 378 1827 462">2015 Part A* Allocation</th> </tr> </thead> <tbody> <tr><td data-bbox="970 462 1499 500">Outpatient/Ambulatory Medical Care**</td><td data-bbox="1499 462 1642 500">3</td><td data-bbox="1642 462 1827 500">\$884,000</td></tr> <tr><td data-bbox="970 500 1499 537">Health Ins. Premium/ Cost Sharing Asst.</td><td data-bbox="1499 500 1642 537">1</td><td data-bbox="1642 500 1827 537">4,300</td></tr> <tr><td data-bbox="970 537 1499 574">Medical Case Management</td><td data-bbox="1499 537 1642 574">6</td><td data-bbox="1642 537 1827 574">2,294,084</td></tr> <tr><td data-bbox="970 574 1499 612">Food Bank / Home Delivered Meals</td><td data-bbox="1499 574 1642 612">3</td><td data-bbox="1642 574 1827 612">669,654</td></tr> <tr><td data-bbox="970 612 1499 649">Oral Health Care</td><td data-bbox="1499 612 1642 649">MHCP* Providers</td><td data-bbox="1642 612 1827 649">58,100</td></tr> <tr><td data-bbox="970 649 1499 686">Medical Transportation Services</td><td data-bbox="1499 649 1642 686">1</td><td data-bbox="1642 649 1827 686">24,000</td></tr> <tr><td data-bbox="970 686 1499 724">Mental Health Services</td><td data-bbox="1499 686 1642 724">6</td><td data-bbox="1642 686 1827 724">193,906</td></tr> <tr><td data-bbox="970 724 1499 761">Emergency Financial Assistance</td><td data-bbox="1499 724 1642 761">1</td><td data-bbox="1642 724 1827 761">103,900</td></tr> <tr><td data-bbox="970 761 1499 799">Housing Services</td><td data-bbox="1499 761 1642 799">1</td><td data-bbox="1642 761 1827 799">24,000</td></tr> <tr><td data-bbox="970 799 1499 836">Early Intervention Services</td><td data-bbox="1499 799 1642 836">1</td><td data-bbox="1642 799 1827 836">52,900</td></tr> <tr><td data-bbox="970 836 1499 873">Medical Nutritional Therapy</td><td data-bbox="1499 836 1642 873">2</td><td data-bbox="1642 836 1827 873">44,000</td></tr> <tr><td data-bbox="970 873 1499 911">Substance Abuse Services/Outpatient</td><td data-bbox="1499 873 1642 911">2</td><td data-bbox="1642 873 1827 911">139,900</td></tr> <tr><td data-bbox="970 911 1499 948">Home and Community-Based Health Services</td><td data-bbox="1499 911 1642 948">1</td><td data-bbox="1642 911 1827 948">137,600</td></tr> <tr><td data-bbox="970 948 1499 985">Legal Services</td><td data-bbox="1499 948 1642 985">1</td><td data-bbox="1642 948 1827 985">96,800</td></tr> <tr><td data-bbox="970 985 1499 1023">Health Education/Risk Reduction</td><td data-bbox="1499 985 1642 1023">3</td><td data-bbox="1642 985 1827 1023">80,800</td></tr> <tr><td data-bbox="970 1023 1499 1060">Outreach Services</td><td data-bbox="1499 1023 1642 1060">2</td><td data-bbox="1642 1023 1827 1060">158,800</td></tr> <tr><td data-bbox="970 1060 1499 1097">Psychosocial Support</td><td data-bbox="1499 1060 1642 1097">4</td><td data-bbox="1642 1060 1827 1097">88,400</td></tr> <tr><td data-bbox="970 1097 1499 1135">Linguistic Services</td><td data-bbox="1499 1097 1642 1135">9</td><td data-bbox="1642 1097 1827 1135">6,500</td></tr> </tbody> </table> <p data-bbox="970 1200 1387 1224">*Minnesota Health Care Program Providers</p> <p data-bbox="970 1224 1556 1248">*Final allocation included carryover and redistribution of funds</p> <p data-bbox="970 1276 1991 1435"><i>Note: Part B and state dollars also fund some of these services, so the number of Part A funded providers does not fully reflect the total number of Ryan White and state funded HIV service providers serving the TGA. Part B funds most of the Medical Transportation providers (8 out of 9 metro area) and Part B, state and rebate dollars fund 7 additional Medical Case Management providers (5 of which are located in the TGA).</i></p>	Service Area	# Part A Providers	2015 Part A* Allocation	Outpatient/Ambulatory Medical Care**	3	\$884,000	Health Ins. Premium/ Cost Sharing Asst.	1	4,300	Medical Case Management	6	2,294,084	Food Bank / Home Delivered Meals	3	669,654	Oral Health Care	MHCP* Providers	58,100	Medical Transportation Services	1	24,000	Mental Health Services	6	193,906	Emergency Financial Assistance	1	103,900	Housing Services	1	24,000	Early Intervention Services	1	52,900	Medical Nutritional Therapy	2	44,000	Substance Abuse Services/Outpatient	2	139,900	Home and Community-Based Health Services	1	137,600	Legal Services	1	96,800	Health Education/Risk Reduction	3	80,800	Outreach Services	2	158,800	Psychosocial Support	4	88,400	Linguistic Services	9	6,500	<input type="checkbox"/> 26	<input type="checkbox"/> 1	<ul style="list-style-type: none"> • This area most definitely needs adjustment and more actual data to make sure services are delivered fairly and accurately. Many questions unanswered. • Housing Services provider funded through Part A needs help in the implementation of the program and the guaranteed success for the community. Future RFP needs to ensure complete usage of funds when it comes to housing for PLWHA who are not able to afford housing costs. It was both disturbing and disappointing to see fiscally that the funds were not exhausted. A dialogue between Grantee and Provider is here warranted.
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E. The awarding of funds matched the service areas/ activities established in the allocation completed by the Planning Council in August of 2014.	1. Award per service area/activity complies with Planning Council prioritization and allocation amounts set by Planning Council in August 2014 and subsequent allocations/ reallocations.	<p>FY 2015 initial provider contract amount totals for each of the service areas corresponded to the allocations approved by the Planning Council August 12, 2014 for the 2015 Part A grant application. Subsequent adjustments to contract program budget amounts through ministerial adjustments corresponded with: the Council's carryover plan approved by HRSA/HAB on October 26, 2015; and the reallocation plan based on mid-year expenditures approved by the Council on November 10, 2015.</p> <p>According to the final FY 2015 expenditure report presented to the Council on August 9, 2016, where all Part A funds were spent in a service area, expenditures matched the Council's final allocations (including carryover and reallocation). Overall, 96% of Part A funds allocated to services were spent with 11 of the 20 Part A funded service area allocations 95%-100% spent. Allocations to 7 of the services were underspent by >5%. No expenditure on a particular service exceeded the Council's allocation for that service.</p>	<input type="checkbox"/> 27	<input type="checkbox"/> 0	<ul style="list-style-type: none"> Followed council awards in general.

* For any objectives that you indicate as unmet, you should also include comments, addressing any strengths, weaknesses and recommendations for improvement.

Reference Documents:

- 2015 Q2 Expenditures
- 2015 Q4 Expenditures
- 2015 Application Allocations
- 2015 Post-Award Allocations
- Minnesota HIV Services Planning Council FY2015 meeting minutes
- HRSA/HAB Notices of Grant (H89HA00050) Award