Minnesota HIV Services Planning Council
Assessment of the Administrative Mechanism
Evaluation of Part A Grantee – FY2014
August 2015
23 responses out of 25 Planning Council members

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.	Reference dates for measures: July 9, 2013 – Planning Council FY2014 application allocations plan approved January 23, 2014 - Partial Part A grant award notice issued March 1, 2014 - Fiscal year began May 20, 2014 - Final Part A grant award notice issued June 10, 2014 - Planning Council post-award allocations approved All initial Part A service contracts based on the FY2014 applications allocations plan were completed by May 22, 2014; within 82 days of the start of the fiscal year. All but one of the contract adjustments based on the FY2014 final award amount were completed by September 24, 2014; within 99 days of the final award notice and within 77 days of the Council approving the post-awards allocation plan. One contract was not signed until February 11, 2015 due to delays in garnering provider signature. This did not impact service delivery, spending of funds or achieving contractual goals since the adjustment was retroactive to September 1, 2014 (71 days following the Councils approval of the post-award allocations). *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.*	23		

Outcome	Measurement Objective	Part A Grantee Response	Met	Unmet	Member Comments*
	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.	The Part A grantee assessed FY2014 spending through quarterly expenditure reports that were presented to the Planning Council on: October 14, 2014 - 1st quarter spending November 11, 2014 - 2nd quarter spending February 10, 2014 – 3rd quarter spending August 11, 2015 - 4th quarter spending (final FY14) 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. 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 12, 2014 meeting. The plan reallocated $134,800 from areas of underspending to increase funding for Outpatient/Ambulatory Medical Care (culturally appropriate targeting Latinos) by $86,400, Early Intervention Services by $12,500 and Food Bank/Home Delivered Meals by $35,900. By August 31, 2014, utilization of these services had exceeded expectations. 98% of the FY2014 Part A grant award was expended by the close of the fiscal year. A total of $128,854 in formula funds was unspent. The grantee will submit a request to carryover these funds into FY2015 by August 28, 2015.	22	1	While reallocation of funds during the 3rd Quarter, for a service that did not meet grant requirements was the proper action; a one month lead time for such decisions would be a better practice so that the Council can more accurately make informed decisions and allow for counter-proposals to be offered and for adequate dissent (if any) to be heard and entered into the record.

B. The awards to service providers were determined according to established criteria.	Please provide a brief description of RFP processes conducted in the last fiscal year, if any.	No formal Request for Proposal (RFP) processes were conducted in FY2014. The Planning Council newly prioritized and allocated funds to Psychosocial Support 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 four providers that were funded. Providers of the following services funded in 2014 were selected through the 2013 RFP process: o Mental Health Providers of the following services funded in 2014 were selected through the 2011 RFP process: o Early Intervention o Emergency Financial Assistance o Health Education/Risk Reduction o Health Insurance Premium/Cost Sharing Assistance o Home and Community-based Health Services o Medical Case Management o Medical Nutritional Therapy o Medical Transportation o Outpatient/Ambulatory Medical Care o Outreach o Substance Abuse Services/Outpatient Providers of the following services funded in 2014 were selected through the 2007 RFP process: o Food Bank/Home Delivered Meals – Food Vouchers – Food Shelf – Home Delivered Meals – Congregate Meals Linguistic services are administered by Hennepin County's Office of Multicultural Services and procured through an RFP that is issued every five years.	23		

C. Appropriate justification was made for service areas/activities sole source contracts for services not included in a Request for Proposal (RFP) process	**1. Considerations to determine Non-Competitive Funding Activity** A. Provider selected through past RFP process B. Record of quality Ryan White service delivery C. Demonstrated HIV competency D. Established infrastructure E. Cost effective F. Continuity of client care	The following Part A funded services were procured through sole source contracts in 2014: o Oral Health Care o Legal Services Oral Health Care 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 an 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), administrative costs are minimal and clients who are eligible can remain with their provider of choice. The Legal Services 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 and units of service provided in FY2014. The provider also successfully leverages capacity by employing a network of pro-bono legal professionals, maximizing cost-effectiveness of the program.	22	1	Re: Oral health care programs are centrally administered for MN, is this why there is no mention of a previous RFP process? Also should be clear about connections to Ryan White for new folks.
	2. Considerations to determine redistribution of funds A. Provider demonstrated ability to utilize redistributed funds B. Capacity of agencies involved to deliver service in the future C. Impact on unmet need D. Sustainability of service after redistribution E. Council Directives	The Part A grantee redistributed $59,000 in administrative funds in December 2014 to Food Bank/Home Delivered Meals, Health Education/Risk Reduction and Linguistic services. $33,600 was redistributed among Outpatient/Ambulatory Medical Care providers and $2,500 was redistributed among Psychosocial Support service providers. These funds were redistributed to move resources to where additional capacity to provide these services is needed and to maximize utilization of grant funds.	23		

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<td>D. The grantee secured sufficient providers for all service areas receiving allocations.</td>
<td>1. Per service area/activity, sufficient number of providers is based on
• 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</td>
<td>Overall there were <u>14 Part A funded providers in 2014</u> with 9 receiving funding for multiple services. The number of Part A providers funded in FY 2014 was based on the results of the RFP provider selection processes noted in Outcome B and the decision to continue funding providers of Oral Health Care and Legal services. The number of providers contracted to deliver the services that received funding in 2014 were as follows:
<table>
<tr><th>Service Area</th><th># Part A Providers</th><th>2014 Part A Funding</th></tr>
<tr><td>Outpatient/Ambulatory Medical Care**</td><td>3</td><td>$883,300</td></tr>
<tr><td>Health Ins. Premium/ Cost Sharing Asst.</td><td>1</td><td>3,200</td></tr>
<tr><td>Medical Case Management</td><td>6</td><td>2,268,800</td></tr>
<tr><td>Food Bank / Home Delivered Meals</td><td>3</td><td>637,852</td></tr>
<tr><td>Oral Health Care</td><td>MHCP* Providers</td><td>117,100</td></tr>
<tr><td>Medical Transportation Services</td><td>1</td><td>23,300</td></tr>
<tr><td>Mental Health Services</td><td>6</td><td>199,400</td></tr>
<tr><td>Emergency Financial Assistance</td><td>1</td><td>156,800</td></tr>
<tr><td>Early Intervention Services</td><td>1</td><td>54,400</td></tr>
<tr><td>Medical Nutritional Therapy</td><td>2</td><td>32,700</td></tr>
<tr><td>Substance Abuse Services/Outpatient</td><td>2</td><td>139,900</td></tr>
<tr><td>Home and Community-Based Health Services</td><td>1</td><td>105,000</td></tr>
<tr><td>Legal Services</td><td>1</td><td>98,299</td></tr>
<tr><td>Health Education/Risk Reduction</td><td>3</td><td>80,000</td></tr>
<tr><td>Outreach Services</td><td>2</td><td>158,800</td></tr>
<tr><td>Psychosocial Support</td><td>4</td><td>77,200</td></tr>
<tr><td>Linguistic Services</td><td>9</td><td>5,500</td></tr>
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*Minnesota Health Care Program Providers

<u>Note</u>: 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 providers serving the TGA. Part B funds most of the Medical Transportation providers (9 out of 10) and Part B, state and rebate dollars funded 8 additional Medical Case Management providers (6 of which are located in the TGA).</td>
<td>21</td>
<td>2</td>
<td>• Clarity on process for addressing needs for special populations.
o Can we be intentional about targeting services to disproportionately affected communities (DAC)?
o Can we work with exisiting/new agencies or groups that have strategies that better reach DAC.
• Additional comments on page 7.</td>
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E. The awarding of funds matched the service areas/ activities established in the allocation completed by the Planning Council in July of 2013.	1. Award per service area/activity complies with Planning Council prioritization (2012) and allocation amounts set by Planning Council in July 2013 and subsequent allocations/ reallocations.	FY 2014 initial provider contract amount totals for each of the service areas corresponded to the allocations approved by the Planning Council July 9, 2013 for the 2014 Part A applications. Subsequent adjustments to contract program budget amounts through ministerial adjustments corresponded with: the Council's post-award allocation plan approved on June 10, 2014; the carryover plan approved by HRSA/HAB on October 24, 2014; the reallocation plan based on mid-year and expenditures approved by the Council on November 12, 2014; and the grantee's redistribution of funds. According to the final FY 2014 expenditure report presented to the Council on August 11, 2015, where all Part A funds were spent in a service area, expenditures matched the Council's final allocations. Overall, 98% of funds allocated to services were spent with 6 of 18 service areas underspent by more than 5%.	23		

* For any objectives that you indicate as unmet, please include recommendations for improvement.

Reference Documents:

2014 Q2 Expend Rept
2014 Q4 Expend Rept
2014 Application Allocations
2014 Post-Award Allocations

D.

Service Area	*# Part A Providers*	2014 Part A Funding
Outpatient/Ambulatory Medical Care**	3	$883,300
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Food Bank / Home Delivered Meals	3	637,852
Oral Health Care	MHCP* Providers	117,100
Medical Transportation Services	1	23,300
Mental Health Services	6	199,400
Emergency Financial Assistance	1	156,800
Early Intervention Services	1	54,400
Medical Nutritional Therapy	2	32,700
Substance Abuse Services/Outpatient	2	139,900
Home and Community-Based Health Services	1	105,000
Legal Services	1	98,299
Health Education/Risk Reduction	3	80,000
Outreach Services	2	158,800
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Comment:

1.) The items highlighted in blue: There should be a similar number of providers in Outpatient Medical Care, as the number of providers for MCM and MHS – or a reduction in the others and an increase in funding for the providers not eliminated.

2.) These services can be delivered through MCHP, and should be directly allocated as such. Just like Oral Health Care.

3.) The light orange should be eliminated and reallocated to the dark orange areas. Also the number of providers for the dark orange areas has to great of a variance amongst services that would at some level be offered together. Either an increase in providers in the first two are needed or a reduction in the third would be best; also an incentive should be given for these services to all be offered by each provider that remains or is added.