

**Assessment of the Efficiency of the Administrative Mechanism
Minnesota Council for HIV/AIDS Care and Prevention Evaluation of Part A – FY 2018
August 2019**

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 subrecipient 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. mentors and mentees, subrecipient members and unaligned consumer members).

Glossary

Part A	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
Part A funds	Federal funds awarded to Hennepin County Ryan White Program to spend in the 13-county metro area ≈\$6 million
Subrecipient	An agency, provider, or nonprofit organization that receives financial assistance from Hennepin County Ryan White Program to carry out a program
Recipient	Hennepin County Ryan White Program
Request for Proposal (RFP)	An open and competitive process for selecting providers of services
HRSA/HAB	Health Resources and Services Administration/HIV-AIDS Bureau of the U.S. Department of Health and Human Services
FY (fiscal year)	A fiscal year (FY) is a 12-month period that an organization uses to report its finances. We are reviewing the Part A fiscal year from March 1, 2018 – February 28, 2019

	Objective	Measurement	Subrecipient Response	Recipient Response	This Objective was Met:	Council Member Comments
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, 2018).	Yes (9), No (0)	<p>All but one of the 16 FY 2018 Part A contracts were fully executed (signed by the subrecipient and county authority) within 30 days of March 1, 2018, the start of the fiscal year. The one contract that was not executed by May 30 was with a large institution. The contract was sent over for the agency authorized signature and the agency lost the contract. The person at the agency responsible for the contract did not respond to repeated follow up communications from Hennepin County’s contract manager until financial staff at the agency was included. Despite the late execution of the contract, service delivery was not delayed.</p> <p>Summary statistics of days from <u>March 1, 2018 to date of contract execution</u> (signed by subrecipients and Hennepin County) are as follows: Number of contracts = 16 Mean or average days from start of fiscal year to contract execution = 10 95% confidence interval = 20.7</p>	Strongly Agree: (20) 80% Somewhat Agree: (4) 16% Strongly Disagree: (1) 4% Somewhat Disagree: (-) 0%	Doing a great job but how do we stop the Greater Minnesota conversations.

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 competitive RFP process.	Strongly Agree (4), Somewhat Agree (5)	<p>Hennepin County's Ryan White Program issues Requests For Proposals (RFP) every four years. All subrecipients funded to deliver Part A funded services from fiscal years 2016-2019, except for one, was selected through an RFP process conducted September - November 2015. The RFP is a competitive process open to all qualified agencies.</p> <p>Subrecipients of the following services funded in FY 2018 were selected through the <u>2015 RFP process</u>:</p> <ul style="list-style-type: none"> ○ Early Intervention Services ○ Food Bank/Home Delivered Meals ○ Health Education Risk Reduction ○ Home and Community-based Health Services ○ Housing Services ○ Legal Services ○ Medical Case Management ○ Medical Nutritional Therapy ○ Medical Transportation ○ Mental Health Services ○ Outpatient Healthcare Services ○ Outreach Service ○ Psychosocial Support Services ○ Substance Abuse Services- Outpatient <p>The subrecipient of the following services funded in 2018 was selected through the <u>2011 RFP process</u>:</p> <ul style="list-style-type: none"> ○ Emergency Financial Assistance ○ Health Insurance Premium Cost-share Assistance <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 2017.</p> <p>Subrecipients selected through the RFP process must meet Hennepin County contract requirements for delivery of health and human services. Subrecipient 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 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 2018.</p>	<p>Strongly Agree: (19) 76%</p> <p>Somewhat Agree: (6) 24%</p> <p>Somewhat Disagree: (-) 0%</p> <p>Strongly Disagree: (-) 0%</p>	Unclear as one agency has reported that they were able to secure funding outside of the RFP process.
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<p>3. 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"> • Number of contracts that can be administered • Amount of funding allocated for each prioritized service area • Allocation requirements for populations with special needs • Availability of qualified subrecipients 	<p>Strongly Agree (5), Somewhat Agree (4)</p>	<p>Overall, there were <u>15 Part A funded subrecipients in 2018</u> (not including Linguistic Services) with 9 receiving funding for multiple services. The number of Part A subrecipients funded in FY 2018 was based on the following factors:</p> <ul style="list-style-type: none"> • Amount of funding allocated to the each of the council prioritized service areas • Number of subrecipients responding to the 2015 and 2011 RFPs • Number of Ryan White Program contracts the county has the capacity to administer within the Ryan White Program’s administration budget cap (10%) • Results of the RFP proposal objective review process • The number of subrecipients contracted to deliver the services that received Part A funding in 2018 were as follows: <table border="1" data-bbox="774 467 1849 1258"> <thead> <tr> <th>Service Area</th> <th># Part A Subrecipients</th> <th>2018 Part A[‡] Allocation</th> </tr> </thead> <tbody> <tr><td>Early Intervention Services</td><td>3</td><td>\$ 268,550</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>819,958</td></tr> <tr><td>Health Education Risk Reduction</td><td>4</td><td>109,900</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>1,900</td></tr> <tr><td>Medical Case Management**</td><td>7</td><td>2,252,300</td></tr> <tr><td>Medical Nutritional Therapy</td><td>2</td><td>44,000</td></tr> <tr><td>Medical Transportation Services</td><td>1</td><td>24,000</td></tr> <tr><td>Mental Health Services</td><td>3</td><td>138,000</td></tr> <tr><td>Outpatient Healthcare Services**</td><td>3</td><td>862,797</td></tr> <tr><td>Outreach Services</td><td>2</td><td>148,700</td></tr> <tr><td>Psychosocial Support</td><td>4</td><td>83,400</td></tr> <tr><td>Substance Abuse Services/Outpatient</td><td>2</td><td>139,900</td></tr> <tr> <td>Services Total</td> <td>15[‡]</td> <td>\$ 5,322,505</td> </tr> </tbody> </table> <p>*Service provider contracts administered by Hennepin County Office of Multicultural Services **MAI funded services [‡]Final allocation includes \$176,718 in carryover and reallocation, \$22,000 from medical case management, psychosocial support and health education/risk reduction to food bank/home delivered meals following the 6-month expenditure assessment. *Does not include interpretation contracts.</p> <p><i>Note: Part B, state and rebate dollars also fund some of these services, so the number of Part A funded subrecipients does not fully reflect the total number of HIV service</i></p>	Service Area	# Part A Subrecipients	2018 Part A [‡] Allocation	Early Intervention Services	3	\$ 268,550	Emergency Financial Assistance	1	116,400	Food Bank / Home Delivered Meals	3	819,958	Health Education Risk Reduction	4	109,900	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	1,900	Medical Case Management**	7	2,252,300	Medical Nutritional Therapy	2	44,000	Medical Transportation Services	1	24,000	Mental Health Services	3	138,000	Outpatient Healthcare Services**	3	862,797	Outreach Services	2	148,700	Psychosocial Support	4	83,400	Substance Abuse Services/Outpatient	2	139,900	Services Total	15[‡]	\$ 5,322,505	<p>Strongly Agree: (19) 73% Somewhat Agree: (7) 27% Somewhat Disagree: (-) 0% Strongly Disagree: (-) 0%</p>	<p>It has always seemed to me that the money is being used where the Council places it.</p>
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				<p>providers serving the TGA. Part B and rebate funds most of the Medical Transportation subrecipients (8 out of 9 metro area) and Part B, state and rebate dollars fund 6 additional Medical Case Management subrecipients (4 of which are located in the TGA).</p>		
4.	Subrecipients are paid in a timely manner by Hennepin County.	Invoices were paid by Hennepin County within the timetable indicated in contracts.	Yes (9)	<p><u>Hennepin County RWHAP contract language about payment of invoices:</u> Hennepin County will make payment within thirty-five (35) days from receipt of the invoice. If the invoice is incorrect, defective, or otherwise improper, Hennepin County will notify subrecipient within ten (10) days of receiving the incorrect invoice. Upon receiving the corrected invoice from subrecipient, Hennepin County will make payment within thirty-five (35) days. In the event that Hennepin County withholds payment for failure to provide service or failure to comply with any of the provisions of this Agreement, then no interest penalty shall accrue against Hennepin County. If claims are made by subrecipient that Hennepin 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 Hennepin 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 Hennepin County.</p> <p><u>Analysis of time from invoice receipt to payment:</u> Nine Part A subrecipients were selected as a representative sample to determine the time from invoice receipt to invoice payment. Five subrecipients were selected for one of the two Hennepin County RWHAP contract managers and four for the other. Six subrecipients were community-based organizations, and three subrecipients were healthcare organizations. Three invoices from each subrecipient were tested for time from receiving the invoice to payment.</p> <p>27 invoices from these nine subrecipients were evaluated. All invoices (27/27 = 100%) were paid within the 35 days stipulated in the contracts as the number of days invoices should be paid from when they are received. Summary statistics show that the average time from invoice receipt to payment was 13 days, with a range from 3 to 26 days. Analysis of this sample shows invoices are paid within the contract stipulated time. There are infrequent occasions where invoice payments may be delayed because the units of services provided do not match the invoice amount. In accordance with the contract language and the HRSA/HAB universal and fiscal monitoring standards, contract managers will contact the subrecipient to determine the cause of the discrepancy. Once the discrepancy is resolved, the invoice is processed for payment.</p>	<p>Strongly Agree: (21) 81% Somewhat Agree: (7) 19% Somewhat Disagree: (-) 0% Strongly Disagree: (-) 0%</p>	

5. Part A funds are used to pay only services that were identified as priorities by the council.

Award per service area matches the council's [2017 service area prioritization ranking for fiscal years 2017 and 2018](#).

n/a

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 FY 2018 contract awards to each of the prioritized services.

Council Priority	Service Category	Total Part A Contract Awards
CM1	ADAP Treatments	Part B/rebate funds only
CM2	Medical Case Management	\$2,252,300* ^c
CM3	Outpatient Health Care Services	892,410*
CM4	Health Ins. Premium/ Cost Sharing Assist	10,100
CM5	Mental Health Services	138,000
CM6	Early Intervention Services	268,550*
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	819,958*
S6	Psychosocial Support	83,400 ^c
S7	Outreach Services	148,700
S8	Health Education Risk Reduction	109,900 ^c
S9	Referral for Health Care/Supportive Srvcs.	Part B/rebate funds only
S10	Legal Services	96,800
S11	Substance Abuse Services/Residential	No funds allocated by council
S12	Linguistic Services	1,900
Total Part A service awards		\$ 5,352,118

CM=Core Medical service
 S=Support service
 *Allocated carry over funds. Carry over plan submitted to HRSA on 8/20/2018.
 ^Increased through fund reallocation approved by council on 11/11/2018.

Strongly Agree: (20) 77%
 Somewhat Agree: (6) 23%
 Somewhat Disagree: (-) 0%
 Strongly Disagree: (-) 0%

How do we reminded each other that this is Ryan White dollars when we give the majority to ADAP and when I think of ADAP I think of Part B, which is all of Minnesota?

				<p>‘Decreased through fund reallocation approved by council on 11/11/2018.</p> <p>All contract awards for each service category matched the council’s Part A allocations except for outpatient ambulatory health services. The sum of the three contract budgets for outpatient ambulatory health services exceeded the council’s allocation for that service by \$29,613. After the close of the fiscal year, one of the three subrecipients had underspent their budget by \$29,613 and another had incurred service costs that exceeded their Part A budget by over \$50,000. Since one subrecipient was unable to fully spend their funds, the Part A recipient was able to redistribute the \$29,613 of unspent outpatient ambulatory health services to the subrecipient whose costs had exceeded their contractual budget. This not only helped increase FY 2018 Part A spending to avoid potential penalties (reduction in FY 2020 funding) for underspending of the Part A grant; it also covered the cost of care for more Ryan White eligible patients. The total FY 2018 Part A <u>expenditure</u> on outpatient healthcare services (\$861,554) did not exceed the council’s allocation (\$892,410) because of the underspending of one subrecipient of Part A and MAI funds.</p>		
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 2018 and subsequent adjustments done through post award allocations, carryover plan, and reallocations plans.	n/a	<p>Please refer to the following dates for allocation actions:</p> <ol style="list-style-type: none"> 1) MN Council for HIV/AIDS Care and Prevention FY 2018 grant application allocations approved at the August 8, 2017 council meeting. 2) MN Council for HIV/AIDS Care and Prevention FY 2018 allocations with a core medical services expenditure waiver approved at the December 12, 2017 council meeting. 3) MN Council for HIV/AIDS Care and Prevention plan to carryover unspent FY 2017 formula and MAI into FY 2018 approved at August 14, 2018 meeting. 4) FY 2017 carry over request submitted to HRSA on August 20, 2018 and approved by HRSA on September 21, 2018. 5) MN Council for HIV/AIDS Care and Prevention reallocations plan approved at November 11, 2018 council meeting. <p><i>(also see fiscal year 2019 timeline below)</i></p>	<p>Strongly Agree: (23) 89%</p> <p>Somewhat Agree: (3) 12%</p> <p>Somewhat Disagree: (-) 0%</p> <p>Strongly Disagree: (-) 0%</p>	

On January 26, 2018, Part A jurisdictions received partial grant award notices that were 21% of the amount awarded in FY 2017. A second partial grant award was issued on 3/16/2018. Partial awards were issued because Congress had not yet passed appropriation bills for FY 2018. FY 2018 initial subrecipient contract amount totals for each of the service areas were 100% of the allocations (with a core medical services expenditure waiver) approved by the MN Council for HIV/AIDS Care and Prevention on December 12, 2017. 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 FY 2018. Hennepin County received its final grant award of \$5,862,867 on May 22, 2018. The county's request for a waiver of the 75% core medical service expenditure requirement was granted by HRSA on March 23, 2018. Since there was only a small decrease in FY 2018 funding compared to FY 2017, there was no need for the council to adjust the FY 2018 allocations that were approved at their December 12, 2017 meeting. Subsequent adjustments to contract program budget amounts through ministerial adjustments corresponded to the council's carryover plan approved by HRSA/HAB on September 21, 2018, and the reallocation plan approved by the council on November 11, 2018 based on mid-year expenditures. The Part A grant recipient also redistributed \$420 from its quality management budget to linguistic services to cover the cost of services provided that exceeded the council's original allocation of \$1,900.

According to the final FY 2018 expenditure report presented to the Council on June 11, 2019 and updated on August 13, 2019, 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, 98% of Part A funds (including carryover) were spent with 13 of the 17 Part A funded service area allocations 95% to 100% spent. Allocations to 4 of the services were underspent by between 7 and 11%.

Reference Documents:

- 2011 Hennepin County Ryan White Program Request for Proposals
- 2015 Hennepin County Ryan White Program Request for Proposals
- 2018 Part A Subrecipient Contracts
- 2018 2nd Quarter Expenditure Report (mid-year expenditure report – informs reallocation and redistribution of funds to maximize spending)
- 2018 4th Quarter Expenditure Report (final expenditure report for FY 2018, updated on August 13, 2019)
- 2018 Application Allocations
- 2018 Reallocation Plan
- 2018 Carryover Plan
- Minnesota HIV Services Planning Council FY 2017, 2018 and 2019 meeting minutes
- HRSA/HAB FY 2018 Part A Notices of Grant (H89HA00050) Award

Timeline

- FY 2018 grant application allocations approved by council – August 8, 2017
- ↓
- FY 2018 grant application submitted – September 17, 2017
- ↓
- FY 2018 allocations with a core medical services expenditure waiver approved by council – December 12, 2017
- ↓
- FY 2018 partial grant award issued by HRSA/HAB – January 26, 2018
- ↓
- FY 2018 2nd partial grant award issued by HRSA/HAB – March 16, 2018
- ↓
- Congress passes FY 2018 omnibus appropriations bill
- ↓
- Request for waiver of core medical services expenditure requirement for FY 2018 submitted to HRSA/HAB – March 2, 2018
- ↓
- FY 2018 core medical services expenditure waiver granted by HRSA/HAB – March 23, 2018
- ↓
- FY 2018 full grant award issued by HRSA/HAB – May 22, 2018
- ↓
- Carryover allocations approved by council – August 14, 2018
- ↓
- Carryover plan submitted to HRSA/HAB – August 20, 2018
- ↓
- Carryover plan approved by HRSA/HAB – September 21, 2018
- ↓
- Reallocation plan approved by council – November 11, 2018
- ↓
- FY 2018 Federal Financial Report submitted to HRSA – July 30, 2019