

**Assessment of the Efficiency of the Administrative Mechanism
Minnesota Council for HIV/AIDS Care and Prevention Evaluation of Part A – FY 2019
August 2020**

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, 2019 – February 29, 2020

1.	Objective	Measurement	Subrecipient Response	Recipient Response	This Objective was Met:				Council Member Comments
					Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	
	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, 2019).	Yes (11), No (0)	<p>All 15 FY 2019 Part A contracts were fully executed (signed by the provider and County authority) within 31 days of the start of the fiscal year (March 1, 2019). Most contracts (12 of 15) were actually executed before the start of the fiscal year.</p> <p>Summary statistics of days from <u>March 1, 2019 to date of contract execution</u> (signed by provider and Hennepin County) are as follows: Number of contracts = 15 Mean or average days from start of fiscal year to contract execution = -8 (8 days before the start of the fiscal year). 95% confidence interval = 8.76 days Minimum number of days from the start of the fiscal year = -39 Maximum number of days from the start of the fiscal year = 31</p>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	<ul style="list-style-type: none"> It went very well. Due dates were covered in time.
					17 (77%)	3 (14 %)	2 (9%)	0 (0%)	

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 (7), Somewhat agree (3)	<p>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 September - November 2015. The RFP is a competitive process open to all qualified agencies.</p> <p>Providers of the following services funded in FY2019 were selected through the <u>2015 RFP</u> process:</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 (Other Professional Services) ○ Medical Case Management ○ Medical Nutritional Therapy ○ Medical Transportation ○ Mental Health Services ○ Outpatient Healthcare Services ○ Outreach Services ○ Psychosocial Support Services ○ Substance Abuse Services- Outpatient <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>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 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 2019.</p>	<table border="1"> <thead> <tr> <th>Strongly Agree</th> <th>Somewhat Agree</th> <th>Somewhat Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>15 (68%)</td> <td>5 (23%)</td> <td>2 (9%)</td> <td>0 (0%)</td> </tr> </tbody> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	15 (68%)	5 (23%)	2 (9%)	0 (0%)	<ul style="list-style-type: none"> • Totally agree, this year’s allocation was extremely helpful to understand how the funds are distributed.
Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree											
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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 (6), Somewhat agree (4)</p>	<p>Overall there were <u>14 Part A funded service providers in 2019</u> (not including Linguistic Services) with 10 receiving funding for multiple services. The number of Part A providers funded in FY 2019 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 providers 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 providers contracted to deliver the services that received Part A funding in 2019 were as follows: <table border="1" data-bbox="903 565 1755 1247"> <thead> <tr> <th>Service Area</th> <th># Part A Providers</th> <th>2019 Part A[†] Allocation</th> </tr> </thead> <tbody> <tr> <td>Early Intervention Services</td> <td>3</td> <td>\$ 268,550</td> </tr> <tr> <td>Food Bank / Home Delivered Meals</td> <td>2</td> <td>775,725</td> </tr> <tr> <td>Health Education Risk Reduction</td> <td>4</td> <td>106,230</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>265,300</td> </tr> <tr> <td>Legal Services (Other Professional 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>2,143,728</td> </tr> <tr> <td>Medical Nutritional Therapy</td> <td>2</td> <td>40,451</td> </tr> <tr> <td>Mental Health Services</td> <td>3</td> <td>123,060</td> </tr> <tr> <td>Outpatient Healthcare Services**</td> <td>3</td> <td>979,777</td> </tr> <tr> <td>Outreach Services</td> <td>2</td> <td>148,700</td> </tr> <tr> <td>Psychosocial Support</td> <td>4</td> <td>83,625</td> </tr> <tr> <td>Substance Abuse Services/Outpatient</td> <td>2</td> <td>139,900</td> </tr> <tr> <td>Services Total</td> <td>14[‡]</td> <td>\$ 5,298,746</td> </tr> </tbody> </table> <p>*Service provider contracts administered by Hennepin County Office of Multicultural Services **MAI funded services [†]Final allocation includes: \$117,570 in Part A and MAI carryover allocated to early intervention services, outpatient health case services, and food bank/home delivered meals; and reallocation of \$134,732 from medical case management, mental health, psychosocial support and health education/risk reduction to food bank/home delivered meals and outpatient health care services following the 6-month and 4th quarter expenditure assessments. [‡]Does not include interpretation contracts.</p>	Service Area	# Part A Providers	2019 Part A [†] Allocation	Early Intervention Services	3	\$ 268,550	Food Bank / Home Delivered Meals	2	775,725	Health Education Risk Reduction	4	106,230	Home and Community-Based Health Services	1	125,000	Housing Services	1	265,300	Legal Services (Other Professional Services)	1	96,800	Linguistic Services*	10	1,900	Medical Case Management**	7	2,143,728	Medical Nutritional Therapy	2	40,451	Mental Health Services	3	123,060	Outpatient Healthcare Services**	3	979,777	Outreach Services	2	148,700	Psychosocial Support	4	83,625	Substance Abuse Services/Outpatient	2	139,900	Services Total	14[‡]	\$ 5,298,746	<table border="1"> <tr> <td>Strongly Agree</td> <td>Somewhat Agree</td> <td>Somewhat Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td>13 (59%)</td> <td>7 (32%)</td> <td>2 (9%)</td> <td>0 (0%)</td> </tr> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	13 (59%)	7 (32%)	2 (9%)	0 (0%)	<ul style="list-style-type: none"> • I consider that the investment in the case manager is higher considering the budget we can help other necessities in the community.
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				<p><i>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 the EFA, Health Insurance Premium and Cost Share Assistance and 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).</i></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 (11), No (0)	<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 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> All invoices from providers external to Hennepin county were included in the analysis of time from invoice date to when the invoice was paid.</p> <p>313 invoices from 12 Part A providers were evaluated. All except 3 invoices (310/313 = 99%) 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 date to when payment to provider was made was 9 days, with a range from 1 to 45 days. Analysis of this sample shows that 99% of invoices are paid within the contract stipulated time. There are infrequent occasions (3) where invoice payments may be delayed because the units of services provided do not match the invoice amount or there was a mathematical error on the invoice. In accordance with the contract language and the HRSA/HAB universal and fiscal monitoring standards, contract managers will contact the provider to determine the cause of the discrepancy. Once the discrepancy is resolved, the invoice is processed for payment.</p>	<table border="1"> <thead> <tr> <th>Strongly Agree</th> <th>Somewhat Agree</th> <th>Somewhat Disagree</th> <th>Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td>19 (86%)</td> <td>1 (5%)</td> <td>1 (5%)</td> <td>1 (5%)</td> </tr> </tbody> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	19 (86%)	1 (5%)	1 (5%)	1 (5%)	
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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 [2018 service area prioritization ranking for fiscal years 2019 and 2020](#).

n/a

The following table presents the MN Council for HIV/AIDS Care and Prevention's 2019-2020 service priorities in rank order along with the Part A FY2019 contract awards to each of the prioritized services. Part A funded priorities are highlighted in green.

Council Priority	Service Category	Total Part A Contract Awards
CM1	Medical Case Management	\$2,143,728 ^c
CM2	ADAP Treatments	Part B/rebate funds only
CM3	Health Ins. Premium/ Cost Sharing Assist	Part B funds only
CM3	Mental Health Services	123,060 ^c
CM4	Early Intervention Services	268,550*
CM5	Outpatient Health Care Services	979,777* ^
CM6	Oral Health Care	Part B/rebate funds only
CM7	Substance Abuse Services/Outpatient	139,900
CM8	Home and Community-Based Health Svcs	125,000
CM9	Medical Nutritional Therapy	40,451 ^c
CM10	Home Health Care	No funds allocated by council
CM11	Hospice	No funds allocated by council
S1	Housing Services	265,300
S2	Emergency Financial Assistance	Part B/rebate funds only
S3	Medical Transportation Services	Part B/rebate funds only
S4	Food Bank/Home Delivered Meals	775,725* ^
S5	Psychosocial Support	83,625 ^c
S6	Non-medical Case Management	Part B/rebate funds only
S7	Health Education Risk Reduction	106,230 ^c
S8	Outreach Services	148,700
S9	Referral for Health Care/Supportive Svcs.	Part B/rebate funds only

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
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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 2018 and subsequent adjustments done through post award allocations, carryover plan, and reallocations plans.	n/a	<p>Please refer to the above tables for Objectives 3 and 5 above. The following are the council's allocations actions for FY2019:</p> <ol style="list-style-type: none"> 1) MN Council for HIV/AIDS Care and Prevention FY2019 grant application allocations approved at the August 14, 2018 council meeting. 2) MN Council for HIV/AIDS Care and Prevention additional MAI allocation (FY2019 grant award included a small increase of \$5,696 in Part A MAI funds) approved on March 12, 2019. 3) MN Council for HIV/AIDS Care and Prevention plan to carryover unspent FY2018 formula and MAI funds into FY2019 approved at August 13, 2019 meeting. 4) MN Council for HIV/AIDS Care and Prevention reallocations plan approved at November 11, 2019 council meeting. 	<table border="1"> <tr> <td>Strongly Agree</td> <td>Somewhat Agree</td> <td>Somewhat Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td>17 (77%)</td> <td>3 (14%)</td> <td>1 (5%)</td> <td>1 (5%)</td> </tr> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	17 (77%)	3 (14%)	1 (5%)	1 (5%)	<ul style="list-style-type: none"> • Because I am relatively new to the Council, I erred on the side of every item being fully met and in a timely fashion. • I'm glad I was part of a decision-making 													
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			<p>5) MN Council for HIV/AIDS Care and Prevention second reallocations plan approved on April 14, 2020. <i>(also see fiscal year 2019 timeline below)</i></p> <p>On January 14, 2019, Part A jurisdictions received full FY2019 grant award notices. FY 2019 initial provider 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 August 14, 2018. These initial contracts were executed to ensure that funds were available for services by the start of the fiscal year pending final award notices for FY2019. Hennepin County received its final grant award of \$5,837,443 on January 14, 2019 that included a small increase in MAI funds. Because of the small increase in MAI funds for FY2019, the council allocated the additional funds at their March 12, 2019 meeting. Subsequent adjustments to contract program budget amounts through ministerial adjustments corresponded to the council's carryover plan approved by HRSA/HAB on September 20, 2019, and the reallocation plans approved by the council on November 11, 2019 and April 14, 2020 based on mid-year and 4th quarter Part A expenditures. The Part A grant recipient also redistributed \$4,429 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.</p> <p>According to the preliminary final FY 2019 expenditure report presented to the Council on July 14, 2020, except for linguistic services, no Part A expenditures exceeded the Council's final allocation (including carryover and reallocation) to each of its service priorities. The additional linguistic services expenditures were covered through redistribution of unspent quality management funds.</p> <p>Since the preliminary final expenditure report to the council, the Part A final federal financial report and FY2019 Part A and MAI expenditures table were submitted to HRSA which includes additional outpatient health care, medical case management, and linguistic services expenditures not captured in the preliminary final FY2019 expenditure report presented to the council in July because of late invoice submissions for these services. Based on the final FY 2019 expenditures report to HRSA, overall, 99% of Part A funds (including carryover) were spent with 11 of the 14 Part A funded service area allocations >95% spent. Allocations to 3 of the 14 services were underspent by between <1 and 10%.</p>		<p>process that makes a difference for so many people.</p>
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FY 2019 Part A Timeline

- FY2019 grant application allocations approved by council – 8/14/2018
- ↓
- FY2019 grant application submitted to HRSA/HAB – 9/17/2018
- ↓
- FY2019 grant award issued by HRSA/HAB – 1/14/2019
- ↓
- Request for waiver of core medical services expenditure requirement for FY2019 submitted to HRSA/HAB – 2/14/2019
- ↓
- MAI award increase allocated by the council – 03/12/2019
- ↓
- FY2019 core medical services expenditure waiver granted by HRSA/HAB – 4/2/2019
- ↓
- Carryover allocations approved by council – 8/13/2019
- ↓
- Carryover plan submitted to HRSA/HAB – 8/22/2019
- ↓
- Carryover plan approved by HRSA/HAB – 9/20/2018
- ↓
- Reallocation plan approved by council – 11/11/2019
- ↓
- Second reallocation plan approved by council – 4/14/2020
- ↓
- FY2019 Federal Financial Report and Part A and MAI Expenditure Table submitted to HRSA/HAB – 07/30/2020