**Assessment of the Efficiency of the Administrative Mechanism**

**Minnesota Council for HIV/AIDS Care and Prevention Evaluation of Part A – FY 2020**

**August 2021**

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**

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| **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, 2020 – February 29, 2021** |

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|  | **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, 2020). | Yes (8), No (0) | All 12 FY 2020 Part A contracts were fully executed (signed by the provider and Hennepin County authority) within 52 days of the start of the fiscal year (March 1, 2020). Most contracts (7 of 12) were executed before the start of the fiscal year.  Summary statistics of days from March 1, 2020 to date of contract execution (signed by provider and Hennepin County) are as follows:   * Number of contracts = 12 * Average days from start of fiscal year to contract execution = 4 * 95% confidence interval = 14.35 days * Minimum number of days from the start of the fiscal year = -25 * Maximum number of days from the start of the fiscal year = 52 | |  |  |  |  | | --- | --- | --- | --- | | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | | 16  (76%) | 5  (24%) | 0 | 0 | | None |

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| 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 (5), Somewhat agree (4) | 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 2020-2023, except for one, was selected through an RFP process conducted August - October 2019. The RFP is a competitive process open to all qualified agencies.  Providers of the following services funded in FY2020 were selected through the 2019 RFP process:  o Early Intervention Services  o Food Bank/Home Delivered Meals  o Health Education/Risk Reduction  o Home and Community-Based Health Services  o Housing Services  o Linguistics  o Other Professional Services (Legal Services)  o Medical Case Management  o Medical Nutritional Therapy  o Mental Health Services  o Outpatient Healthcare Services  o Psychosocial Support Services  o Substance Abuse Services- Outpatient  Linguistic services 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.  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 Council for HIV/AIDS Care and Prevention and all must declare any conflicts of interest.  No Part A funded services were procured through sole source contracts in 2020. | |  |  |  |  | | --- | --- | --- | --- | | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | | 16  (76%) | 4  (19%) | 1  (5%) | 0 | | The information in question 2 is accurate. |
| 3. | The recipient secured sufficient subrecipients for all service areas receiving allocations. | Per service area, sufficient number of subrecipients is based on:   * 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 | Strongly agree (3), Somewhat agree (6) | Overall there were 13 Part A funded service providers in 2020 (not including Linguistic Services) with 10 receiving funding for multiple services. The number of Part A providers funded in FY 2020 was based on the following factors:   * Amount of funding allocated to the each of the council prioritized service areas * Number of providers responding to the 2020 RFP * 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 2020 were as follows:  |  |  |  | | --- | --- | --- | | ***Service Area*** | ***# Part A Providers*** | **2020 Part A‡ Allocation** | | Early Intervention Services | 2 | $ 342,250 | | Food Bank / Home Delivered Meals | 2 | 819,561 | | Health Education Risk Reduction | 3 | 116,900 | | 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 | 3,000 | | Medical Case Management\*\* | 7 | 2,196,426 | | Medical Nutritional Therapy | 1 | 44,000 | | Mental Health Services | 3 | 131,000 | | Outpatient Healthcare Services\*\* | 3 | 865,689 | | Psychosocial Support | 4 | 88,400 | | Substance Abuse Services/Outpatient | 1 | 79,900 | | **Services Total** | **13¥** | **$ 5,174,226** |   **\***Service provider contracts administered by Hennepin County Office of Multicultural Services  **\*\***MAI funded services  **‡**Final allocation includes: $15,557 in Part A and MAI carryover allocated to outpatient health care services and food bank/home delivered meals; and reallocation of $96,950 from early intervention services, medical case management, outpatient health care services, and substance abuse outpatient to outpatient ambulatory health services, food bank/home delivered meals and linguistics services following the 6-month expenditure assessment.  **¥**Does not include interpretation contracts.  *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, Health Education/Risk Reduction, Mental Health Services, Food Bank/Home Delivered Meals, Linguistics, Medical Case Management, Non-medical case management, Medical Nutritional Therapy, Legal Services and Oral Health Services. Additionally, Medical Transportation providers and Part B, state and rebate dollars fund 6 additional Medical Case Management providers (4 of which are located in the TGA).* | |  |  |  |  | | --- | --- | --- | --- | | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | | 16  (76%) | 5  (24%) | 0 | 0 | | Only because I find the provider numbers in some service areas to be below sufficient.  I am not familiar with the details on question 3. |
| 4. | Subrecipients are paid in a timely manner by Hennepin County. | Invoices were paid by Hennepin County within the timetable indicated in contracts. | Yes (8), No (0) | Hennepin County RWHAP contract language about payment of invoices:  ”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.”  Analysis of time from invoice receipt to payment:  Hennepin County randomly sampled 21 subrecipient (provider) invoices. Two invoices were selected for each service provider (n=10) that submitted more than five invoices in 2020, and one invoice was selected for a provider that submitted less than five invoices. Hennepin County Ryan White Program’s grant accountant evaluated when the invoices had been received by the county and when the subrecipient was paid. 95% (20/21) were paid within 35 days. The only invoice that exceeded the 35-day limit required a re-submission by the subrecipient to correct the amount. This entire process took 46 days. | |  |  |  |  | | --- | --- | --- | --- | | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | | 18  (86%) | 3  (14%) | 0 | 0 | | The information provided is very accurate. |
| 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](http://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/fy_2019-2020_service_area_prioritization_ranking.pdf). | 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 FY2020 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 | $2,196,426 ˁ | | CM2 | ADAP Treatments | Part B/rebate funds only | | CM3 | Health Ins. Premium/ Cost Sharing Assist | Part B funds only | | CM3 | Mental Health Services | 131,000ˁ | | CM4 | Early Intervention Services | 342,250ˁ | | CM5 | Outpatient Health Care Services | 865,689\*^ | | CM6 | Oral Health Care | Part B/rebate funds only | | CM7 | Substance Abuse Services/Outpatient | 79,900ˁ | | CM8 | Home and Community-Based Health Srvcs | 125,000 | | CM9 | Medical Nutritional Therapy | 44,000 | | CM10 | Home Health Care | No funds allocated by council | | CM11 | Hospice | No funds allocated by council | | S1 | Housing Services | 265,300 | | S2 | Emergency Financial Assistance | Part B/rebate funds only | | S3 | Medical Transportation Services | Part B/rebate funds only | | S4 | Food Bank/Home Delivered Meals | 819,561\*ˆ | | S5 | Psychosocial Support | 88,400 | | S6 | Non-medical Case Management | Part B/rebate funds only | | S7 | Health Education Risk Reduction | 116,900 | | S9 | Referral for Health Care/Supportive Srvcs. | Part B/rebate funds only | | S10 | Legal Services (Other Professional Services) | 96,800 | | S11 | Substance Abuse Services/Residential | No funds allocated by council | | S12 | Child Care Services | No funds allocated by council | | S13 | Rehabilitation Services | No funds allocated by council | | S14 | Linguistic Services | 3,000^ | | S15 | Respite Care | No funds allocated by council | |  | **Total Part A service awards** | **$ 5,174,226** |   CM=Core Medical service  S=Support service  \*Allocated carry over funds. Carry over plan approved by the Executive Committee on behalf of the Council on 8/24/2020 and submitted to HRSA on 8/28/2020.  ^Increased through fund reallocation approved by council on 11/10/2020.  ˁDecreased through fund reallocation approved by council on 11/10/2020.    All contract awards for each service category matched the council’s Part A initial and carryover allocations, and reallocations. | |  |  |  |  | | --- | --- | --- | --- | | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | | 17  (81%) | 4  (19%) | 0 | 0 | | I strongly agree because this is the information available to us as council members. |
| 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 2019 and subsequent adjustments done through the post-award, carryover, and reallocation plans. |  | Please refer to the above tables under Objectives 3 and 5 above.  The following are the council’s allocation actions for FY2020:  1) MN Council for HIV/AIDS Care and Prevention FY2020 grant application allocations approved at the August 13, 2019 council meeting.  2) MN Council for HIV/AIDS Care and Prevention allocated an additional $10,093 in MAI funds to outpatient ambulatory health services at their June 9, 2020 meeting because of the increase in the FY2020 MAI award.  3) MN Council for HIV/AIDS Care and Prevention plan to carryover unspent FY 2020 formula ($10,811) and MAI funds ($4,746) into FY2020 was approved by the Executive Committee on at August 24, 2020. An expedited decision was needed for the Part A recipient to meet the HRSA/HAB’s carryover request submission deadline. Formula carryover funds were allocated to food bank/home delivered meals, and MAI carryover funds were allocated to outpatient ambulatory health services.  4) MN Council for HIV/AIDS Care and Prevention reallocations plan approved at November 10, 2020 council meeting. A total of $96,500 in Part A and MAI funds were reallocated from early intervention, mental health, substance abuse outpatient, and medical case management (MAI) services to outpatient ambulatory health and linguistic services, and food bank/home delivered meals.  *(see also FHY 2020 timeline below)*  On January 27, 2020, Part A jurisdictions received partial FY2020 grant award notices. FY 2020 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 13, 2019. 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 FY2020. Hennepin County received its final grant award of $5,837,443 on April 4, 2020 that included a $10,093 increase in MAI funds. The council allocated the additional MAI funds to outpatient ambulatory health services (OAHS) at their June 9, 2020 meeting, and the Part A recipient subsequently increased a OAHS contract budget accordingly. Subsequent changes to contract program budget amounts through ministerial adjustments corresponded to the council’s carryover plan approved by HRSA/HAB on September 17, 2020, and the reallocation plan approved by the council on November 11, 2020 based on mid-year Part A expenditures.  As of May 31, 2020, no Part A FY 2020 expenditures exceed the Council’s final allocation (including carryover and reallocation) to each of its service priorities. The Part A FY 2020 final Federal Financial Report will be submitted to HRSA by July 30, 2021. Additional expenditures from outstanding invoices for medical case management and outpatient ambulatory health services are not expected to exceed council allocations for these service categories.  Based on FY 2020 expenditures through May 31, 2020, overall, 99% of Part A funds (including carryover) are expected to be spent, with 9 of the 13 Part A funded service area allocations >95% spent. 99% of support service, and 98% of core medical service allocations were spent (pending outstanding invoices for outpatient ambulatory health services and medical case management). | |  |  |  |  | | --- | --- | --- | --- | | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree | | 17  (81%) | 4  (19%) | 0 | 0 | | Accurate data is provided. |

**FY 2020 Part A Timeline**

FY 2020 grant application allocations approved by council – 8/13/2019

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FY 2020 grant application submitted to HRSA/HAB – 9/26/2019

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FY 2020 partial grant award issued by HRSA/HAB – 1/27/2020

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Request for waiver of core medical services expenditure requirement for FY 2020 submitted to HRSA/HAB – 2/15/2020

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FY 2020 full grant award issued by HRSA/HAB – 4/2/2020

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FY 2020 core medical services expenditure waiver granted by HRSA/HAB – 4/2020

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MAI award increase allocated by the council – 06/8/2020

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Carryover allocations approved by council – 8/24/2020

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Carryover plan submitted to HRSA/HAB – 8/28/2020

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Carryover plan approved by HRSA/HAB – 9/17/2020

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Reallocation plan approved by council – 11/10/2020

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FY 2020 Federal Financial Report and Part A and MAI Expenditure Table to be submitted to HRSA/HAB – 07/30/2020